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## Critiquing Psychiatry, Narrating Trauma: Madness in Twentieth-Century North American Literature and Film

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in English

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## Abstract

This dissertation explores representations of trauma and mental distress in twentieth-century novels and films. Drawn on research that emphasizes the ways that marginalized communities—in particular women-coded, racialized, and Indigenous persons—have historically been pathologized, the thesis considers how select novels and films query biomedical approaches to mental illness and critique psychiatric contexts, which prioritize social control more than they provide substantive and humane forms of support and care. How might representations of trauma and mental distress be understood without confirming regimes of psy-authority or psy-power? The thesis takes up this core issue by building on theories drawn from Mad Studies, illuminating the ways in which mental strain and political dissent—which respectively arise from and respond to racialized and gendered forms of oppressions—are in these fictional works, pathologized as individual biomedical illnesses. Through close readings of these works, the thesis contends that a psychiatric framework, in effect, obscures the underlying traumatic causes of “madness,” trivializes mental strain, neutralizes dissent, and perpetuates injustice. In my analysis, I also bring to light alternative ways of interpreting supposed symptoms of mental illness in fiction, which, I contend, can be seen as creative coping mechanisms or responses to racialized forms of trauma, which are often linked to gender-based violence and rooted in systemic inequalities. The first two chapters centre gendered and racialized diagnostic practices in post-WWII psychiatry, focusing on shell shock in Ralph Ellison’s *Invisible Man*, John Okada’s *No-No Boy*, and Leslie Marmon Silko’s *Ceremony* and multiple personality in two films—*Three Faces of Eve* and *Frankie & Alice*. These chapters take up how normative prescriptions of sanity during the post-WWII period are defined according to whiteness, colonial masculinity, idealized notions of femininity, and heteronormativity. The second part of the dissertation examines texts in which psychiatric diagnoses pathologize political resistance as a biomedical mental illness to thwart

critiques of social inequalities. I consider the significance of schizophrenia in the 1960s context of the U.S. Black Power movement, focusing on Virginia Hamilton's *The Planet of Junior Brown* and Toni Morrison's *The Bluest Eye*. In the final chapter, I turn to how sanist discourses unfold in the transnational context of the global War on Terror, as taken up in Rawi Hage's novel, *Cockroach*. Here, I consider how this context extends and updates the white male paranoia endemic of Cold War novels for an era marked by terrorism—a threat projected on brown men. Ironically, a nationalist paranoid discourse deems brown men to be paranoid. Through close reading, the dissertation explains how select novels and films provide a means of countering and critiquing normalizing what Mad Studies describes as “sanist” discourses. Ultimately, the thesis illuminates how these works reimagine care and mental health, long mired in heteronormative white patriarchy, to better align with social justice aims of anti-racism, anti-colonialism, anti-imperialism, and anti-misogyny.

## Keywords

Mad Studies; trauma; U.S. literature; Canadian literature; psychiatry; race; gender; shell shock; multiple personality; schizophrenia; paranoia; Ralph Ellison; John Okada; Leslie Marmon Silko; *Three Faces of Eve*; *Frankie & Alice*; Virginia Hamilton; Toni Morrison; Rawi Hage

## Summary for Lay Audience

This dissertation considers what might be missing by only talking about mental illness in terms of symptoms, diagnoses, and medical practices. Instead, it looks at literature and film that offer more complicated narratives of what lived experiences of mental illness look like beyond medicine. Our mental health is affected when we experience traumatic events. How do characters respond to trauma in creative ways? What alternative coping mechanisms do they use when psychiatry does not offer them helpful treatment? How has trauma been misdiagnosed or left untreated? Literature and film are good resources for exploring such questions because people can tell stories based on their personal experiences and explain their perspective that might otherwise be overlooked in medicine, such as their gender, race, ethnicity, sexuality, etc. The aim of this project is to illustrate how literature and film show the ways that mental health services are ineffective or limited, and how they might be more helpful if they are re-structured around responding to trauma more effectively. Because definitions of mental illness change over time, it is important to understand this history.

The first chapter looks at shell shock for African American veterans in Ralph Ellison's *Invisible Man*, Japanese American veterans in John Okada's *No-No Boy*, and Indigenous veterans in Leslie Marmon Silko's *Ceremony*. In the second chapter, I turn to two films—*Three Faces of Eve* (dir. Nunnally Johnson) and *Frankie & Alice* (dir. Geoffrey Sax) that depict a rare condition that predominantly affects women, called multiple personality caused by childhood trauma. Then, in the third chapter, I consider how racism affects Black children in two novels: Toni Morrison's *The Bluest Eye* and Virginia Hamilton's *The Planet of Junior Brown*. Finally, I examine paranoia in the context of the Global War on Terror and racialized refugees in Canada with Rawi Hage's *Cockroach*.

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SSHRC ≡ CRSH

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## Introduction

“Maybe I *am* semi-delusional, going in and out of it. But as outrageous as the thoughts can get, they’re always connected to something fundamental at the core of my being. [...] Ruby tried to bring up the issue of what she had seen and felt the day before, but the doctor gently dismissed it, saying it was likely just another one of her delusions and that there was no point in trying to analyze it further because she needed to focus on the present” (Hill 263-267).

As the passage from Karen Hill’s semi-autobiographical novel *Café Babanussa* illustrates, the protagonist Ruby’s concerns about underlying and unexamined trauma are silenced by her psychiatrist.<sup>1</sup> The novel reveals that Ruby’s vivid experiences of seeing and hearing things that others do not, which her psychiatrist labels delusions, are produced by traumatic memories of racist violence, the death of a partner, an abortion, and sexual abuse by a family friend as a child (160, 179, 275). Similarly, in Hill’s personal essay “On Being Crazy,” she insists that “most of my paranoid delusions stem from something concrete that has happened in my life” (333). By highlighting the importance of addressing mental health users’ seeming symptoms or so-called delusions as products of trauma, Hill demonstrates the limitations of psychiatric theory and practice.<sup>2</sup> Hill’s novel further addresses an ongoing concern of anti-psychiatric critique—that mental health users/refusers do not have a voice within psychiatric institutions, even though they have what Donna Haraway terms “situated knowledge,” or privileged information about how their apparent symptoms are related to their personal history (Bergstresser 225-6; Haraway 581). Hill’s novelistic intervention into the shortcomings of psychiatric practices’ responses to trauma, which is based on her lived experiences, brings to

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<sup>1</sup> Karen Hill was first admitted to a hospital psychiatric ward in Germany in 1984, then she was admitted five subsequent times between 2004 and 2010 in Canada, which she explores in her personal essay “On Being Crazy” (318, 320, 324). However, the character of Ruby, while loosely based on Karen Hill’s lived experiences, is fictional.

<sup>2</sup> In order to reaffirm the agency of mental health patients, which implies passivity, Mad Studies scholars and activists often use alternative language, such as mental health user/refuser, to further emphasize the individual’s relationship with psychiatry, either as an active recipient (user) or an active rejector of psychiatry (refuser).

light a critical function of literary and cultural productions, namely, to offer a means for expressing perspectives that might otherwise be marginalized or silenced. Hill's work is semi-autobiographical. Like her protagonist Ruby, Hill is also a biracial woman who experienced gender- and race-based violence in Canada and Germany; nevertheless, Ruby is a creative construct, demonstrating how fiction can be used to critique biased institutions. Hill's testimony of the inadequacies of psychiatric practice to address her traumatic experiences gestures towards systemic inequalities within contemporary Western mental health institutions. Significantly, both *Café Babanussa* and "On Being Crazy" do not deny the lived reality of mental distress. Nevertheless, they underscore the need to re-examine how psychiatric services are structured.

Hill's works call attention to the central concern of my research project, namely, how to address twentieth and twenty-first century literary and cinematic fictional representations of mental distress and trauma that are left unexamined or misdiagnosed by psychiatry. How, moreover, might one do so, in a respectful manner that avoids re-pathologizing women-coded, racialized, and Indigenous persons? Because these are not autobiographies, this project is particularly ethically complicated. I aim to carefully balance addressing mental distress in the novels and films as a lived experience without asserting that these fictional texts are authoritative speakers on mental illness or trauma. Nevertheless, it remains relevant to consider how to responsibly read fictional accounts of trauma in order to hold these texts accountable for potentially reinforcing harmful prejudices and to map the ways in which fiction has also been used to critique psychiatric discourse. I focus on texts from North America because the U.S. and Canada have overlapping, though distinct, histories, as settler nations built on Indigenous dispossession, slavery, and racial exclusion, even as, paradoxically, they espouse ideals of

freedom, democracy, and more recently peacekeeping. These characteristics have resulted in a socio-political foundation marked by internal contradictions and traumatic silencing.

The first chapter examines how, in the post-WWII U.S. context, shell shock treatment for veterans was premised on the experiences of white men, with traumatic consequences for African American, Asian American, and Indigenous veterans. This analysis is taken up through an exploration of Ralph Ellison's *Invisible Man* (1952), John Okada's *No-No Boy* (1957), and Leslie Marmon Silko's *Ceremony* (1977). In the second chapter, I turn to a consideration of multiplicity, a diagnosis that especially affected women in the post-WWII context when discourses of ideal femininity were put under pressure in the midst of major historical changes. To explore the significance of multiplicity as a gendered and racialized issue, I turn to film—a key way in which this diagnosis was popularized in North America—focusing on the commercial and critical phenomenon *Three Faces of Eve* (1957) and its twenty-first century foil with an African American protagonist, *Frankie & Alice* (2010). Then I turn to the 1970s Black Power era, in the wake of the civil rights movement and the rise of systemic misdiagnoses of African Americans with schizophrenia, with two novels featuring adolescent Black protagonists that rely on imagination as a creating coping mechanism for race- and gender- based trauma, Toni Morrison's *The Bluest Eye* (1970) and Virginia Hamilton's *The Planet of Junior Brown* (1971). In the final chapter, I shift to a Canadian contemporary context with Rawi Hage's *Cockroach* (2008) to analyze how the unfettered paranoid nationalism during the War on Terror effectively displaces the pathology of paranoia on racialized refugees in Canada, a nation ironically celebrated for its peacekeeping and multiculturalism.

My positionality as a white settler heterosexual and cis-gendered female scholar, who is also a mental health user, means that I have benefited from institutions, most notably psychiatric

systems, being built around privileging whiteness and other sanist definitions of so-called normalcy. In my MA research, I focused on the representation of madness by and about two white women authors—Ann Quin (1936-1973) and Kate Millett (1934-2017)—who were both psychiatric survivors and whose experimental texts explored bisexuality and polyamory in order to que(e)ry heteronormative monogamy and patriarchal literary convention.<sup>3</sup> While this project questioned the role of patriarchy and homophobia in psychiatric discourse, my concern with the racialization of sanist discourses has led me to further interrogate whiteness by engaging with the works of BIPOC artists who have elucidated the limitations of psychiatric discourse based on their subject positions. This concern has also led me to challenge the often-unnoticed threads of white supremacy in psychiatric discourse by drawing on the work of critical race scholars. However, I recognize that my privilege necessarily limits my capacity to understand the lived experiences of BIPOC and LGBTQIA2 individuals who encounter psychiatric services. Rather than trying to speak for those diverse experiences, my project has a more modest scope. Through close reading of select novels and films, my objective is to examine the significance of their critiques of psychiatric discourse and narratives of trauma. My overall aim, then, is to consider how these works construct alternative modes of engaging with mental distress that suggest how mental health services might be re-structured to align with social justice aims.

In foregrounding these issues, I do not deny the existence of mental distress, which is often labelled as mental illness. Indeed, I am drawn to Mad Studies for personal reasons, as someone who has struggled, and often continues to struggle, with an unhealthy relationship to

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<sup>3</sup> Psychiatric survivor is a refusal term used by individuals who dispute their mental illness that emphasizes the harmfulness of involuntary psychiatric hospitalization/treatment (Burstow 83).

food and my body, as well as feelings of anxiety and panic attacks.<sup>4</sup> However, I choose not to label these experiences through a diagnostic lens of mental illness. Through Mad Studies and therapy, I have found it more productive and healthful to frame my own experiences of mental distress as existing within a socio-political context that promotes unhealthy ideals of body sizes and feminine beauty and to exercise radical self-acceptance. At the same time, I recognize that biomedical diagnostic labels can be empowering and/or necessary for access to social services.

While the impulse in literary and cultural studies is often to diagnose characters' mental distress into a discrete mental illness category, or to treat madness as figurative and symbolic, rather than a lived experience, this project engages in a Mad reading practice. PhebeAnn Wolframe explains a Mad reading practice as “looking for not only sanist biases in texts, and reading from the perspective of mad experience, but also paying attention to instances and patterns of sexism, racism, classism, heterosexism, cissexism/cisgenderism, ableism and ageism, which are often intertwined with experiences of sanism in a biopolitical system” (19). Put simply, rather than seeking to diagnose characters or treat Madness as metaphor, instead I turn to literature and film as a means to offer a more complex and nuanced account of mental distress that queries psychiatric theory and practices, particularly with respect to marginalized communities. I do not experience mental distress as disjointed from my life or perspective, so I apply the same rationale of connection to approaching representations of mental distress in literature and film.

Through close reading, my dissertation addresses the problem of how to recognize and validate literary and filmic representations of trauma rooted in patriarchy, white supremacy, and

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<sup>4</sup> I capitalize Madness to distinguish it as a critical term reclaimed by Mad Studies for mental distress and/or neurodiversity from its pejorative sanist usage, as well as the pathologizing biomedical label of so-called mental illness.

colonialism but which are reinforced by psychiatry. As the texts I examine show, psychiatry often polices boundaries of so-called sanity according to white male settler heteronormativity. Further, it can be problematic to frame race-based trauma in terms of mental illness, because as Anne Anlin Cheng (2000) puts it, “it can be damaging to say how damaging racism has been” because it risks “slip[ping] from *recognizing* to *naturalizing* injury” (14, 5). For instance, while Residential School Syndrome is meant to validate the trauma of residential schools for Indigenous communities, it problematically foists a pathologizing label of mental illness onto the victims of colonial violence, rather than the perpetrators, who are not similarly labeled (Tam 283; Chrisjohn, Young and Maraun 98). Likewise, in several texts I examine, racialized characters are further traumatized in moments when their political dissent, anger, or mental strain—which arise from oppression—are pathologized as an individual biomedical mental illness that requires medication rather than social justice. While my project primarily focuses on twentieth-century texts, it is increasingly relevant to highlight how psychiatric discourse often displaces accountability in a twenty-first century neoliberal North American context in which mental health services promotes mental resiliency and self-help “positive psychology” to make individuals personally responsible if treatment is ineffective (Howell and Voronka 4). My overall thesis considers how these texts grapple with the fraught, normalizing and sanist discourses of psychiatry and endeavors to develop a respectful Mad reading practice that situates trauma within a broader socio-political context. Recognizing trauma, my readings aim to show, need not entail pathologizing or diminishing the lived reality of mental distress. Nor does the recognition of trauma obviate the need for meaningful mental health services.

I focus on mid-twentieth- to twenty-first century works because this was the period in which psychiatry was established as an independent branch of medical authority and



demonstrably increased in power and influence. In 1921, the American Medico-Psychological Association changed its name to the American Psychiatric Association, which remains the largest psychiatric organization in the U.S. and internationally (APA, “DSM History”). The APA collaborated with the New York Academy of Medicine to develop the *American Medical Association’s Standard Classified Nomenclature of Disease* in 1921, which along with the World Health Organization’s sixth edition of *International Classification of Diseases (ICD-6)* in 1948, became the basis for the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, first published in 1952 with subsequent revisions (APA, “DSM History”). In the United States, the “*GI Bill of Rights*” passed on June 22, 1944 and the establishment of the Department of Medicine and Surgery on January 3, 1946 provided validation for mental war wounds as a right for military compensation and the infrastructure to provide psychiatric services on a mass scale (Baker and Pickren 5). As a result, the *DSM-I* was primarily focused on the needs of returning WWII veterans (APA, “DSM History”). The most recent edition, *DSM-V*, published in 2013, reinforces the continued centrality of the *DSM* as a symbol of the APA’s legitimacy and authority. Significantly, the *DSM* is “commonly referred to as the ‘bible of psychiatry,’” and while Bessel Van Der Kolk acknowledges that the earliest editions of the *DSM* were “appropriately modest and acknowledged that this diagnostic system was imprecise [...] this modesty was tragically short-lived” (29). It is this slippery transition from modest guide to definitive categorization that marks the mid-twentieth century as a significant (and problematic) turning point in psychiatric discourse.

In response to the increasing authority and power of psychiatry post-WWII, anti-psychiatric theory flourished in the 1960s and remains ongoing. Seminal texts, such as Erving Goffman’s *Asylums* (1961), Thomas Szasz’s *The Myth of Mental Illness* (1961), Aaron Esteron

and R. D. Laing's *Sanity, Madness, and the Family* (1964), and Michel Foucault's *Histories de la folie* (1964), all collectively shifted conversations of so-called mental illness from biomedical discourse towards socio-cultural contexts as either producing or labelling social dissent as mental illness. Moreover, feminist anti-psychiatric theory, which flourished in the 1970s and 1980s, argued that what is often diagnosed as women's mental illness is an unconscious sign of female discontent and anger towards androcentrism. Scholars in this vein critiqued psychiatric practices that disproportionately diagnosed women, especially in widely cited books such as Phyllis Chesler's *Women and Madness* (1972) and Sandra Gilbert and Susan Gubar's *The Madwoman in the Attic* (1979). However, in the 1990s, poststructuralist feminists critiqued such accounts, which held that women's madness subverted patriarchy. Instead, they shifted to a focus on the lived experience of mental illness as silencing or disabling. The works of Marta Caminero-Santangelo, in *The Madwoman Can't Speak* (1998) and, more recently, Elizabeth Donaldson, "The Corpus of the Madwoman" (2002), are some of the most influential texts to advance this perspective. While anti-psychiatric theory thrived in the mid- to late-twentieth century, it is not a unified or homogenous discipline. Rather, this period saw the rise of multiple anti-psychiatric critiques in response to the increased control and authority of psychiatry in Western countries post-WWII.

Alongside these theoretical interventions, in North America there arose grassroots activism by former patients protesting the inhumane conditions of psychiatric services, such as "mental patients' liberation," later altered to "'c/s/x' (consumer/ survivor/ ex-patient) movement" (LeFrançois, Menzies, and Reaume 6). Meanwhile, in the United Kingdom, the "psychiatric survivor" and "service user" movements became platforms for human rights groups to protest their mistreatment and advocate for reform (Ibid.). Recently, "The Mad Movement"

emerged as an umbrella term meant to synthesize multiple anti-psychiatric grassroots organizations along with contemporary associations, such as Mad Pride Toronto, Resistance Against Psychiatry, the Coalition Against Psychiatric Assault, and the Mind Freedom Association (Diamond 67). Because of the extensive scholarship and activism against psychiatry in the twentieth century, it is relevant to examine how the formation of psychiatric authority during this century also produced creative critical responses, including literature and film, particularly by communities marginalized by psychiatry.

Relying on a Mad Studies methodology, this thesis illuminates how representations of trauma in fictional texts can be analyzed without reifying psy-authority or psy-power. Coined in 2008 by Richard Ingram, Mad Studies broadly speaking is “a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being” (Reville 171; LeFrançois, Menzies, and Reaume 13). Within Mad Studies, there are many terms that may be used as alternatives to “psychiatric patient,” including mental health “consumer/survivor/user,” “Mad,” and “psychiatric survivor” (Burstow 83). These alternatives constitute “refusal terms” designed to undermine psy-authority and hierarchies of power within psychiatry (82). Mad Studies is a burgeoning academic field developed out of the activism of the Mad movement, Foucauldian discourse analysis, disability or crip theory, poststructuralist feminism, critical race theory, and queer studies. Sonia Meerai, Idil Abdillahi, and Jennifer Poole define sanism as oppression that “makes normal the practice of discrimination, rejection, silencing, exclusion, low expectations, incarceration, and other forms of violence against people who are othered through mental ‘illness’ diagnosis, history, or even suspicion” (18).

It is important to clarify that, like all disciplines, Mad Studies is not monolithic. For instance, there are polarized views within the field on the potential usefulness or harms of psychiatry as an institution ranging from the belief that psychiatry should be disbanded to psychiatry needs to be altered to better address its current limitations. Similarly, there is dissent as to whether mental illness—as a biological or detectable condition—exists. While some Mad Studies scholars advocate that all mental illness labels pathologize human experiences or emotions, and, as a result, they are inherently harmful, others emphasize the reality of lived experiences of mental distress that can be paralyzing and the potential usefulness of these labels to categorize or order these experiences. While the label of mental illness is increasingly being reclaimed and destigmatized in the twenty-first century (White and Pike 245, 249), some Mad scholars are critical of how the biomedical model of psychiatry is “biologically reductionist” of socio-political contexts and participates in a “capitalist system that prizes bourgeois conformity and medical model ‘fixes’ above all” (LeFrançois, Menzies, and Reaume 2). Thus, the shift away from the label of mental illness in Mad Studies is complex, as some scholars see mental illness as a false or arbitrary label while others prefer mental distress or Madness over mental illness to demonstrate the complexity of these experiences beyond biomedical discourse. Often rooted within these key debates are discussions about which forms of treatment or care should exist for mental distress, with electroconvulsive therapy (ECT) and psychopharmaceuticals being the most hotly contested. Broadly situating myself within these key discussions, then, my dissertation takes up mental distress as a real lived experience—often rooted in trauma—that deserves compassionate forms of care that promote and respect individual’s autonomy, based on their situated knowledge and socio-political context, which may include psychotropic drugs or ECT with informed consent. As a result, I believe that mental health services do have a vital role

to play in society, but that psychiatry requires extensive restructuring. I also avoid the language of mental illness to highlight that mental distress is not just a biomedical concern that can be so-called cured in the same manner as a physical ailment. Further, mental illness diagnoses can be problematically based on upholding socio-political structures of power and should be interrogated for their potential harms. In what follows, I expand on my approach to Mad Studies scholarship, rather than a general account of the field, which it is too complex and diverse to adequately address within this introduction.

To advance Mad Studies' goal of displacing the authority of psychiatrists as experts over patients, Mad scholars seeks to privilege "survivor research" as well as "[s]ervice user researchers [... who] develop their own epistemological theories" of mental distress based on experiential knowledge (Sweeney 22, 32). As a result, Mad scholars often rely on autobiography and autoethnography to critique psychiatric services and theorize Madness, such as Irit Shimrat's *Call Me Crazy* (1997), as well as to acknowledge the role of fictional texts to raise awareness of psychiatric abuse, such as Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962). Significantly, Mad scholars emphasize the intersections between "processes of racialization, gender, class, disability, sexuality, and other processes [that] shape and define madness," and, as a result, are critical of how definitions of so-called sanity and normalcy are further implicated in structural inequalities (Diamond 71). By critiquing psychiatry as a fallible discipline, Mad scholars question how definitions of so-called sanity function to reproduce social hierarchies. In order to unsettle these hierarchies, Mad Studies shifts away from a purely biomedical approach to recognize the validity of socio-political contexts and the privileged experiential knowledge of mental health users/refusers.

In this thesis, I develop a trauma-informed Mad Studies approach, in order to investigate

the ways in which so-called mental illness symptoms are represented in literature and film as a response to racialized and gender-based trauma. As Beth Filson articulates, Mad Studies scholars take issue with psychiatry's fixation on symptoms because it "sever[s] people in extreme distress from the social, political and interpersonal contexts that so profoundly shape who we are – contexts that describe *what happened to us* rather than *what is wrong with us*" (21). The biomedical focus on eliminating symptoms obscures why these so-called symptoms emerged in the first place. As a result, some Mad scholars advocate for the use of trauma-informed approaches in psychiatry, analogous to how some Mad scholars rely on a social model of disability. Although psychiatric trauma-informed approaches arise in the 1980s and 1990s, the dominant psychiatric models used are biomedical and psychotherapy.<sup>5</sup> Thus, a trauma-informed approach is an uncommon methodological model in psychiatry that has been taken up by Mad Studies scholars as productive. Mad scholars argue that trauma-informed approaches "reveal that many of the things that brought people into psychiatric care, such as self-injury, substance use, overwhelming despair and more, arise out of the individual's attempt to *survive*" (Filson 21-22). Further, as Jerry Tew notes, psychiatric survivors do not situate themselves as "passive victims of external circumstances," and instead "reinterpret distress experiences, such as self-harming or hearing voices, as their best available coping mechanisms to deal with challenging life experiences" and emphasizes that these methods can be "respected as creative (but desperate) ways of surviving in almost unliveable circumstances" (74).<sup>6</sup> As a result, a Mad Studies trauma-

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<sup>5</sup> For instance, psychiatrist Colin Ross argues that "virtually all psychiatric symptoms are potentially trauma driven and dissociative in nature" based on his research on multiple personality, and he anticipated that his "MPD research will shift the paradigm of psychopathology in the direction of a general trauma model, and away from the two dominant schools of twentieth-century psychiatry, the psychoanalytical and the biomedical" (i). Nevertheless, the biomedical model remains the dominant psychiatric practice in the twenty-first century.

<sup>6</sup> While "self-harm" is terminology often invoked in biomedical discourse for behaviours like cutting, restrictive eating or purging, and addiction, because I utilize a trauma-informed approach that emphasizes how these actions can be creative coping mechanisms for lack of alternatives, I find it more productive to use the language of "self-injury" to emphasize how these actions can still be rooted in a limited form of self-care yet are undeniably injurious.

informed approach also imbues subjects with agency. The psychiatric survivor movement has successfully lobbied psychologists to reclassify some so-called mental illnesses as responses to trauma, however it remains an “*unfinished project*” (Spandler and Anderson 19). By reframing so-called mental illness as a response to trauma, particularly as a coping mechanism or creative mode of self-protection, it reworks symptoms as signs of underlying mental suffering potentially rooted in systemic inequalities. In this way, a trauma-informed approach displaces psy-power and psy-authority in favour of autonomy and narrative voice.

Filson argues that the key to trauma-informed approaches is narrative, claiming that “healing happens in the re-storying of our lives” (22-3). Although Arthur Frank’s *The Wounded Storyteller* does not explicitly consider mental distress or trauma, his approach to narratives as “resources” that can serve institutional goals or allow sick persons “to work out their own changing identities” parallels the function of narratives for those experiencing mental distress (17, 196). Frank asserts that “[i]llness becomes a *circulation of stories*, professional and lay, but not all stories are equal” (5). Similarly, Mad Studies positions biomedicalism as the hegemonic story of mental distress that problematically dismisses other narratives—including psychotherapy or trauma-informed narratives. However, Frank notes that the way in which sick persons understand their embodiment of illness “depends on the imaginative conceptions of illness provided by storytellers,” with published stories having a significant influence on how “others tell their stories” by creating a “social rhetoric of illness,” particularly the medical narrative of illness, which has “the considerable weight of institutional authority” (187, 21, 191). As a result, “[s]torytelling is *for* an other just as much as it is for oneself,” because each shared story becomes a narrative resource for another ill persons to use in their own re-conceptualization, or re-mapping, of their identities and experiences after the interruption of

illness (17). While this dissertation examines fictional texts, these novels and films challenge or offer opportunities to critique psychiatric discourse and its hegemonic narrative of biomedicalism. Further, Mad Studies scholars emphasize the importance of “narrative justice,” which posits that people who have survived injustice and oppression have “storytelling rights” in order to “name their own experiences, to define their own problems, and to honor how their skills, abilities, relationships, history and culture can contribute to reclaiming their lives from the effects of trauma” (Harris, no page number). Similarly, my Mad Studies trauma-informed approach privileges how storytellers represent the race-based trauma of their communities, or conversely how films made by white directors cannot speak to this lived experience, in order to emphasize the legitimacy of narrative interventions into trauma discourse. My dissertation shows that these selected texts offer alternative narratives of trauma, which can then be used as narrative resources. Moreover, a literary and cultural studies approach challenges the presumed medical authority of psychiatric theory by demonstrating that the biomedical model is, not only a narrative, but also one that fails to capture the experiences of many communities.

In particular, a trauma-informed approach illustrates the limitations of the biomedical model utilized by hegemonic psychiatry and the *DSM*, which focuses on symptoms rather than causes. As Caplan (1995) identifies, the premise of the *DSM* is that by categorizing distinct symptoms of mental distress, it is possible to create “a diagnostic system based on scientific research that will allow us to know what kinds of treatment will be helpful for whom” (26). The problem with this approach, however, is that it obfuscates how similar causes can manifest in different symptoms. Moreover, disparate expressions of mental distress are still rooted in interrelated underlying causes. In each chapter, I examine texts that take up distinct diagnostic categories—shell shock, multiple personality, schizophrenia, and paranoia—that nevertheless all



stem from and are in response to race- and gender- based violence. The characters also react with distinct coping mechanisms for this systemic inequality, including alcohol dependency as self-medication, dissociation, fantasy and imagination, and attempted suicide. In chapters two and three, I take up internalized racism, in which the trauma of racism reproduces itself internally, whereas in chapters one and four, I examine how systemic racism is obscured and ignored through state structures that diagnose victims of oppression with biomedical mental illness labels. As a result, I demonstrate how shifting focus from the so-called symptoms of mental distress to the underlying causes also productively changes how we imagine possible treatments or methods of care. Hegemonic psychiatric discourse takes for granted that mental illness symptoms are rooted in individual biomedical causes—i.e. hormone imbalances, genetics, synaptic receptors—that leads to distinct types of treatment, such as psychotropic drugs, electroconvulsive therapy (ECT), or cognitive behavioural therapy (CBT). However, what psychotropic drug cures systemic racism? As Ann Cvetkovich succinctly articulates, “a drug that masks the symptoms of a response to a fucked-up world or a fucked-up life doesn’t tell me anything” (15). Mental health services—as they are currently constructed based solely on biomedical modes of assessment and treatment—may, in fact, mask systemic inequalities and its psychic impacts. Biomedical psychiatry’s focus on symptoms also puts the onus of so-called recovery on victims of structural inequalities, rather than the perpetrators of systemic abuse and trauma. By only considering biomedical sources, psychiatry has yet to consider how, if multiple disparate kinds of symptoms and diagnostic labels are rooted in similar types of trauma, then the most productive mode of treating mental distress on a mass scale is to redress social injustices. As a result, a trauma-informed approach intervenes in discourses on biomedical psychiatry, which does not characterize mental distress as a fundamental human response to trauma and, as a result,

ignores causes in favor of symptoms.

A Mad Studies trauma-informed approach intersects and overlaps with other theoretical approaches to the representation of trauma in literary and cultural texts. Anne Anlin Cheng examines in *The Melancholy of Race* (2000) what she terms “racial grief” through a Freudian psychoanalytic methodology and theorizes “racial melancholia” as a critical term for explaining the “constitutive role that grief plays in racial/ethnic subject-formation” (xi). Freud defines melancholia as a pathological form of mourning and becoming “psychically stuck,” which Cheng argues mirrors “the guilt and the denial of guilt, the blending of shame and omnipotence in the racist imaginary” (7-8, 12). Cheng clarifies that she does not “deploy psychoanalysis as a diagnostic tool” and claims that “[t]his book hopes to begin a conversation about not why we *can* use psychoanalysis but why we *already* do [... because] the politics of race has always spoken in the language of psychology” (28). Significantly, then, Cheng engages with Freud to de-pathologize the concept of melancholy, to instead argue that it is constitutive to racialized subjectivity. While my project differs from Cheng’s work on race and psychoanalysis, in that Mad Studies privileges personal accounts over psy-discourse, I share her concern with the ways that psychiatry is invested in racial hierarchies and how this relationship is reflected in fiction. Consequently, a Mad Studies approach is not necessarily antithetical to Cheng’s critique of psychoanalysis. Instead, this interdisciplinary field demonstrates an alternative approach to trauma, which de-centers psy-authority, which as Cheng recognizes, is tied up in racial hierarchies.

Similarly, this dissertation has overlapping interests with trauma theory; however, trauma theory is often grounded in a psychoanalytic framework, such as Cathy Caruth’s influential *Unexplained Experience* (1996). Caruth relies on Freud’s definition of trauma as a “wound” that

is “not available to consciousness” but makes its presence known through “nightmares and repetitive actions of the survivor” (3-4). As a result, Caruth is concerned with the “story of a wound” and examines literature to “explore the complex ways that knowing and not knowing are entangled in the language of trauma and in the stories associated with it” (4). Because of her commitments to Freudian psychoanalysis, Caruth frames trauma as always partially unknowable or elusive, which is why storytelling becomes central to unraveling trauma as an event that demands witnessing to resolve (5). While psychoanalysis often focuses on repressed or unavailable memories produced through trauma, the texts selected for this project all actively engage with recognized trauma and its impacts. Indeed, the texts’ critiques of psychiatric discourse hinges on a demonstration of how this discourse fails to address gender- and race-based trauma. Thus, rather than examining how literary and cultural productions grapple with trauma as an opaque and haunting experience, as well as its affects—as an approach informed by Caruth’s work might do—I examine how these text depict the consequences of trauma and the coping mechanisms utilized when trauma remains unresolved or unexamined by psychiatry.

Mad Studies also intersects with affect theory. Ann Cvetkovich conceptualizes “political depression” as personal ordinary experiences of the present that are shaped by histories of trauma and inequality (130). Cvetkovich undermines the assumption that racialized subjects’ responses to historical atrocities, such as slavery and colonialism, as well as contemporary racism can be understood through the existing white middle-class medical model (115-6). She criticizes “multicultural psychology” as being focused on integrating (assimilating) racialized bodies into current health systems, rather than examining how cultural differences might offer alternative models of health and healing, including artistic expression and imagination (119). Because of

Mad scholars' commitment to questioning the pathologization of affects as symptomatic or deviant, affect theory lends itself to an analysis of traumatic responses to structural inequalities.

Mad scholars Tanja Aho, Liat Ben-Moshe, and Leon Hilton argue that affect theory benefits from a Mad Studies perspective because it elucidates how “affective dimensions of experience are parceled out into categories such as normal and pathological, healthy and sick, able and disabled, or permissible and criminal—all under the supposedly ‘empirical’ authority of medical science and psychiatric expertise” (294). As a result, Mad studies reveals the often invisible or ignored role of “psychiatric power” in maintaining stratified systems of power based on race, gender, class, sexuality, age, and ability that are built to fundamentally disadvantage marginalized identities by labelling them “as other, as deranged, crazy, illogical, unfathomable, scary, [and] inhuman” (293-4). Further, Mad Studies scholar Rachel Gorman highlights that affect theory ends up reaffirming racial hierarchies insofar as “the modern (white) subject is initiated in its subject-hood through its capacity *to affect* and *not to be affected*” (311). Gorman argues that affect theory implicitly links sanity with whiteness and Madness with racialized subjects and suggests that “[t]hose who are sane have emotions, while those who are pathological have affects,” based on psychiatric discourse using the terminology of “affect” for allegedly excessive or pathological mental states (311). In this way, so-called Madness in a Western context is defined as a “failure of articulable emotion, a giving-over to affect” (311). For instance, emotions such as suspicion or anxiety become pathologized as affects when they are instead described as paranoia, an issue that chapter four will explore. As a result, Gorman challenges the ability of affect theory to “articulat[e] the harms of racism and colonialism” if it implicitly re-inscribes white supremacist definitions of affect as excessive emotions, which lends

itself to psychiatric misdiagnosis and pathologization of emotions deemed unruly, i.e. political dissent of racial injustice (312).

Mad Studies also intersects with critical disability studies. Perhaps the clearest articulation of this intersection can be found in Therí Alyce Pickens' *Black Madness::Mad Blackness*, which examines how Western medical discourse defined abnormality according to gendered, raced, and abled terms such that the Black body was always already constructed as both physically and mentally "abnormal" (26). Pickens examines the complex relationship between Black madness and mad Blackness through a disability lens that highlights how psychiatric pathologization is linked to the Black body and ableism, while clarifying that she also "take[s] seriously the critical impulses of mad studies" (30, 4). By focusing on the physical body, Pickens takes up how "madness modifies how we understand Blackness" as well as how "the presumption of ability accompanies whiteness" (6-7). As a result, Pickens demonstrates how these racial categorizations are inextricably linked to Western medical definitions of ability and sanity. Moreover, Pickens emphasizes that there is a "lack of critical vocabulary for describing Blackness and madness simultaneously," because it is "assumed that one must take priority over the other" (34). She also warns of the danger of "projects that locate resistance on Black mad bodies solely in service of white bodies," which is taken up further in chapters two and three (35). Pickens's work illuminates that theories of Madness must take account of processes of racialization lest they end up implicitly normalizing the association of whiteness with ability and sanity.

Mad Studies scholar Louise Tam similarly defines psy-discourse as being "a set of knowledges that inherently articulate racist and colonial ideologies through biopower—the scientific impetus for the nation-state to make live and let die, or in other words, control quality

of life on a mass scale” (295). She argues that “race-thinking is constructed ‘in’ psy discourse,” and that there is a gap in Mad scholarship that does not address how “psy discourse as a knowledge and institution [...] has everything to do with race in the origins and constitution of pathology” (295). In particular, Tam critiques the complicity of mental health institutions in the “ongoing displacement and assimilation of migrant, Indigenous, and migrant Indigenous people” (283). She singles out “symptom-naming and after-effect-finding,” such as residential school syndrome (RSS), as problematic because they ignore that the imposition of Western colonial biomedicalism is, in itself, traumatic for Indigenous communities with their own methodologies of healing, as further explored in chapter one (283). As a result, Tam argues that decolonization is fundamental to addressing psychiatric systemic oppression and sanism. She asserts that it is imperative to recognize how Indigenous communities are differently positioned from other racialized people, including being critical of the ways in which some Mad movement activists have culturally appropriated Indigenous spiritual practices as alternatives to Western medicine (283, 285, 297). Further, Tam highlights the impossibility of responding to sanism unilaterally, because doing so risks further marginalizing Indigenous and migrant communities already distinctly impacted in adverse ways by ongoing colonialism and imperialism, which is often enacted through medical and psychiatric discourse. Instead, she advocates the necessity of cultural specificity when addressing sanism.

The chapters in this dissertation examine a distinct historical period in relation to the development of psychiatric discourse: shell shock and masculinity in the wake of WWII; femininity and the multiple personality epidemic spanning from the 1950s to 1980s; the Black Power movement of the 1960s and 1970s and schizophrenia; and the War on Terror and paranoid nationalism in 21<sup>st</sup>-century Canada. Each chapter situates a specific psychiatric diagnosis within

its socio-political context and examines how an allegedly biomedical label is culturally shaped by WWII, second-wave feminism, the civil rights movement, and the global displacement of refugees in the wake of imperialism. Further, the definition of sanity noticeably transitions within each chapter, as psychiatric discourse inconsistently polices boundaries of hegemonic normalcy according to shifting cultural trends and increasingly becomes covert. This disparity is most readily seen in chapter one and chapter two, both of which examine how post-WWII era psychiatric discourse established ideals of masculinity and femininity as necessary for so-called sanity. Thus, the so-called biomedical rules of sanity do not apply equally, highlighting how systemic bias infiltrates an allegedly objective medical system. In my close readings, I demonstrate how the texts engage with and critique the psychiatric discourse of their time. I argue that it is important to recognize these limitations because modern psychiatry is built on this foundation that has largely remained unexamined—as emphasized by my turn to a 21<sup>st</sup>-century Canadian context in the final chapter. To be clear, I am not suggesting how these characters might be more compassionately understood through a now popularized diagnosis of post-traumatic stress disorder (PTSD). My interest here is not in establishing a re-diagnosis. Rather, I argue that the texts illustrate alternative creative methods of critiquing and coping with trauma that have been historically overlooked within psychiatric discourse that leads to fundamental gaps within today’s systems. By examining these methods, the texts point towards the ways that we might productively reimagine mental health care.

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The first two chapters analyze how whiteness is often invisible, yet omnipresent, in the development of psychiatric diagnoses in the post-WWII period, and, as a result, it remains problematic to assume that contemporary diagnoses built on this foundation is not similarly

reinforcing white privilege. While the post-WWII era is often lauded as a turning point in race relations and more compassionate mental health care for veterans, this romanticized perspective obscures the reality of African American, Asian American, and Indigenous veterans. The first chapter considers Ralph Ellison's *Invisible Man* (1952), John Okada's *No-No Boy* (1957), and Leslie Marmon Silko's *Ceremony* (1977), as works set in the post-WWII U.S. context that demonstrate the ways that evolving conceptions of shell shock during the 1950s were based on the experiences of white male veterans. As a result, the disparate and nuanced experiences of three communities—African Americans, Japanese Americans, and the Laguna Pueblo and Navajo nations—including their distinct relationships to slavery and segregation, internment camps, colonialism and forced assimilation policies, are left unexamined in the development of trauma theory. These three novels demonstrate the implicit assumption of whiteness, colonial masculinity, and heteronormativity in psychiatric treatments of the 1950s. As a result, these novels grapple with the ways that psychiatric services retraumatize and further marginalize the racialized and Indigenous protagonists, whose mental war wounds are inextricably tied to their experiences of racial and colonial trauma. Further, the chapter considers how the protagonists turn to alcohol-dependency as a form of self-medication for otherwise untreated trauma, in a manner that resists stereotype, but concludes by challenging the limitations of damaged-centered lens that support a “pathologizing approach in which the oppression singularly defines a community” (Tuck 416). Rather, I argue that the novels reveal how improved mental health care services for African Americans, Asian Americans, and Indigenous people are tied to civil equality, suggesting the importance of social justice for mental health.

Chapter two takes up how post-WWII psychology also featured the resurgence of a rare and contentious diagnosis of multiple personality, with women representing 90% of documented



cases (Rivera 3; Ley 196; Showalter 1997: 162; Nathan 79). Significantly, the dramatic rise of diagnostic rates of multiplicity primarily between the 1950s and 1980s is partially attributed to the popularity of cinematic depictions, most notably *Three Faces of Eve* (1957) and *Sybil* (1973) (Caminero-Santangelo 1996: 69; Baldwin x; Nathan 81). For this reason, the chapter shifts to a consideration of the subgenre of the multiple film, focusing on its key tropes with particular attention to how movies that feature multiplicity rely on the Jezebel/prude dichotomy and monstrous motherhood, particularly infanticide. While feminist scholars have taken up multiple personality as literalizing the contradictory and unattainable ideals of femininity, I examine how the woman multiple film reinforces the association between whiteness, so-called proper feminine identity, and sanity in *Three Faces of Eve* (1957) and *Frankie & Alice* (2010) (see Nathan; Caminero-Santangelo; Lehman; Lloyd and Johnson). Significantly, *Frankie & Alice* responds to and is a foil of *Three Faces of Eve* because it is the only multiple film featuring an African American protagonist and it is set in the 1950s and 1970s, both periods marked by the proliferation of multiple personality diagnoses. Nevertheless, *Frankie & Alice* problematically replicates tropes of the woman multiple film. Both films reinforce associations between blackness and hypersexuality through the Jezebel trope and between blackness and deviant femininity through the monstrous mother figure. Moreover, both protagonists are deemed cured when they conform to white femininity or normative racial constructions, including being reinserted into a heteronormative patriarchal structure through the nuclear family. Thus, while *Frankie & Alice* offers an important intervention into a white-dominated genre of film, it follows a similarly problematic recovery arc by mirroring the tropes of the woman multiple film that are invested in reifying white femininity as akin to sanity and normalcy.

The last two chapters of the dissertation examine how psychiatric diagnoses often

function to pathologize political resistance as a form of biomedical mental illness to thwart critiques of social inequalities. In the third chapter, I examine Toni Morrison's *The Bluest Eye* (1970) and Virginia Hamilton's *The Planet of Junior Brown* (1971) as texts that address how the trauma of racism impacts Black children, who rely on imagination as a coping mechanism. It is significant to note that *The Bluest Eye* is an adult novel about a child's experiences whereas *The Planet of Junior Brown* is a middle school book targeted for readers aged eight to twelve years old. Despite these differences of genre and audience, these texts can nevertheless be brought generatively together, without eliding the difference between them in terms of form, because of how the protagonists, ages eleven and thirteen respectively, rely on fantasy to escape otherwise unlivable circumstances generated by white supremacy. Moreover, both novels are written in the wake of the civil rights movement and the Black Power movement of the 1960s and 1970s, and, correspondingly, they suggest how hegemonic narratives that associate Blackness with fatness and ugliness are psychologically damaging for Black adolescents.<sup>7</sup> Further, I consider how the literary reception of these two characters as schizophrenic problematically reinforces the increased diagnosis and institutionalization of African Americans during the 1960s, which Jonathan Metzl argues was a form of medical social control to subvert Black political protests of the period (80-1, 112, 128). Consequently, the chapter suggests the potential pitfalls of applying psychiatric diagnoses, even to fictional characters, without cultural context or recognition that psychiatric discourse is embedded in other institutions of power, especially white supremacy.

In my last chapter, I consider how sanist discourses unfold in the transnational context of

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<sup>7</sup> As further explored in chapter three, white supremacy renders Black childhood impossible, making it difficult to categorize Junior and Pecola as children or adolescents, which is further complicated because Pecola reaches puberty at the relatively young age of eleven and Junior is easily read as being much younger than thirteen. As a result, I describe Junior and Pecola as both children and adolescents because neither term fully captures their liminal experiences and disrupted childhoods that force them into situations beyond their maturity level that nevertheless provokes a response rooted in fantasy and imaginary friends, often deemed childish or juvenile.

the global War on Terror, which forms the backdrop to Lebanese Canadian author Rawi Hage's *Cockroach* (2008). In this novel, Hage focuses on a seemingly paranoid protagonist who is a refugee from an unnamed Middle Eastern country. Notably, this narrative extends and updates the white male paranoia endemic of Cold War novels for an era marked by terrorism—a threat projected on brown men ironically deemed to be paranoid by nationalist paranoid discourse. I take up how Hage invokes a biomedical narrative of paranoia as mental illness to critique the political narrative of paranoia surrounding migrants and refugees in the twenty-first century with the rise of discriminatory Islamophobia directed at anyone who “look likes Muslims” (Arat-Koc 218). This critique of fear-mongering nationalist discourse is particularly damning in the context of Canada, because of its false image of multicultural acceptance. Through a trauma-informed approach, I demonstrate how the seeming paranoia of the unnamed protagonist of *Cockroach* is rooted in his experiences as an unwelcome racialized refugee living in poverty in Montreal, who experiences police profiling and is put under surveillance through mandatory therapy sessions. As a result, it is not the refugee who is paranoid, but the white settler nation of Canada that deems refugees a unilateral threat to national security. The chapter suggests how the stigmatizing label of mental illness—which has the ability to take away the protagonist's freedoms through involuntary psychiatric hospitalization and drug regimens—functions to depoliticize the narrator's critique of social injustices, including Canada's hypocritical war profiteering.

It is important to emphasize that because I examine fictional accounts of trauma, my analysis only demonstrates how fictional texts can provide political and psychiatric critiques of structural inequalities that define so-called normalcy and sanity according to hierarchical social constructions of gender, race, and sexuality. Nevertheless, insights from autobiographical accounts can help inform an ethical practice of analyzing fiction. Because of my engagement

with Mad Studies, I do not take these fictional representations as accurate depictions of mental distress as a lived experience. Rather, I am interested in how fiction offers a creative outlet for marginalized communities to articulate how they are overlooked or misdiagnosed by dominant hegemonic discourse, as well as how fiction can problematically reaffirm associations between sanity and whiteness, as is the case in chapter two. By grounding my analysis of these texts in their socio-political context, I demonstrate how literary and cultural productions are uniquely positioned to articulate the affective and traumatic impact of misdiagnosis. Doing so also elucidates how psychiatric discourses have yet to fully consider the diversity of experiences of racialized and Indigenous people in mental health service development.

## Chapter 1

### War Wounds Untreated: WWII Veterans and the Failures of Trauma Theory in *Invisible Man*, *No-No Boy*, and *Ceremony*

WWII is often regarded as a turning point in race relations and civil rights. Journalist Carey McWilliams articulates the common conception that the war represented “a clash between the idea of racial superiority (central to the Nazi doctrine) and the idea of racial equality (central to the concept of democracy)” (qtd. in Rosier 79). In contrast to McWilliams’ claim that U.S. involvement in WWII exemplified the benefits of democracy, including racial equality, African Americans, Asian Americans, and Indigenous peoples were treated as second-class citizens prior to, during, and after WWII. Government policies embedded systemic racism within discourse of U.S. nationalism, including, respectively, Jim Crow segregation laws, residential schools designed to use “education for [the] extinction” of Indigenous cultures, languages, and spiritual practices (Churchill 12-3), and exclusionist immigration laws against Asian migrants (Ngai 169).<sup>8</sup> Significantly, during WWII these racist government policies were extended rather than reduced, despite the extensive contributions of these communities to the war effort.

At the same time and related to these developments in race relations, WWII (1939-1945) is a significant intermediary stage in the development of trauma theory from the WWI (1914-1918) concept of shell shock to the post-Vietnam War (1955-1975) diagnosis of Post-Traumatic Stress Disorder (PTSD), in part because of the rise of psychological services provided by the Veterans Administration (VA). The “*GI Bill of Rights*” passed on June 22, 1944 and the

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<sup>8</sup> Jim Crow is an umbrella term for legalized segregation and voting rights laws introduced in the Southern states to limit African American civil rights during the post-Reconstruction period. The term derives from the Jim Crow minstrel blackface character who imitated stereotypes of African Americans for comic effect (Scheopner 1276-1278).

establishment of the Department of Medicine and Surgery on January 3, 1946 provided validation for mental war wounds as a right for military compensation and the infrastructure to provide it on a mass scale (Baker and Pickren 5). However, as most psychologists working in the U.S. after WWII were researchers or professors, VA federal funding was used to develop training programs for clinical psychology that focused on the “prevention of hospitalization [...] and early discharge [...] to help reduce costs” (8, 54).

Murray Levine argues that, because mental health institutions shifted their policies and practices according to the needs of returning WWII veterans, who were “largely young and middle-aged males,” these systems fundamentally neglected the experiences of “other populations (e.g. women, children, the aged)” (35). As a result, the emphasis in psychological services on the “returning veteran led to a whole generation of mental health workers without training or encouragement to service other populations,” which resulted in “the war and its requirements [...] defin[ing] the mental health problem” in the late 1940s and 1950s (35). As Marta Caminero-Santangelo (1996) notes, this wave of mental health reform around the figure of the male veteran “precluded institutional questions about female madness, even though women statistically predominated as patients in virtually all areas of mental health care” (6).<sup>9</sup> While Levine and Caminero-Santangelo recognize that the emphasis on WWII male veterans excludes women from adequate representation in mental health discourse and policy, they do not consider the role of race in the development of mental health services, which was built around the needs of white male veterans. Indeed, developing of these services precluded the experiences of

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<sup>9</sup> The focus on the male veteran in psychological services also precludes consideration of women veterans from the Women’s Army Corps (WACs) established on July 1, 1943, including approximately five hundred Japanese American women, eight hundred Native American women, and four thousand African American women<sup>9</sup> (Moore 13-14, 29; Rosier 88-89; Honey 2). Women also contributed to the WWII war effort through the Army Nurse Corps, factory/industrial work, war bonds, and “social action committees [that] held communities together” (Honey 2; Rosier 88-89).

African American, Japanese American, and Indigenous male veterans.<sup>10</sup>

This chapter takes up the significance of racial politics and the development of VA psychological services during the 1950s by examining the representation of WWII veterans' mental distress in three novels: Ralph Ellison's *Invisible Man* (1952), John Okada's *No-No Boy* (1957), and Leslie Marmon Silko's *Ceremony* (1977). These novels contain major distinctions in content and theme because they explore the nuanced experiences of racism of three distinct communities—African Americans, Japanese Americans, and the Laguna Pueblo and Navajo nations respectively. *Invisible Man* takes up the legacy of African diaspora, slavery, and Jim Crow segregation in the 1950s. *No-No Boy* examines U.S. limitations on Asian migrations and assimilation, as well as Japanese American internment camps. *Ceremony* explores neo-colonialism, forced assimilation through residential schools, and the ongoing theft of Indigenous land. Though I do not wish to collapse these important differences, it is useful to consider the novels together because doing so helps bring to light and emphasize the numerous perspectives ignored by VA mental institutions in the 1950s, which reinforced structural racism by privileging white male experiences as the standard for mental health.

I argue that these three novels expose the inadequacies of post-WWII trauma theory and psychological services to account for and to treat the experiences of mental distress for African American, Japanese American, and Indigenous veterans. *Invisible Man* features an unnamed African American protagonist who leaves the Jim Crow South for New York City, where he becomes disillusioned by systemic racism. I focus on Chapter Three of *Invisible Man* in which

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<sup>10</sup> This chapter only considers these three distinct communities, while recognizing that there is diversity within these broad categories. However, the focus of the chapter is not exhaustive of all WWII veterans of colour. For instance, President Roosevelt promised 100,000 Filipino soldiers U.S. citizenship and veterans' benefits for their war service, which was denied by Congress in 1946. In 1990, "Congress granted citizenship rights to surviving [Filipino] veterans, and as of this writing they still do not receive full veterans' benefits" (Fujitani 241).

Mr. Norton, a wealthy white investor in the unnamed narrator's Southern college that resembles Tuskegee Institute, goes into shock after hearing Jim Trueblood's story of inadvertent incest with his daughter (Ellison 59-64, 69-71). The narrator subsequently takes him to the Golden Day bar, which is packed with "shellshocked" African American veterans (73). One Black veteran in *Invisible Man* claims that he is a "patient" sent to a bar for "therapy," but the mental institution also "send[s] along an attendant, a kind of censor, to see that the therapy fails" (81). The unnamed veteran implies that the VA institution does not want any kind of therapy to succeed for these Black veterans. Similarly, in *Ceremony*, the protagonist Tayo is released from the Veterans Hospital in Los Angeles and returns to his Laguna Pueblo reservation, even though he is still suffering from "battle fatigue" (8). Betonie, a Navajo medicine man, claims that "[i]n that [VA] hospital they don't bury the dead, they keep them in rooms and talk to them," which suggests that white psychiatry counter-productively perpetuates paradoxical death-in-life, instead of metaphorically bringing the dead or sick back to life (Silko 123). In *Invisible Man* and *Ceremony*, the veterans are diagnosed with shell shock or battle fatigue, but the VA mental institution deliberately mistreats them or undermines healing. In juxtaposition to the former novels which focuses primarily on WWII veterans, *No-No Boy* reveals the inability of VA psychologists to recognize signs of trauma in Japanese Americans, including the war "hero," Kenji, who "thinks about killing [himself]" and the so-called "no-no boy" Ichiro, whose refusal of the war draft sends him to prison for two years, even though he had already served two years in an internment camp (60-61, 5). After his release from prison, Ichiro struggles to belong amidst rampant anti-Japanese racism and rejection from Japanese American veterans, though his old friend Kenji—who fought for the U.S. and was grievously injured in doing so—mirrors his feelings of loss and dispossession. By examining these three novels together, I illuminate the



failures of post-WWII trauma theory and psychological services to adequately recognize or treat the mental distress of African American, Indigenous, and Japanese American male veterans.

Notably, the Supreme Court's *Plessy v. Ferguson* (1896) verdict legalized Jim Crow laws that instituted separate but equal services for African Americans, including segregated military units for Black soldiers, which resulted in discriminatory enlistment practices and unit assignments (Morehouse 3).<sup>11</sup> Although two and a half million African Americans volunteered for military service, only about one million were accepted and deployed (5). African Americans were systematically rejected "due to lack of space in the six black-only regiments," and some states, such as New England and Connecticut, "sought to exclude blacks from the initial call-up by secretly ordering draft boards not to induct them [...] to fill quotas with whites only" (5; Brandt 100). All Black military units were primarily given service roles; they "unloaded ships, built roads, [and] drove supply convoys" (Brandt 111). White military units glorified combat positions because service roles "were understood to be a 'feminized' position" (Knauer 18-9). The 93<sup>rd</sup> Infantry Division is a notable exception as the "principle black combat unit deployed to the Pacific Theater" (Morehouse 13). President Roosevelt appointed former federal judge William Hastie as the "Advisor for Negro Affairs" to assist the secretary of war during WWII (26). Judge Hastie "recommend[ed] [that] the military integrate its troops for reasons of efficiency," but the War Department refused the advice of his report because "the issue of integration [was] within the social, not the military, sphere" (26). Thus, WWII exacerbated rather

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<sup>11</sup> Homer A. Plessy was a member of "Comité des Citoyens" that was formed to appeal Louisiana's Separate Car Act in court, which allowed for racially segregated train cars (Hoffer 2-3). Plessy's lawyer argued that the law violated the Thirteenth and Fourteenth Amendments, most notably Plessy's right to "equal protection of the laws" (2). The majority verdict in the Supreme Court ruling upheld Louisiana's Separate Car Act because it required that accommodations be "equal, but separate," which was found to meet the constitutional standard (2). As a result, *Plessy v. Ferguson* created legal precedent for states to segregate public places, which would come to be known as Jim Crow laws (2). Additionally, "colored facilities were usually vastly inferior, despite the injunction of the *Plessy* case that they be equal" (2).

than alleviated the systemic racial discrimination of Jim Crow laws in the U.S. based on maintaining the status quo of racial segregation that privileged white Americans, even when it was counterproductive to military spending and tactical efficiency.

Similarly, WWII exacerbated the colonial theft of Indigenous lands, yet ironically the success of Indigenous soldiers in WWII depended on the failure of U.S. genocide and assimilationist policies to eradicate Indigenous people and languages. The “Indian Wars” of the 17<sup>th</sup> and 18<sup>th</sup> centuries reduced the Native American population to “5 percent or less of its preinvasion total,” and the U.S. government continued a project of “cultural genocide” through the forcible assimilation of Indigenous children in residential schools (Churchill 12; Kingston 63-4). The goal of “American Indian residential schools,” in tandem with legislation, was to eliminate Indigenous sovereignty, cultural practices, and land claims (Churchill xvii, 12-3). In 1895, Richard Henry Pratt asserts that the purpose of these schools was to “kill the Indian, save the man” (qtd. in Churchill 14). Government officers forcibly removed young children from their parents; these children were given Anglicized names, forbidden to speak their first language, and made to solely practice Christianity (17, 19, 21). The conditions of residential schools were deadly, as most children experienced severe malnutrition, were at elevated risk of communicable disease (tuberculosis, influenza, and smallpox) (29, 34-5). Problematically, the high frequency of physical and sexual abuse of these children went without punishment and has only been acknowledged in recent years (although without legal ramifications for abusers) (51, 63). Such abuses extended across generations, and it was not until the 1970s that U.S. government-run residential schools began to close (13). Despite being classified as “noncitizens” during WWI, over 20,000 Native Americans volunteered for service in the war, where they experienced a high casualty rate because “army commanders used Indians in the most dangerous positions such as

scouts, arguing that it was in their ‘nature’ to perform such tasks” (Rosier 47). During WWII, approximately 25,000 Indigenous men and women enlisted in the military, including over one thousand Navajo soldiers, who are renowned for their role as code talkers (87-88). Code talkers “provided critical intelligence in the European theater, either by speaking in their native languages or using a code based on those languages” (88). White government officials cited the movement of “tens of thousands of Native Americans away from reservations to serve in industry and armed forces” to support a “terminationist agenda” against Native sovereignty and reservations (73). During WWII, the U.S. government violated treaty rights and seized “roughly 1 million acres” of Native American territory for uranium mining, “bombing site[s],” as well as to build “relocation centers” for Japanese Americans forcibly removed from the West Coast (97-8). Despite the fact that the Navajo nation protested the mining and use of uranium for bombs, the U.S. government nevertheless extracted “13 million tons of uranium ore” from Navajo land, including from Mount Taylor, considered a sacred site, and dumped the “nuclear waste” in Navajo territory, causing high rates of “radiation-related diseases” in Indigenous communities (Yazzie-Lewis and Zion 3). The government used the participation of Indigenous people in the WWII war effort to further “the endemic theft of Indian land and resources,” despite their vital role in war communications and voluntary service (Rosier 60).

The racial management of Asian communities took a different form than that which targeted Indigenous groups. Exclusionist immigration policies against Asian migrants “legally and culturally constructed Asian Americans as unalterably foreign,” and, as a result, Asian Americans were denied the possibility of integrating into the “melting pot” of the U.S., despite their contributions to the WWII war effort (Ngai 169). Rather, Japanese Americans’ status was “perpetually tied to international relations,” clearly evidenced in the internment camps during

WWII after the Japanese bombing of Pearl Harbor (Ngai 241-2). While Japanese Americans were constructed as a threat to the U.S. nation, around 33,000 Japanese American men served in the military throughout WWII, including as translators and interpreters in the Pacific (Fujitani 241-2; Reeves 146). The 100<sup>th</sup> Infantry Battalion and the 442<sup>nd</sup> Regimental Combat Team were the “two nearly all Nisei segregated units that made up [...] the most highly decorated groups of soldiers in U.S. history [... earning] 9,486 Purple Hearts, 18,143 individual decorations for bravery, and 7 Presidential Unit Citations” (Fujitani 239, 241-2). However, the success of Nisei veterans in WWII had little impact on anti-Japanese and anti-Asian racism in the U.S. (Ngai 241). On February 19, 1942, President Roosevelt issued the Japanese Relocation Order (Executive Order 9066) in response to Pearl Harbor and “over 120,000 Japanese Americans were forced into concentration camps” without formal charges or trials, and “lived an average of two to three years in camps enclosed by barbed wire and armed guards” (Storhoff 1). U.S. propaganda films “depict[ed] the camps as a benevolent exercise in civil disobedience” rather than “prison camps where people became ill and died and where resisters were shot” (Sturken 36). In 1943, “draft-age internees were given a questionnaire called the ‘Application for Leave Clearance’ as a condition of ‘release’ from the internment camps,” with the core of the questionnaire asking whether they would serve in the U.S. military and if they would swear allegiance to the U.S., despite already being natural-born American citizens (Storhoff 1-2). In response to the survey, 65,000 internees responded yes to both questions, 13,000 answered no to one question, and 6,733 answered no to both questions, leading to the derogatory epithet “No-No Boys” (Reeves 159). Significantly, Ngai argues that post-WWII Japanese Americans “became model minorities when Japan became an American ally,” suggesting how Japanese American status is predicated on international—and not domestic—relations (241).

Put simply, U.S. condemnation of Nazi racism proceeded without serious reflection about domestic racism, which increased during WWII, despite propaganda that race relations improved as a result of the war effort. During this period, the U.S. War Department expanded racist laws of previous generations by upholding discriminatory enlistment practices and segregated units for African Americans, stealing Native American territory and undermining Indigenous sovereignty, and classifying Japanese American citizens as foreign threats by imprisoning them in concentration camps.

Consequently, the development of trauma theory and psychological services in the wake of WWII, which were premised on the needs of returning WWII white male soldiers, is suspect. How could government institutions, such as VA psychological services, adequately provide care for African Americans, Japanese Americans, and Indigenous veterans to heal from their experiences of trauma, from war and racism, if it could not first acknowledge that these soldiers were being treated as second-class citizens compared to their white counterparts? By focusing on literary accounts of WWII veterans of colour and Indigenous veterans coping with trauma diagnosed as shell shock—specifically Ellison’s *Invisible Man*, Okada’s *No-No Boy*, and Silko’s *Ceremony*—I consider how trauma theories, which developed in the wake of the early twentieth centuries’ global conflicts, fail to account for the intersectional experiences of racialized WWII veterans because they were premised on white male perspectives.<sup>12</sup> I argue that Ellison, Okada, and Silko critique the 1950s conceptualization of shell shock—a concept based on white colonial masculinity that fundamentally excludes veterans of colour and Indigenous veterans—because it is built on extending projects of slavery, imperialism, and colonialism. Further, the VA

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<sup>12</sup> Scholarship in Indigenous Studies complicates multiculturalist paradigms that include Indigenous people under the umbrella term people of colour and instead advocates for the importance of an “anti-colonialist and anti-racist critique [...] that can account for the complexity of intertwined racist and colonial legacies” (Simpson, James, and Mack 291). As a result, I distinguish veterans of colour from Indigenous veterans in this chapter.

institutions in the novels reinforce systemic racism in the U.S., including Jim Crow segregation, Japanese American internment camps, and Indigenous residential schools, undermining the presumed racial neutrality of 1950s trauma theory, which supported white supremacy. Relying on a Mad Studies trauma-informed approach, I assert that, in these novels, the representation of alcohol dependency further emphasizes the lack of effective healing methods within VA mental institutions. However, in order to be critical of a damage-centered approach that risks further pathologizing these three communities, I also examine how the novels subvert white supremacy through political resistance, community solidarity, and Indigenous cultural revitalization. Consequently, Ellison, Okada, and Silko's respective novels raise questions about the racial neutrality of contemporary trauma theory built on this foundation of systemic racism.

### **Shell Shock and Masculinity**

*Invisible Man*, *Ceremony*, and *No-No Boy* are set in the 1950s, almost thirty years before psychiatric or social discourse accepted that traumatic events, rather than an individual's personal mental instability or weakness, are the source of psychic traumatic injury. Indeed, the diagnosis of shell shock was coined after World War I to explain the "sickness without observable lesion" of returning male soldiers (Lese 16).<sup>13</sup> The term shell shock invokes the shells, or bombs, used in WWI trench warfare, and the original theory was that "the huge firepower of the newly mechanized artillery could lead to virtually undetectable brain damage from the impact of microscopic mortar fragments" (1). However, this term was repurposed to suggest the mental war wounds of combat. Physical symptoms of shell shock included

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<sup>13</sup> The label of shell shock distinguishes the mental distress of male soldiers and veterans from women, who were far more likely to be diagnosed with "hysteria," which was largely regarded to be a distinctly "female malady" (Lese 17). However, Elaine Showalter (1987) argues that shell shock is the equivalent of "male hysteria" (171).

“withered, trembling arms, paralysed hands, stumbling gaits, tics, tremors and shakes, as well as numbed muteness, palpitations, sweaty hallucinations and nightmares” (9, 3). Early twentieth-century psychological theory asserted that soldiers developed shell shock because of moral failings, “lack of national or patriotic pride,” and “weakness of personality,” rather than their experiences during war (Lese 9, 46; Fassin & Rechtman 45). As a result, the diagnosis of shell shock prompted in soldiers and veterans “intense anxieties about masculinity [and] fears of acting effeminate,” including fears of being perceived as homosexual (Showalter: 1987, 171-2). Army doctors and psychiatrists treated WWI soldiers who exhibited symptoms of shell shock with suspicion. Shell shocked soldiers were committed to asylums for life, received the death penalty for malingering, and were given electric shocks or psychologically coerced to return to the battlefield (Lese 5, 159; Fassin & Rechtman 48-49).

After WWI, the rise of Freudian psychoanalysis reconceptualized shell shock as an unconscious response, which therefore made symptoms “out of [soldier’s] control” (Fassin & Retchman 55, 60). Nevertheless, Freudian psychoanalysis still believed that the “personality of the victim played a major role” and that only “non-ordinary men” would be overwhelmed by war (60, 62). Consequently, WWII military psychiatrists believed that, through “careful screening at induction centers,” which relied on “Freudian based theories about ego/personality development,” it was possible to create an “Army made up of the cream of American manhood,” who was invulnerable to psychological injury (Jarvis 100). During WWII, new labels for shell shock were introduced, including “battle fatigue” and “combat exhaustion,” in order to “destigmatize psychiatric wounds by conveying a sense of masculine toughness rather than weakness,” because of the association between shell shock and effeminacy (101). Trauma was, therefore, detached from any specific event, and firmly located as a fundamental weakness in the

individual psyche and seen to be a failure of masculinity (Fassin & Retchman 55).

The creation and inclusion of Post-Traumatic Stress Disorder (PTSD) in the *Diagnostic and Statistical Manual of Mental Disorders* third edition (DSM-III) in 1980 marks a significant turning point in trauma theory because it acknowledges a specific event as responsible for the subsequent symptoms of mental distress, not the individual's prior mental state (Fassin & Rechtman 89). PTSD defined trauma as a "normal response to an abnormal situation" (96). In part, psychologists shifted away from blaming the individual psyche because of Holocaust survivors, who they hesitated to pronounce even unconsciously blameworthy for their symptoms (89). However, it is not until U.S. Vietnam veterans and anti-Vietnam war activists pushed for the inclusion of PTSD in the *DSM* that it became an official diagnosis, again suggesting the importance of the figure of the white male veteran to the development of trauma theory in a Western context (Fassin & Rechtman 89; Lese 171). After the creation of PTSD, a "new language of trauma" circulated in public discourse that allowed for "victims who had not yet seen themselves as such to recognize their victimhood" without shame or personal confessions of fault (Fassin & Rechtman 96). This historical contextualization reveals that Ellison's, Okada's, and Silko's respective portrayals of sympathetic protagonists, whose symptoms of mental distress are inextricably linked to traumatic events rather than a personal failing of masculinity, were radical for the time. Significantly, in this way, the novels directly contradicted 1950s psychiatric discourse, while also foreshadowing future developments in trauma theory.<sup>14</sup>

*No-No Boy*, *Ceremony*, and *Invisible Man* register the prevailing contemporary psychiatric discourse that framed shell shock as a failure of masculinity. However, they

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<sup>14</sup> While it is beyond the scope of this chapter, it would also be interesting to consider how these novels intersect and cohere with later developments in feminist and postcolonial trauma theory, such as work by Laura Brown. However, this chapter focuses on how the novels grapple with contemporary ideas of trauma in the post-WWII era.



challenge this association by examining how veterans of colour and Indigenous veterans endeavour to conform to white codes of masculinity but are nevertheless seen as less masculine than their white male counterparts because of their racialization. In *No-No Boy*, Ichiro struggles between two conflicting codes of masculinity—articulated by his Issei mother Mrs. Yamada and Nisei friend Kenji—but realizes that neither will change the fact that he will always be treated as “only half an American” and emasculated for his Japanese heritage (16). Mrs. Yamada claims that if her son “had gone in the American army to fight Japan, [she] would have killed [her]self with shame,” in part because it would mean that Ichiro “willingly [took] up arms” against his relatives (22). This code of masculinity requires Ichiro to protect his family, even distant family that he has never met, and in part, Ichiro refuses the war draft to “please” his mother (12). In contrast to Mrs. Kumasaka, whose son Bobbie dies in combat, Mrs. Yamada feels pride because her son is “big and strong and full of life,” suggesting Ichiro’s masculinity based on his strength and vitality (in contrast to Bobbie) for refusing the draft (30). However, Ichiro does not feel “strength” but “madness” for being a so-called “no-no boy,” a derogatory term often invoked by Japanese American veterans, like Eto, who claims he is a “rotten, no-good bastard,” in order to undermine Ichiro’s masculinity (43, 5). Veterans like Kenji “fought for America and believed in it” (51). Thus, military propaganda expands masculine familial duty to the entire nation. Ichiro envies Kenji, who was “man enough” to join the military, which he imagines enables Kenji to “put [his] one good foot in the dirt of America and know that the wet coolness of it is [his] beyond a single doubt” (64). As Josephine Nock-Hee Park explains, while “*No-No Boy* presents Kenji’s death as the price for American inclusion,” both Mrs. Yamada and Kenji are “destroyed” by their commitments (235). Thus, *No-No Boy* sets up a contrast between masculine codes of protecting family or protecting the nation ultimately suggesting that both choices are untenable.

Although Ichiro initially believes that Kenji's military service allows him to conform to codes of white masculinity and, thus, feel a sense of cultural acceptance, the novel reveals that white supremacy positions Asian American men as effeminate in contrast to white men. Significantly, hegemonic masculinity is not racially neutral, but rather it is "integrated [...] with imperial identity, thus justifying American racial supremacy at home and abroad" (Nguyen, 2002: 67). For instance, "the exclusion of men of color from the public sphere was based on white masculinity's claim to being the sole representation of 'civilization' and 'rationality'" (Nguyen, 2002: 66). *No-No Boy* highlights how Japanese Americans are excluded from the public sphere to reinforce white masculinity, and by extension white supremacy, through the marginalization of Japanese American soldiers and veterans. For instance, a Japanese American who voluntarily joins the U.S. army before Pearl Harbor finds that his only tasks are to "dump garbage and wash dishes and take care of the latrines" (Okada 121). The same soldier is also "herded into a warehouse and guarded by other American soldiers with machine guns" when President Roosevelt visits (121). While Ichiro sees his masculinity as threatened because he is a so-called no-no boy, Japanese American soldiers are still assigned feminized positions to their white male counterparts and held suspect, despite volunteering for military service. Moreover, this discourse of white hegemonic masculinity underlies the justification for Japanese American internment camps. Propaganda films "depicted the camps as a kind of summer camp, with craft classes and group activities," because these images of "hyper-domesticity served to feminize the camps and emasculate the Japanese men in them" (Sturken 39). These internment camps further validated an existing narrative of Asian American men as being less masculine than white men to justify their removal from the public sphere. Okada's novel features yet another example with Mike, a Japanese American WWI veteran, who is born in America and enjoys living in

Louisiana because “they treated him like a white man,” but who is nevertheless forcibly interned and sent to Japan, “a country he didn’t know or love” (Okada 98). Like Mike, Ichiro “love[s] [America] more and more every day,” yet this love is not returned, such as when he “discover[s] suddenly that being American is a terribly incomplete thing if one’s face is not white and one’s parents are Japanese of the country Japan which attacked America” (53-4). As a result, his refusal of the draft is not a refusal of his American identity, but of the American refusal of his American identity. Ichiro’s masculinity is not threatened by his refusal of the war draft. Instead, U.S. imperialism and domestic racism deem his masculinity suspect.

*Ceremony* further interrogates the limitations of hegemonic masculinity as a distinctly colonial construction built on “violently control[ing] and replac[ing] gender systems among Indigenous peoples” to reinforce “heteropatriarchal power” (Morgensen 38). As a result, the novel problematizes the Laguna Pueblo and Navajo veterans in *Ceremony* who conform to rigid tropes of 1950s colonial masculinity and avoid any admission of psychic trauma. Significantly, many traditional Indigenous societies did not support a binary gender system, instead recognizing a “third or other gender” (42). For instance, Jennifer Nez Denetdale examines the “nádleehí,” or third gender, of Navajo oral traditions (142). In contrast, the rigid European gender binary framed manhood as “insecure [... if] certain gendered actions resulted in being ‘unmanned’” (41). European settlers deployed “stories about gender or sexual transgression among Indigenous men to justify violating and assimilating Indigenous peoples under colonial patriarchal rule” (Morgensen 44). Thus, colonial masculinity, disseminated through genocidal violence and “colonial population control,” such as residential/boarding schools with “moralistic teaching about gender and sexuality” was fundamental to the success of colonialism (48). In *Ceremony*, the “holy missionary white people who wanted only good for the Indians” teach

Tayo's mother to be "[s]hamed by [...] the deplorable ways of the Indian people" (Silko 68). Similarly, Tayo and Rocky are sent to "boarding schools in Albuquerque," after which "Rocky deliberately avoided the old-time ways" because he is afraid his Indigeneity will "hold [him] back," and he convinces Tayo to volunteer with him for military service (51, 72). Thus, while many of the Indigenous veterans in *Ceremony* conform to colonial masculinity, the novel frames this behaviour within the broader context of colonial violence against Indigenous sovereignty.

WWII psychiatry relied on 1950s conceptions of white masculinity that believed "a normal soldier should glory in war and betray no sign of emotion" (Herman 21). The "warrior ideal" of soldier masculinity emphasized "bravery, self-mastery, control, and courage under fire" (Jarvis 99). Accordingly, the other Navajo veterans Harley, Leroy, and Emo "all come back with Purple Hearts," awarded for injury in the line of duty, but they do not seem "changed" by the war or "sick" as Tayo is (Silko 20-22). Rather, they revel in stories of combat to restore the "feeling they belonged to America the way they felt during the war" (44). Harley insists to Tayo that "there isn't a damn thing wrong with me," but Tayo is not convinced because Harley "didn't use to like beer at all [...] but] drank a lot of beer now" and lands himself in jail (20-23). Tayo recognizes that "[s]omehow Harley didn't seem to feel anything at all, and he masked it with smart talk and laughter" (23). While lack of emotion might be considered a conventional display of masculinity, Tayo recognizes Harley's inability to feel as problematic. Moreover, Tayo recognizes that these overt displays of masculinity are meant to undermine the emasculation of these Indigenous veterans when they return to the racism of the U.S.: "The war was over, the uniform was gone. All of a sudden that man at the store waits on you last, makes you wait until all the white people bought what they wanted" (42). *Ceremony* suggests that Harley and the other Laguna Pueblo veterans cannot admit to psychological trauma from of the war because it

threatens their masculinity, which is already jeopardized under settler colonialism.

The Laguna Pueblo veterans assert colonial masculinity in order to combat white suppression of Indigenous sovereignty, in particular through the misogynistic domination of white women's bodies: "White women never looked at me until I put on that uniform, and then by God I was a U.S. Marine and they came crowding around" (40). The U.S. army uniform confers white masculinity to the wearer; however, the veterans are stripped of this signal of acceptance after the war. Significantly, Indigenous women's sexual agency and "autonomy over desire, partnership, and marriage became targets for European reeducation [...] that facilitated exploitation and violence against Indigenous women" (Morgensen 42). As a result, colonialism associates "masculinity with sexual violence" (56). In order to replicate but invert this relationship, the Indigenous veterans objectify white women's bodies as a figurative site of colonial warfare. Tayo, Harley, Leroy, and Emo "blamed themselves for losing the land the white people took" (Silko 43). They seek a feeling of compensation for the white colonizer's theft of their land through sex with white women: "They took our land, they took everything! So let's get our hands on white women!" (55). Sex with white women seems racially liberating to the Laguna Pueblo veterans because it is a symbolic, if problematic, reclaiming of figurative territory from white men, suggesting that they are struggling with feelings of emasculation and overcompensating by relying on colonialism's association of masculinity with sexual violence. Moreover, the fetishization of white women reinforces their heterosexuality because of European judgment of "same-sex sexuality as immoral and unnatural," in contrast to traditional Navajo practices that have been obfuscated through colonialism (Morgensen 42; Denetdale 144).<sup>15</sup>

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<sup>15</sup> Jennifer Nez Denetdale examines how the "Diné Marriage Act of 2005—the Navajo version of the same-sex marriage ban—that discriminates against and calls for the exclusion of gays, lesbians, trans-genders, and bisexuals in same-sex partnerships in Navajo society" is a result of colonialism infiltrating traditional Navajo values, because

*Ceremony* draws attention to how psychiatric theories of the 1950s rely on a racially coded construct of masculinity, which shames veterans into denying their mental distress, leading them to assuage their threatened masculinity with sexual aggression towards white women.

The “shellshocked” African American veterans in *Invisible Man* are feminized and infantilized because of their diagnostic label, further illustrating how psychiatric discourse invokes hegemonic white masculinity (73). In relation to shell shocked WWII veterans, Joanna Bourke claims that “psychiatrists never tired of implying that the man who collapsed under the strain of combat was ‘feminine’” (253). However, Jessica Meyer argues that “the failures of shell-shocked men were as much those of immaturity as of effeminacy,” highlighting that Victorian understandings of “manliness” constructed war as turning a “boy into a man” (4-5). Along similar lines, racist ideology infantilized African Americans as “incapable of self-government, [and] unable to grow into citizenship,” suggesting that “all black people were perpetual children” (Capshaw and Duane xi). Thus, for Black shell-shocked veterans, effeminacy and infantilization are closely connected as psychiatric discourse and white supremacy converge to suggest racial inferiority and a failure of masculinity. In *Invisible Man*, the African American veterans would most likely have had feminized positions during their military service and are further emasculated by their attendant Supercargo: “Here I’m forty-five and he’s been acting like he’s my old man!” (Ellison 83). Similar to this unnamed veteran’s complaint that he is treated like a child by Supercargo, the veteran-doctor who treats Mr. Norton claims that Mr. Norton sees black people as “a thing and not a man; a child, or even less—a black amorphous thing” (95). As a result, *Invisible Man* suggests that racism and the stigma of shell shock as a sign of being effeminate and immature work in tandem to undermine these African American veterans.

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oral stories of the “nádleehí” indicate that pre-colonization Navajo people accepted same-sex desire, “two-spirit” people, and a third gender (134, 142).

However, the novel resists this infantilization by depicting African American veterans as educated professionals who experience the same “shellshock” as white middle-class soldiers (73). The narrator expresses disbelief that African American veterans, who are now “patients,” had esteemed “professions” (74) and were previously aspirational role models in the black community: “Many of the men had been doctors, lawyers, teachers, Civil Service workers; there were several cooks, a preacher, a politician, and an artist. One very nutty one had been a psychiatrist” (74). Rampant classism within psychiatry in the 1950s reinforced that “reactive neurotic conditions were to be found only in more educated subjects capable of analyzing the totality of a situation, perceiving its dangers, assessing its risks, and thus of feeling its consequences, first intellectually and then emotionally” and, as a result, “rank-and-file soldiers” were not seen as capable of experiencing shell shock (Fassin & Rechtman 47). Ellison’s portrayal of the Black veterans-turned-patient as educated and middle-class is thus strategic. WWII admission boards purposely recruited undereducated African American volunteers from the rural South with “[b]etween 70 and 90 percent of the blacks who were recruited scor[ing] in the lowest test categories, compared to only 20 to 40 percent of white inductees” (Brandt 102). By refusing to portray African American veterans as uneducated, particularly compared to their white counterparts, Ellison draws attention to how Black veterans are overlooked by psychiatry due to race and class and seen as less capable of experiencing physical and emotional pain. Moreover, the veteran doctor who serves in the “Army Medical Corps” is one of “[o]nly a few men in the whole country [who] possess the knowledge” to diagnose Mr. Norton, a wealthy white man (Ellison 90). Despite his expertise, the veteran-doctor is still subjected to Jim Crow laws and is forced “out from the city at midnight and beat[en] with whips for saving a human life,” presumably by the Ku Klux Klan or another white supremacist group (93). Thus, *Invisible*

*Man* emphasizes the education and middle-class status of these African American veterans, to underscore how white supremacy infantilizes and treats them as inferior, even as their shell shock diagnosis might reinforce racist conceptions of Black people as innately immature.

The African American veterans' sexual exploits in the Golden Day also serves to reinforce their heterosexuality and, thus, masculinity, which was threatened by a diagnosis of shell shock. Freudian psychologist Karl Abraham argued that "war neurotics were passive, narcissistic, and impotent men to begin with, whose latent homosexuality was brought to the surface by the all-male environment" (Showalter, 1987: 172). While the association between shell shock and homosexuality was a contentious issue during the 1950s (see Shephard 106-7), overt displays of heterosexuality would serve to reinforce tropes of hegemonic masculinity.<sup>16</sup> The narrator introduces the Golden Day to Mr. Norton, a wealthy white investor in his college, as a "sporting-and-gambling house" (Ellison 80). Though it is more accurately described as a bar and brothel, the narrator's description suggests a masculine space of hunting and commerce. The veterans come to the Golden Day once a week to "visit the girls," who dress in "short, tight-fitting, stiffly starched gingham aprons" and are ostensibly sex workers (73-4). The narrator also visits the Golden Day bar when a "new bunch of girls arrive[s] from New Orleans," implying that these women function as a commodity of masculinity and heteronormativity within the local community (73). The veterans come to the brothel to "raise a little hell" and "charge [their] batteries," suggesting that a combination of masculine aggression and the ministrations of sex

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<sup>16</sup> U.S. military policy did not address rampant homophobia, rooted in discourses of masculinity and heteronormativity, until the 1990s. In 1993, President Bill Clinton "initiated a policy of toleration for gays in the military that would be known as 'Don't ask, don't tell'" (Eberwein 102). Under the 'Don't ask, don't tell' policy, Barry Winchell was harassed by fellow soldiers Calvin Glover and Justin Fischer for dating a trans-gendered woman, Calpurnia Addams, and ultimately Winchell was murdered by Glover in 1999, who saw Winchell's relationship with Addams as a sign of homosexuality (111). After Winchell's death, U.S. military policy towards LGBT people changed to "Don't pursue, don't harass" in 2000, which has been reversed by current U.S. President Donald Trump (102, 111). Consequently, the association between masculinity and heteronormativity remains a problematic issue within the U.S. military complex.



workers might help them overcome feelings of emasculation (80-1). For instance, the veteran-doctor speaks highly of Hester, a “brown-skinned woman with red hair,” who he claims is a “great humanitarian, a therapist of generous nature and great skill, and the possessor of a healing touch. Her catharsis is absolutely tremendous” (92). While the veteran-doctor is being facetious to an extent, his characterization of Hester as a therapist and healer reveals that these men partly suffer from threatened masculinity, which is restored through affirmations of heterosexuality. Thus, *Invisible Man* undermines 1950s assumptions that the source of psychic trauma for these veterans is a failure of masculinity or suppressed homosexuality, since the site of their alleged healing is a brothel.

While contemporary 1950s psychiatric theory posited that the soldier’s individual psyche was responsible for shell shock and it was indicative of a failure of hegemonic masculinity, closely intertwined with heteronormativity, these three novels undermine this model. *No-No Boy*, *Ceremony*, and *Invisible Man* all invoke these aspects of WWII trauma theory but subvert them through their respective depictions of racialized men experiencing shell shock who nevertheless attempt to perform tropes of white colonial masculinity. However, the Japanese American, Indigenous, and African American veterans all discover that, despite conforming to a masculine ideal of military service, they are still emasculated and infantilized in comparison to their white male counterparts, both during and after their time in the army. The novels reveal that masculinity is racially coded, because tropes of Western masculinity are central to white supremacist projects of imperialism, colonialism, and slavery that assert white heteropatriarchal power. As a result, the three novels work in strategic ways to invoke and ultimately reject contemporary tropes of psychiatric discourse in order to rupture that status quo, which relies on racism and problematic conceptions of masculinity. The novels question 1950s psychiatric

theory by suggesting that traumatic events—including systemic racism—are the cause of shell shock rather than the individual psyche. As noted, the novels' interrogation of the tenets of psychiatric theory was remarkably prescient, for the assertion of the traumatic roots of shell shock would eventually be validated with the 1980 emergence of PTSD in the *DSM-III*.

### **VA Institutional Spaces, WWII Psychiatric Discourse, and White Supremacy**

*Ceremony*, *No-No Boy*, and *Invisible Man* further critique the presumed neutrality of Veterans Administration (VA) psychological and medical services, and white psychiatric institutions more broadly, by illuminating the failures of VA mental health services to heal the mental wounds of Indigenous veteran Tayo, the Japanese American veteran Kenji, and the unnamed African American veterans. Consequently, the novels suggest how psychologist services in the 1950s reinforced a white supremacist agenda that disenfranchised racialized and Indigenous men by providing inadequate or counterproductive care in VA institutional spaces.

In *Ceremony*, Tayo spends several months at a VA mental hospital, but his descriptions of that space highlight the ineffectiveness of the services offered there to help him respond to trauma. He refers to the hospital as “the remote and foggy mountain” as it offers him neither clarity nor connection (15). The “Army doctors” claim that the cause of Tayo’s “battle fatigue” is a “mystery, even to them,” but nevertheless forbid “Indian medicine” (31, 34). The white doctors’ ban of Indigenous healing practices suggests that they are not competent to deal with trauma, which James Waldram criticizes as a common misconception within white psychiatric discourse that assumes that “Aboriginal peoples were [not] sophisticated enough to have effective systems for dealing with traumatizing experiences” (234). *Ceremony* invokes and subverts this racist and colonialist belief by revealing the ineffectiveness of white psychiatric methods. While at the hospital, the “medicine” Tayo receives “drain[s] memory out of his thin

arms and replace[s] it with a twilight cloud behind his eyes” (15). Western medicine numbs Tayo and allows him to dissociate from himself and “merge with the walls and the ceiling, shimmering white, remote from everything” (32). Tayo’s mental war wounds are neither healed nor does he reach an awakening; instead, he dissociates from his body and memories of war, which return when the numbing psychotropic drugs wear off. *Ceremony* demonstrates the limitations of settler psychiatric institutions in the 1950s, which focuses only on numbing and precludes other types of treatment.

The VA mental hospitals control what treatments are allowed (or forbidden) for veterans, as well as who qualifies as suffering from a legitimate mental war wound to be diagnosed with shell shock or battle fatigue. In *No-No Boy*, Ichiro’s friend Kenji is a veteran who visits the VA hospital frequently for his physical war wounds, but he is never diagnosed or treated with any form of mental distress (127). Kenji recounts all the praise and material success he achieves “[j]ust for packing a rifle,” including being called a “hero” and given a “Silver Star” medal, in addition to “a car, a pension, even an education” (Okada 60). Almost immediately after listing all his rewards for his bravery in the army, Kenji tells Ichiro that “[s]ometimes [he] thinks about killing [himself],” but that he is afraid to tell anyone this because it “scares people” and makes “them think [he’s] crazy” (61). While Kenji does not openly admit his suicidal thoughts to others, he nevertheless exhibits warnings that go undetected, such as driving his car excessively fast while drunk (76, 139-140). His suicidal ideation and high-risk behaviour suggest that Kenji exhibits conspicuous signs of mental distress.

However, Kenji’s lack of concern for his safety makes him an effective soldier, and, as a result, the VA hospital ignores his symptoms. Kenji has a reputation in his community for being “kill-crazy” and a “madman” in the Army, to the point that “even his buddies were afraid of

him” because he “[c]ouldn’t kill enough krauts” (78-80). These rumors about Kenji are consistent with “combat madness, a serious manifestation of anxiety, panic, and exhaustion” that was neither punished nor treated because “murderous insanity could be seen as an act of bravery,” which inspired morale in the troops and fear in the enemy (Fassin & Rechtman 42). As a result, “[s]uicidal behavior came to represent the essence of heroism, transforming an unreasonable act ultimately motivated by fear into a burst of courage” (Ibid). Kenji does not qualify for a shell shock diagnosis because his mental distress caused him to be a reckless and effective soldier, and his continued recklessness and suicidal ideation goes unchecked by the VA mental hospital supposedly built to heal his war wounds.

Kenji’s recurring leg infection, which the VA doctors are unable to treat at its root, symbolizes the ineffectiveness of VA medical discourse to treat causes rather than symptoms of trauma. Kenji reveals that his thoughts of suicide are rooted in his recurring leg infection (62). Initially, after he is hit by “machine gun” fire the doctors save his knee, until they discover “something rotten in [his] leg that’s eating it away,” and they keep amputating the leg to stop the infection until he only has “eleven inches” (62, 61). The persistence of the “rottenness” and “pain” of the leg that ultimately kills Kenji arguably represents a looming feeling of mental distress that continuously chips away at Kenji’s desire to live and his quality of life (63). While his physical injuries are real, they seemed figuratively tied to the suicidal heroism he cultivates while in the army that led to the injury and that he seems unable to amputate or alleviate when he returns home. When Ichiro visits the VA hospital, Kenji looks like he “had aged a lifetime” because all “the fear, the pain, the madness, and the exhaustion of mind and body” was apparent on his face, suggesting all these feelings lay under the surface beforehand (162). When Ichiro asks Kenji why his doctors have no treatment plan, Kenji explains there is “[n]othing to be

done,” revealing both his hopelessness and the inadequacy of the VA hospital to treat either Kenji’s infection or his despair (162). The lack of concern for Kenji’s mental health in the VA hospital reveals that psychiatric services were built only to return soldiers to the field, making it inadequate at treating the root (or figurative infection) of mental trauma eating away at Kenji.

Not only are 1950s psychiatric services indifferent to other forms of mental trauma that do not conform to shell shock, but *Invisible Man* also demonstrates that the VA mental institution treatment plan is designed to fail for the African American veterans. One of the African American veterans explicitly states that their supposed attendants ensures that they remain trapped within a system that allows them to be monitored: “‘We’re patients sent here as therapy,’ [...] ‘But,’ he smiled, ‘they send along an attendant, a kind of censor, to see that the therapy fails’” (81). The only explicit service provided by the VA hospital is a kind of pseudo-therapy through visits to the Golden Day bar, but the Black veterans believe that any potential benefit from these trips are eliminated by the attendant. The veterans recognize that the attendant specifically, and the VA mental hospital more broadly, do not want any kind of therapy for the veterans to succeed. The attendant, Supercargo, also emphasizes that he is there to make sure the veterans conform to white standards of respectability when he yells at the veterans “‘I want order down there [...] and if there’s white folks down there, I wan’s *double* order’” (82). This command suggests that Black people must perform order for white people, and that part of Supercargo’s job is to ensure that this performance is maintained. Thus, the role of the attendant is to ensure that the Black veterans maintain the status quo of Jim Crow segregation and show deference to white people. Significantly, the African American veteran-doctor who treats Mr. Norton is only perceived as mad once he “act[s] toward the white man with a freedom which could only bring on trouble” (93-5). After the veteran-doctor’s critique of white systems of

power, Mr. Norton reverses his earlier positive opinion of him and tells the narrator to “[h]urry, the man is as insane as the rest” (95). The veteran-doctor’s alleged insanity is simply his belief in racial equality.<sup>17</sup> *Invisible Man* suggests that VA therapy for the African American veterans is intended to fail because mental health is too closely aligned with mental freedom and agency to dispute racist laws and systems of governance.

Furthermore, the novels reveal that VA psychological services have a hidden agenda to extend projects of white supremacy through practices of care designed to fail and to reinforce systemic discrimination. In *Ceremony*, the VA hospital further disenfranchises Indigenous spirituality by denying Tayo Indigenous healing practices and instead enforces a treatment plan that severs him from his cultural heritage. The army doctors’ prohibition on “Indian medicine” parallels Tayo’s experiences at the “boarding school in Albuquerque,” which teach Tayo and Rocky to “avoid the old-time ways” lest they “hold [them] back” (34, 51, 72-3). Building on the subjugation of residential schools, the VA psychiatric institution is a medical, colonial, and de-personalized space that eliminates core elements of Indigenous spiritual healing practices that rely on connection to nature. The “old iron bed,” the “high small window,” the “gray steel tables” and the mingled scent of “disinfectant... urine and... vomit” is more analogous to a prison cell than a comforting place of healing (Silko 5, 6, 14, 16). The emphasis on cold grey metals presents a de-naturalized world lacking vitality and colour. The only nature available in this clinical space is a “glimpse of green leaves pressed against the bars on the window,” which is

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<sup>17</sup> Significantly, critical interpretations of the veteran doctor have dramatically shifted over time from reaffirming Mr. Norton’s claim that the veteran doctor is “as insane as the rest” to critiquing it (Ellison 95). For instance, Raymond Olderman (1966) describes the veteran doctor as “insane” (147). Joseph Trimmer (1978) instead frames him as a “weak and powerless man who, in spite of his wisdom, is victimized by the forces of power” because he has “exchanged power for wisdom” (47, 50). Marc Singer (2003) considers how the other veterans seeming symptoms of mental illness “present their own model of time as a chaotic circularity, a repetition that operates beyond human control without any teleological goal” (396). Thus, in Singer’s reading, all the veterans provide insight, undermining reading them as “insane Negro veterans” as Olderman does (147).

also evocative of a prison refusing to allow in nature or life (15).

This disconnection from nature is particularly relevant from an Indigenous perspective because according to the creation story Tayo recounts, the Earth is their “Mother who loved and cared for them as her children” (68). Consequently, in “losing her” in the denaturalized space of the psychiatric institution, Tayo also loses part of himself and his spirituality, which compounds his traumatic loss (68). Tayo is engulfed by the psychiatric institution’s lifeless, depersonalized, and colonial space. He describes himself as “white smoke...[that had] faded into the white world of their bed sheets and walls” (14). The frequent repetition of “white” (6, 14, 16, 32, 123, 232) in the context of the hospital reinforces that it is a colonial institution and that it is “hollow” (15) or lacking in substance, colour, or life, in contrast to nature: “It was white. Everything in that place was white. Except for me. I was invisible” (123). Moreover, as David Rice explains, “[t]he colonial implications for Indian identity are clearly marked in this passage, as Tayo’s thin cloud of self is inhaled by the white doctors who diagnose, categorize, anesthetize, and otherwise control his body” (119). *Ceremony* clearly marks the VA hospital as a colonial space that further disenfranchises Tayo, for it continues the racist project of residential schools by denying him Indigenous spiritual practices. The lack of nature in the scene of the VA hospital invokes the land theft of Indigenous people during WWII, as Tayo’s access to nature is prohibited by white authority figures who force him to assimilate, or disappear, into white colonial surroundings.

When Tayo returns to traditional Indigenous cultural and healing practices through his relationship with Betonie and Ts’eh, Western psychiatry intervenes, not to offer alternative methods of healing, but to discipline Tayo for being a “Crazy Indian” (Silko 242). Far from being a place of care, the veteran mental ward is a disciplinary space, and Tayo anticipates that he will be forcibly admitted if he is caught reclaiming his uncle’s stolen cattle from a white

farmer: “When they caught him, they’d send him back to the crazy house for sure” (194). Tayo’s attempt to retrieve stolen property from white settlers symbolizes his resistance to Indigenous land dispossession; consequently, the looming threat of the “crazy house” links Tayo’s political actions with Western pathologization (194). After spending his summer reconnecting with nature with Ts’eh, the community in Laguna Pueblo believes he “might need the doctors again” based on Emo’s rumor that Tayo “went crazy” and lives “alone” in “caves and [with] animals” (228). Robert warns him “You know how people are about things like that. White people are that way too. The Army might send someone to take you back” (228). While the Laguna community wants Tayo to “come home” out of concern for his wellbeing, Emo utilizes Tayo’s history in the psychiatric ward and the white Army doctors to reinforce a problematic narrative that traditional Indigenous practices, including living remotely in nature, are inherently irrational or “crazy” for his own destructive ends (228):

Doctors from the hospital and the BIA police come [...] The doctors have medicine to quiet you. The others bring guns. Emo has told them you are crazy, that you live in the cave here and you think you are a Jap soldier. They are all afraid of you [...] They’ll call to you. Friendly voices. If you come quietly, they will take you and lock you in the white walls of the hospital. But if you don’t go with them, they’ll hunt you down, and take you any way they can. Because this is the only ending they understand. (232)

The mental hospital becomes an actual prison for Tayo, where he will be punished for not conforming to white colonial standards, as emphasized by the BIA police—or Bureau of Indian Affairs—that highlights ongoing neo-colonial rule. The use of “lock” suggests that Tayo will not be released again from the psychiatric ward (232). Psychiatry, moreover, is depicted as a kind of violence analogous with forced incarceration and hunting practices. Louise Tam argues that



“psychological practices are not only a product of historical context, but a tool for governing different populations in conditions of social unrest” by symptom-naming in order to “depoliticize struggle” (295-6). This endeavour to commit Tayo involuntarily and indefinitely to a psychiatric institution, even though spearheaded by Emo it is enacted through white colonial institutions of power, suggests that Tayo’s anger and resistance to colonialism is systemically pathologized as a mode of punishment to reinforce white supremacy.

Similar to how Tayo’s experiences in the VA hospital extend the white supremacist project of residential schools, psychiatric services in *Invisible Man* mirror the racism of Jim Crow segregation laws by maintaining a double standard of assessment and treatment for white and Black people, suggesting that in the 1950s, U.S. psychiatry cannot be divorced from the racist context in which it is practiced. The WWII veterans are introduced through a lens of criminality since the protagonist mistakes them for a “chain gang,” implicitly suggesting how black bodies are monitored and contained through institutional systems, like prisons and mental institutions (Ellison 71). One of the unnamed veterans describes himself as an “inmate of a semi-madhouse” and explains the Golden Day “used to be a jailhouse,” again invoking the imagery of a prison, since they see themselves as inmates or prisoners rather than patients (91, 80). Mr. Norton is immediately concerned by the men on the road and repeatedly asks where their “attendant” is, even after the narrator assuages him that they are “all vets, a little shellshocked” and that they are “harmless” (73). It is significant that the narrator must validate this group of Black men in order to prove their harmlessness to Mr. Norton, suggesting that they are inherently predisposed to be harmful, a presumption that sharply contrasts with the valorization of white WWII heroic soldiers. The veterans’ attendant’s name—Supercargo—also invokes imagery of confinement. Because supercargo refers to “a representative of the ship’s owner on board a

merchant ship, responsible for overseeing the cargo and its sale” (OED), the name and this designation could accordingly be a reference to the transatlantic slave trade. Marc Singer also connects Supercargo’s name and position to the Freudian concept of the “superego” that provides the moral standards that regulate the ego, again suggesting a system of confinement (396). Supercargo’s unusual name and status as an attendant suggests the ways that these Black veterans are monitored and controlled by white systems of power, by force if necessary, as indicated by the “strait jacket” he carries that makes the men “quiet and submissive in his presence” (Ellison 82). Although Supercargo is also Black, the veterans see him as “the white folks’ man” and the repeated descriptions of him in “hard-starched white uniform” suggest how his blackness has been co-opted by VA psychiatric services in order to restrain other Black veterans (84, 82). In *Invisible Man*, psychiatry functions as a prison, designed to monitor and punish undesirable behaviour in African American veterans, which sharply contrasts with Mr. Norton’s experiences with psychiatry as a white man.

Mr. Norton does not see the irony in being afraid of the “shellshocked” Black veterans, while he himself is experiencing “hysteria” or a “mild shock,” nor is he treated like the veteran patients, suggesting how psychiatry reinforces Jim Crow segregation by providing separate and distinctly inferior services to African Americans (73, 79, 87). Mr. Norton’s symptoms of shock all exacerbate his white complexion. He is “drained of color,” “look[s] ghostly,” “chalk white,” “white-faced” and is a “figure of chalk” (68, 69, 72, 76). The repetition of whiteness reinforces that Mr. Norton’s “hysteria” is always read in relation to his skin colour (73). Indeed, his symptoms of distress and his whiteness are linked. However, it is unclear why Mr. Norton is “sick,” which contrasts sharply with the abundant references to trauma experienced by the Black veterans (73, 75, 76). The “drum major” and “sergeant” giving commands on the road and the

veteran awaiting the “Armistice” evokes their collective military service. Notably, one of the veterans claims that Mr. Norton is his grandfather on the “‘field-nigger’ side,” in so doing drawing attention to a legacy of slavery, and the veteran-doctor describes being “beat[en] with whips” by white supremacists (72-4, 78, 93). These reminders of the traumatic past and present of the Black veterans highlight the incongruity that everyone treats Mr. Norton’s fainting spell seriously, while their own trauma is left ignored. The veterans on the road make way for Mr. Norton once the narrator calls him “the General,” with the veteran who believes Mr. Norton is his slave-owner grandfather helping to carry his unconscious body into the bar. Just as importantly, the veteran-doctor treats Mr. Norton, despite calling him a “lyncher of souls,” evoking his experience with the KKK (72-3, 78, 93). Thus, the disparity between Mr. Norton’s and the African American’s life experiences further emphasizes that psychiatric services position white people’s suffering as worthy of care—by the very “patients” who are denied care.

The Black veterans become caretakers for Mr. Norton, who becomes increasingly feminized and infantilized. Mr. Norton is “a little faint,” and progressively becomes “weak[er]” and “gasp[s] for breath” until he “lay like a man asleep” and continues to “lay very still” (69, 71-3, 76). The image of Mr. Norton being carried into the bar by veterans like a “sack of old clothes” with his “head hung down, his white hair dragging in the dust,” while the narrator screams that he is “dying,” evokes a fallen soldier being removed from the battlefield (76-8). This image sharply contrasts Mr. Norton’s cause for shock with the veterans’ real experiences of war, who are nevertheless his caretakers (76-8). The novel consistently compares Mr. Norton to a child, emasculating and infantilizing him. His face quivers “like a child’s breast when it whimpers at the end of a spell of crying,” while unconscious he is “sprawled in the chair like an aged doll,” and is then tucked into bed “[j]ust like a little white baby” (79, 85, 87). Once awake,

the veteran-doctor continues to infantilize him when he claims he is “still a little weak,” to which the sex worker Hester responds “He sho looks it. That’s how come he needs a drink. Put some iron in his blood,” suggesting that the drink will toughen him up (92). The emphasis on Mr. Norton’s effeminacy, in contrast to the African American veterans who are depicted as exemplifying hegemonic masculinity, works to undermine associations between blackness and infantilization. Additionally, Mr. Norton’s emasculation positions him as needing (and most importantly deserving) care, and those around him freely give it, because he is white. The narrator treats Mr. Norton gently, “apply[ing] [ice] to Mr. Norton’s face” and getting him water (89, 92). These moments of African Americans acting as caretakers and doctors for a white man illuminates how white psychiatry does not similarly work for them. The Black veteran’s “attendant” shows no similar signs of tender care or consideration (82). Thus, *Invisible Man* demonstrates that white psychiatric discourse discounts African American mental distress from the outset, which is why even in an all-black bar with an African American attendant, Black veterans who are suffering are not treated with care, while a fainting white man is.

WWII psychiatric discourse also furthers the injustice of Japanese American internment because it did not recognize forcible internment as a form of mass trauma parallel to the national recognition of Holocaust survivors. While government officials described Japanese American internment as “concentration camps,” they were presented to the public through propaganda as “summer camp[s],” in order to reinforce that the U.S. was a “moral nation” in contrast to Nazi racism as a discourse central to American nationalism (Sturken 36, 39, 47). In *No-No Boy*, Okada challenges what is and is not considered shellshock, or a traumatic injury, by portraying Ichiro, a no-no boy, as experiencing the same mental distress as Kenji, a Japanese American war hero. In this way, the novel illustrates how 1950s psychiatric conceptions of shellshock, limited

to the experiences of soldiers during war, fails to account for other mass traumas, like internment camps in the United States. Gary Storhoff interprets *No-No Boy* as focusing “on the mental life of Ichiro as he attempts to overcome his severe depression” and “dysfunctional thoughts” (4-5). In contrast, my approach to *No-No Boy* argues that Ichiro’s distress is a response to trauma. Ichiro and Kenji show similar signs of mental distress to demonstrate how trauma extends outside of war and emphasize the nefariousness of internment camps.<sup>18</sup> As a so-called no-no boy, Ichiro does not have an outlet to express his despair and frustrations: “Out of filth of his anguished soul, the madness welled forth in a sick and crazy scream, loud enough to be heard in the next room” (Okada 40). The narrator’s description clearly portrays Ichiro as suffering mentally from his two years of internment and two years of imprisonment. Moreover, the novel links Ichiro’s and Kenji’s mental distress because they both contemplate suicide. Kenji admits to Ichiro that “[s]ometimes [he] thinks about killing [himself]” (61). That night at the bar, Kenji tells Ichiro “[d]on’t blame yourself” and “[y]ou’re killing yourself,” to which Ichiro quips “[m]aybe I ought to” (72). Okada strategically mirrors Kenji and Ichiro, two presumably dichotomous figures, as Kenji is a war hero and Ichiro is a no-no boy, and instead suggests that the psychic trauma of their respective experiences of war and internment are comparable. They frequently ask each other “Which would you rather have?” (56). Through this question, they try

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<sup>18</sup> It is significant to note that Ichiro’s mother is another important figure in the novel to consider in terms of the mental distress caused by internment camps, although it is outside the scope of this chapter. Mrs. Yamada is repeatedly called “crazy” by Ichiro and “sick” by Mr. Yamada for refusing to accept Japan’s defeat in WWII, and she ultimately commits suicide, presumably to avoid accepting this reality (Okada 43, 37, 188). However, the novel complicates understanding Mrs. Yamada through a mental illness narrative. Rather, Ichiro suggests that Mrs. Yamada may not be “wrong and crazy,” because her distrust of the U.S. war narrative and faith in Japan’s victory are rooted in U.S. xenophobic trauma, including the internment camps (104). Unlike soldiers like Kenji, who may be “deluded” into believing they are “first-class citizens,” Mrs. Yamada recognizes the “unseen walls” of racial hierarchies that makes the U.S. “refuse to accept her or her sons” (104). Thus, Mrs. Yamada’s seeming refusal of reality is based on her insight of U.S. racial and xenophobic discrimination. However, as one of Ichiro’s foils, her death symbolizes the untenability for Ichiro of completely rejecting the U.S. as a method of self-protection. Nevertheless, Mrs. Yamada’s mental distress and suicide speaks to the trauma of internment camps, which broke all trust between Issei citizens and the U.S. government.

to determine whether it is better to die young as a war hero or to be a no-no boy with “your life ahead of you” (56-7). After discussing how they have “bigger [problems] than most people,” Kenji decides that “[m]ine is bigger than yours in a way and, then again, yours is bigger than mine” (59).<sup>19</sup> Okada usurps expectations of a WWII novel focusing solely on the suffering of a WWII veteran by instead suggesting how Ichiro’s suffering, as a patriotic draft refuser, reflects Kenji’s suffering, but is in some ways more traumatic. The novel suggests that while their suffering cannot necessarily be measured, the aftermath of their distinct experiences echo each other. Kenji and Ichiro find solace in each other’s company, not other war veterans or other no-no boys, because their feelings mirror each other.

Moreover, Kenji and Ichiro are joined by their mutual critique of systemic anti-Japanese racism in the United States. At the beginning of the novel, Ichiro is harassed by African American men who tell him to “[g]o back to Tokyo” and chant “Jap-boy, To-ki-yo; Jap-boy, To-ki-yo” (7). The racist slur of “Jap” returns when Kenji and Ichiro are pulled over for speeding and the police officer condescendingly asks them, “You Japs can read, can’t you?” (140). Significantly, the slur highlights how Ichiro and Kenji are defined as “unalterably foreign” and their status in the U.S. is “perpetually tied to international relations,” because they are degraded as Japanese nationals who should return to Japan, despite being American citizens born in America (Ngai 169, 241-2). These moments suggest that Kenji’s and Ichiro’s similar experiences of mental distress, which prompt them to contemplate suicide, is also rooted in anti-Asian racism. Thus, the similarities between Kenji and Ichiro in *No-No Boy* undermines 1950s psychiatry theory of shell shock by demonstrating its failure to account for other experiences of

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<sup>19</sup> Particularly because *No-No Boy* engages with constructions of masculinity in a post-WWII U.S. context, this game of which is bigger also sardonically invokes a phallic comparison. This collapsing of tolerance for pain with phallic size invokes a problematic masculinity that does not allow for men to be vulnerable.

mass trauma, including recognizing the mass trauma of internment camps and anti-Asian racism.

*Ceremony*, *Invisible Man*, and *No-No Boy* all demonstrate how 1950s psychiatric theory does not recognize the distinct traumatic experiences of African American, Japanese American, and Indigenous veterans. Not only is psychiatric theory of that period marked by a discriminatory limitation, its focus on middle-class white male experiences produces significant gaps in that theory. The novels elucidate how VA psychiatric institutions further white supremacy by eliminating Indigenous spiritual healing ceremonies, segregating African Americans, and failing to recognize Japanese American internment camps as fundamentally traumatic. Their shared focus on traumatic events as the cause of shell shock, or traumatic injury, rather than a personal failing within the individual, foreshadows the shift in psychiatric theory in the 1980s, but also problematizes future developments that are built without a reckoning of the underlying racism within psychiatry. Okada, Ellison, and Silko all present their protagonists as sympathetic and worthy of care even though they are compelled to live in circumstances that deny them adequate or productive mental health services and that cause them to turn towards alcohol dependency as a coping mechanism for their trauma.

### **Trauma, Self-Medication, and Alcohol Dependency**

*Ceremony*, *Invisible Man*, and *No-No Boy* highlight the relationship between experiences of trauma and alcohol dependency. Although this connection is central to the development of PTSD beginning in the 1970s, it is not yet a focus in 1950s psychiatric theory. Working in a VA hospital with Vietnam veterans, psychiatrist Bessel van der Kolk found that returning soldiers were labelled with “all sorts of diagnoses—alcoholism, substance abuse, depression, mood disorder, even schizophrenia,” until the emergence of PTSD as a diagnosis (19). Significantly, “constriction or numbing” of feeling is a key symptom of PTSD, which in Vietnam veterans is

associated with the use of alcohol or narcotics to artificially produce dissociation from traumatic memories and to “try and control their hyperarousal and intrusive symptoms—insomnia, nightmares, irritability, and rage outbursts” (Herman 42-44). One study of Vietnam veterans found that while only 7 percent used alcohol heavily before their military service, 85 percent “developed serious drug and alcohol problems after their return to civilian life” (44).

Mad Studies scholars advocate for a “trauma-informed approach” that seeks to de-pathologize responses to trauma, such as alcohol dependency, by not framing it as a symptom of a mental illness (i.e. alcoholism) but instead as a resourceful coping mechanism (Filson 20-22). Mad Studies scholars seek “to reinterpret distress experiences, such as self-harming or hearing voices, as their best available coping mechanisms to deal with challenging life experiences such as sexual abuse or racial harassment” (Tew 74). Under this model, alcohol dependency in veterans is “respected as creative (but desperate) ways of surviving in unliveable circumstances,” rather than a symptom of a biomedical disorder that requires “medication or cognitive reprogramming” (74). By using a trauma-informed approach to *Ceremony*, *No-No Boy*, and *Invisible Man*, I argue that the characters’ reliance on alcohol is a coping mechanism for their traumatic experiences of war, internment, colonialism, and racism, rather than interpreting their behaviour as symptoms of mental illness, which pathologizes their behaviour as an individual biomedical illness, rather than a method of survival under structural oppression. Alcohol becomes a substitute for absent mental health support, which creates a false association between African American, Japanese American, and Indigenous communities and alcohol dependency that often perpetuates racist ideologies. To be clear, the novels take up alcohol dependency to critique systemic injustices and insufficient psychiatric services and, it is problematic and damaging to pathologize communities or individuals as being dependent on alcohol because of



their racialization.

Rather than a symptom of psychic trauma, in *Invisible Man* the Black veterans rely on alcohol as a coping mechanism for their experiences of racism and war trauma that are ignored by white psychiatric institutions reinforcing Jim Crow segregation. As noted earlier, the setting of the chapter is the Golden Day, a bar that the African American community “tried to make [...] respectable [...] but] the local white folks had a hand in it somehow and they got nowhere” (73). While the Golden Day is a “pretty rowdy” place with “absolutely no inhibitions,” and is a product of white interference in the Black community, nevertheless African Americans are blamed and labelled as immoral for the improprieties of the bar enforced by “local white folks” (73, 76). When the narrator tells the veterans that Mr. Norton is dying, one responds “[s]omeone is always dying,” but when he insists that he needs whiskey, another veteran replies “Oh, that’s different [...] A last bright drink to keep the anguish down” (77). The veterans are desensitized to death, but they understand the importance of alcohol to relieve the suffering of the living. One veteran speaks in vivid scientific detail about witnessing how “Johnson hit Jeffries at an angle of 45 degrees from his lower left lateral incisor” on the battlefield and having to “roll him away in a barrow” because he is presumably too injured to be saved (75). Similarly, these veterans are discarded to the Golden Day, with “no other therapy possible” but alcohol to treat their mental war wounds until they die (75). While the veterans are “sent here as therapy,” the VA hospital also, as noted earlier, “send[s] along an attendant, a kind of censor, to see that the therapy fails” (81). While alcohol might offer some relief to the veterans to “charge [their] batteries,” it is ultimately ineffective because Supercargo’s presence reminds them that they are trapped in the VA hospital (81). As a result, when the veterans turn against Supercargo they throw “BOTTLES OF LIQUOR” at him, turning the tool used to pacify them against him (83, emphasis original).

The veterans recognize that, while alcohol soothes “anguish,” it is also a tool of violence that they use to strip Supercargo of his authority over them (77). Thus, alcohol acts as a substitute for therapy because of the lack of alternatives for the Black veterans. Moreover, this is a substitute that the veterans strategically use and reject.

Although the African American veterans revere alcohol as self-medication, they are “sent” to the Golden Day bar as “therapy” by the psychiatric institution, suggesting that it also benefits the VA hospital for the veterans to be alcohol dependent (81). Mad scholar Maria Liegghio argues that psychiatrization is a form of epistemic injustice, which causes a person with a psychiatric label to be “disqualified as a legitimate knower at a structural level” and be “constructed as dangerous [...] threaten[ing] the public order, and [...] consequently, needs to be controlled” (127). Likewise, because they are mental patients at the VA hospital, the veterans are labelled incompetent and potentially dangerous, despite their professional backgrounds and patriotic war service. For instance, the highly-qualified veteran-doctor who assists Mr. Norton must reassure the narrator that “I’m not like those down there [...] I really was a doctor. I won’t hurt him” (87). From the outset, Mr. Norton suspects the veterans of violence (73); however, the novel contextualizes the veterans’ assault against Supercargo to challenge this presumption of violence. The veteran Sylvester tells the narrator that “it feels so good” to hit Supercargo because “[s]ometimes I get so afraid of him I feel that he’s inside my head” (84). The VA hospital attendant in charge of the veterans is so psychologically abusive that the veterans are afraid of him. The attack on Supercargo does not confirm that the veterans are naturally violent, but rather prompts sympathy for their lack of resources. Moreover, during the attack on Supercargo, some of the veterans “make hostile speeches at the top of their voices against the hospital, the state and the universe,” which reinforces that Supercargo represents

these power structures and that their criticisms of white systems of power are read as alleged mental illness (85). Similarly, Mr. Norton proclaims the doctor veteran to be “as insane as the rest” after he critiques white supremacy (85, 95). Thus, *Invisible Man* suggests that the African American soldiers are trapped in a system of white psychiatric institutions that disciplines criticism of systemic racism. This system invalidates the veterans by making them permanent mental patients who are encouraged to rely on alcohol as a coping mechanism to delegitimize their anger about institutional racism as drunken ramblings.

As a result of the failures of the mental health system in the 1950s, Mr. Yamada in *No-No Boy* relies on alcohol to cope with the multifaceted trauma of internment camps that has stripped him of his children, home, property, and business, and eventually leads to his wife committing suicide. Returning home to find his father “smell[ing] of liquor,” “disturb[s]” Ichiro because “he’d never seen him drunk” before (33). His father encourages him to drink because “[y]ou have got to drink a little to be a man,” suggesting that codes of masculinity preclude him from expressing his emotions but reinforce drinking as acceptable behaviour (35). Ichiro recognizes that his father “could not get drunk enough to forget,” which is Mr. Yamada’s real reason for getting drunk, rather than his claim that he is “celebrat[ing] life” (36, 34). Alcohol is the only form of comfort deemed to be socially acceptable for men dealing with distress, as alcohol is also associated with celebration, and, consequently, Mr. Yamada becomes heavily dependent on alcohol as a coping mechanism to get through the day. When he begins to feel “fuzzy all over because it had been a while since the last drink,” he is afraid that “he might be sobering up” and he “hurr[ies]” to the liquor store (154). Mr. Yamada “cradle[s] the brown paper bag preciously in the soft crook of his arm” as though it is an infant, and when he misses the curb he “twist[s] himself sufficiently in mid-air so that he hit the sidewalk with his shoulder” to protect the bottle

(154). He depends on being intoxicated to make his life bearable so much so that “everything [is] okay” as long as he has access to alcohol (155). The severity of Mr. Yamada’s dependency, especially because he did not drink before the internment camps, highlights that alcohol acts as a substitute therapy for his traumatic experiences.

While Mr. Yamada drinks to get through the day, alcohol is crucial to Ichiro and Kenji as a means of comfort and community. Mr. Morrison hires “[d]runks, morons, incompetents, delinquents, [and] the physically handicapped,” believing that work will reform or improve their lives, but he is unsure what to do with Ichiro because he does not know of a “therapy for [his] kind of illness” (220). Mr. Morrison inadvertently points towards the total absence of mental health support in the novel, particularly for Japanese Americans, although that is not the alleged illness for which he believes Ichiro needs to be cured. Kenji claims that, if he “didn’t have to sleep or eat” he would “stay” in the bar forever so he could “work up to a nice, lazy feeling and keep it there by hoisting [his] arm every once in a while” (66). Thus, like Mr. Yamada, Kenji’s ideal life is to remain in a permanent state of intoxication without ever becoming sober or leaving the bar. Imagining the last day of his life, Kenji pictures himself “sitting here with a drink in my hands and feeling good” (73). Kenji implies that alcohol provides the only source of uncomplicated comfort and prioritizes drinking over any other meaningful last act. Ichiro expresses similar feelings of comfort associated with drinking when he describes the Club Oriental bar as being “a home away from home only more precious because one expects home to be like that” (133). Rather than the VA hospital, the Club Oriental becomes a site of community healing. It offers a space for those who are suffering without them having to talk about their experiences: “Here, as long as I’ve got the price of a drink, I can sit all night and be among friends. I can relax and drink and feel sad or happy or high and nobody much gives a damn, since

they feel the same way. It's a good feeling, a fine feeling" (132). For Ichiro, the benefits of drinking alcohol are as much about getting drunk as it is about having a social activity that allows men to express shared feelings without judgment or shame. Being able to "feel sad" without judgment, because you know that everyone else "feel[s] the same way," is the source of the "good feeling," rather than being intoxicated (132). Significantly, Ichiro must repress any negative feelings when he is sober, such as when his white professor asks him if he is "disturbed" about the "evacuation," even prompting him to acknowledge that he has "a right to be sore" because of the "[f]amilies uprooted, businesses smashed, [and] educations interrupted" (55-6). In response, Ichiro states it is "[w]ater under the bridge now" to create a façade that he is unaffected by internment (55-6).

In contrast, the preface of the novel includes an exchange between two soldiers, in which a "blond giant from Nebraska" tells a "Japanese-American" that "if they'd done that [internment] to me, I wouldn't be sitting in the belly of a broken-down B-24 going back to Guam from a reconnaissance mission to Japan [...] They could kiss my ass" (xxvi-xxvii). The white soldier can express this opinion for the same reason that he would never be subjected to internment. Ichiro, however, is not granted the luxury of expressing these negative emotions—indeed, strictures of masculinity and race prohibit their articulation—and only articulates them when he is intoxicated. Significantly, Josephine Nock-Hee Park identifies that both the Nebraskan and Ichiro express disgust by saying "Hell's bells" (Okada xxvi, 12), and, as a result, she argues that we "may read Ichiro's no to the judge as a futile attempt to speak as a free American" by echoing the Nebraskan (238). In contrast to his father, who depends on alcohol to numb emotions, Ichiro drinks to make his emotions permissible, for validating those feelings would mean recognizing the unjust nature of internment camps.

In *Ceremony*, alcohol acts as “medicine” for Indigenous veterans to fill the void left by traditional Indigenous healing ceremonies outlawed by colonialism and the failure of the VA mental hospital, which releases Tayo as “cured” even though he remains “sick” (Silko 40, 16, 22). While this characterization of alcohol dependency in the Laguna Pueblo community might be problematically read as justifying racist stereotypes of Indigenous peoples, it is important to clarify that I turn to the theme of alcohol dependency in *Ceremony* because of the significance that the novel attributes to it. Silko positions alcohol as a limited, but desperate, form of treatment until there is a return to revitalized Indigenous healing practices, making it clear that alcohol dependency for these veterans is a consequence of colonialism not their Indigeneity. Silko explores in *Ceremony* “why some veterans were able to return to the community and function effectively again, while others were infected with ‘the war disease’ and could not,” which she saw as rooted in traditional healing rituals, or ceremonies, not being designed for twentieth-century warfare (Chavkin & Chavkin 24-5). The repetition of “vomit” and “gagging” until Tayo “couldn’t vomit any more” suggests that Tayo is trying to get poison out of his body, possibly the psychotropic drugs he is given at the VA hospital (16-18). Tayo relies on alcohol as a substitute medicine until he completes an adapted healing ceremony, suggesting how alcohol functions as a desperate substitute. All of the Indigenous veterans in the novel drink heavily: “[Tayo] heard Auntie talk about the veterans—drunk all the time, she said. But he knew why [...] Liquor was medicine for the anger that made them hurt, for the pain of the loss, medicine for tight bellies and choked-up throats” (40). Tayo identifies alcohol as healing negative emotions of anger, pain, loss, and the inability to speak of these feelings. The novel represents alcohol as medicine, with Tayo’s fellow veteran friends encouraging him to drink beer as though it were cough syrup for a cold: “Drink it! Drink it! It’s good for you! You’ll get better! Get this

man to the cold Coors hospital! Hurry up!” (158). The “Coors hospital” replaces both the ineffective white psychiatric space of the VA mental ward and Indigenous healing practices restricted by colonialism (158). The literal substitution of alcohol for actual medicine highlights that Tayo and the other veterans use it to fulfill a need otherwise not met by constrained traditional ceremonies or the VA hospital. As a result, their reliance on alcohol demonstrates the importance of adapting healing ceremonies to modern warfare and colonialism, as Tayo does.

However, historically, white supremacist institutions tend to stereotype alcohol dependency in Indigenous communities to justify spurious notions of racial hierarchy. *Ceremony* acknowledges how the veterans’ reliance on alcohol is interpreted by white psychiatrists as reinforcing racist ideologies, rather than exposing a failure within the mental health system. Jerrold Levy and Stephen Kunitz’s *Indian Drinking* (1974), published only three years before *Ceremony*, claims that “contemporary statistics do not dispel the image of the drunken Indian that was formed during colonial times” (2). Levy and Kunitz articulate a common racist presumption that Indigenous people are more prone to alcoholism because of their racial and cultural background, as they state that “acculturated Navajos tend to drink in a manner that approximates contemporary white practices,” implying that cultural assimilation reduces alcoholism (5). Though Silko recognizes these prejudicial biases in her depiction of Tayo, she subverts them by suggesting that alcohol dependency in Indigenous communities is rooted in settler colonialism. A white doctor tells Tayo that “[r]eports note that since the Second World War a pattern of drinking and violence, not previously seen before, is emerging among Indian veterans” (53). The white doctor assumes that the “pattern of drinking and violence [...] among Indian veterans” is directly correlated to WWII, suggesting how the psychiatric model of shell shock functions to decontextualize Indigenous veterans’ experiences in war from the legacy of

colonialism (53). In contrast, Tayo claims he can “feel” that the imbalance in his community began a “long time” ago, which entails that “[h]is sickness was only part of something larger, and his cure would be found only in something great and inclusive of everything” (53, 125-6). Tayo recognizes that white settlers use alcohol dependency in Indigenous communities as evidence to support the belief that “it took a white man to survive in their world and that these Indians couldn’t seem to make it” because of some alleged racial failing or weakness (253). Thus, while psychiatrists of the 1970s still claimed that race influences alcohol use in Indigenous communities, rather than the colonial suppression of Indigenous healing practices, *Ceremony* undermines this reading to instead articulate how alcohol dependency is not rooted in racialization but in the systemic trauma of colonialism. This trajectory of signs of mental distress—such as alcohol dependency—being used to pathologize and stereotype oppressed communities illustrates the difficulty of acknowledging trauma without supporting damaging categorizations. Silko grapples with this problematic relationship between racism and psychiatric discourse to balance a recognition of how the trauma of colonialism has produced desperate coping mechanisms in the enforced absence of healing ceremonies without reinforcing alcohol dependency as endemic to Indigenous communities.

Moreover, Silko reveals how white psychiatry utilizes the stereotype of the “drunk Indian” to dismiss the mental suffering of Indigenous communities; in contrast, psychiatric discourse labels any form of political resistance by Indigenous people as mental illness to justify disciplinary confinement (241). Prior to Tayo’s return to Indigenous cultural practices, any instances of violence are explained as drunken behaviour. For instance, while drinking with the other veterans at a bar, Tayo attempts to kill Emo with a broken beer bottle and it takes “three guys to pull [him] off [Emo]” (53). Speaking to Harley, Tayo remarks that “Crazy people are



extra strong,” but Harley insists that “No, Tayo, you weren’t crazy. You were just drunk” (53). The police send Tayo back to the Army mental ward, instead of jail (54). However, Tayo is not seen as responsible for the attack: “Emo claimed they never got along, not since grade school [...] They all had explanations; the police, the doctors at the psychiatric ward, even Auntie and old Grandma; they blamed liquor and they blamed the war” (53). These explanations all depoliticize Tayo’s anger at Emo as a personal vendetta, a drunken mistake, or a result of war trauma, rather than Tayo’s rage at the Western industrial war complex that Emo supports: “The destroyers [...] destroy the feeling people have for each other [...] Their highest ambition is to gut human beings while they are still breathing, to hold the heart still beating so the victim will never feel anything again” (229). Emo’s reverence and pleasure for killing disgusts Tayo, as well as “white warfare” methods of “alien...mortars and big guns” and the “monstrous” atomic bomb that enables the dehumanizing killing of unknown people (36-37). Significantly, in 1977, the “Laguna tribe received warning that the Rio Paguate, the main river that runs through the reservation was contaminated with radium-226” and radioactive mining waste, but the U.S. government designated the reservation as a “National Sacrifice Area” to continue waste dumping (Piper 483). Tayo’s anger at Emo is indicative of his “hatred” for white warfare and the people he calls the “destroyers,” who exploit Indigenous reservation land to create nuclear weapons (Silko 203). No one is “suspicious” of Tayo or suspects him of being “crazy” if he spends his life “drinking with his buddies,” because then “[h]e’d just be another drunk Indian, that’s all” (241). When Tayo again has the opportunity to kill Emo, he resists the temptation because it would justify the white narrative of Tayo’s actions: “He [Tayo] would had been another victim, a drunk Indian war veteran settling an old feud; and the Army doctors would say that indications of this end had been there all along, since his release from the mental ward” (253). Tayo recognizes that

his anger and violence against Emo would be depoliticized as a personal attack, rather than a symbol of his discontent with the industrial war complex that Emo represents. *Ceremony* suggests that white psychiatry and judicial systems permit, or even expect, Indigenous drunken violence because it depoliticizes Indigenous anger as personal, rather than a sign of political resistance or rage against colonialism and reinforces negative stereotypes of Indigenous people as being racially or culturally prone to alcoholism. This racist pathologization of alcohol dependency, which Silko condemns, makes it challenging for her to acknowledge the damage of colonialism in the Laguna Pueblo reservation without risking reinforcing these problematic associations by representing alcohol dependency in Indigenous veterans. Nevertheless, a close reading of *Ceremony* illustrates how alcohol dependency for Tayo is both a desperate coping mechanism for colonial trauma and a weaponized narrative used against his Indigenous community.

Alcohol dependency, then, emerges as a common theme in *Ceremony*, *Invisible Man*, and *No-No Boy*. Based on a trauma-informed Mad studies approach, I argue that the characters' respective reliance on alcohol is a coping mechanism for unresolved trauma or a method of survival in otherwise unlivable circumstances rather than symptoms of an alleged mental illness, such as alcoholism, which depoliticizes and individualizes their feelings of distress as a biomedical illness. Moreover, the novels' representation of alcohol consumption elucidates the inadequacies of the mental health system for African American, Japanese American, and Indigenous communities. Silko, Ellison, and Okada emphasize in their novels that the characters rely on alcohol because they have no access to any other therapy. Additionally, the novels expose how codes of masculinity preclude the characters from expressing negative emotions unless they are intoxicated. As a result, one of the failings of VA mental hospitals is that they

reaffirm restrictive narratives of white settler masculinity.

Significantly, a biomedical reading of the characters as mentally ill or alcoholics potentially reaffirms racist stereotypes, particularly for Indigenous people. White psychiatric theory frames veterans of colour and Indigenous veterans as alcoholics to justify delegitimizing them as legitimate knowers, such as the African American veterans in the bar whose political messages are dismissed as drunken or insane ravings. Alcohol abuse is not limited in the novels to veterans, most notably with Mr. Yamada, which further emphasizes that the most traumatic experience the characters struggle with is their ongoing experiences of racism, as well as colonialism for the Indigenous characters. Moreover, *Silko* confronts the complexity of acknowledging the trauma of colonialism for the Indigenous veterans without this account of alcohol dependency, rooted in the colonial suppression of healing ceremonies, being used against the community by readers as a vindication of racist beliefs. The African American, Japanese American, and Indigenous veterans' respective reliance on alcohol as a kind of substitute medicine or coping mechanism for their experiences of war and racism emphasizes the failures of 1950s white psychiatry to provide adequate care. While alcohol dependency is treated by biomedical psychiatry as an individual problem, through a socio-political lens the novels instead suggest that it is a response to social injustices left unexamined in psychiatric discourse.

### **Rethinking Damaged-Centered Approach**

Focusing on alcohol dependency for veterans of colour and Indigenous veterans is arguably problematic because it risks pathologizing these communities as inherently damaged. Aleutian (Unangax) scholar Eve Tuck critiques “damaged-centered research,” which “document[s] pain or loss in an individual, community, or tribe” because it can potentially lose its historical context to support a “pathologizing approach in which the oppression singularly

defines a community,” even if the goal of that research to “obtain particular political or material gains” (416). She also questions whether the “material, sovereign, and political wins [...] are] worth the long-term costs of *thinking of ourselves as damaged?*” (414-5). Tuck raises important concerns about how to address and acknowledge the traumatic lived experiences of Indigenous communities, and other marginalized groups, without risking pathologization. While I use a Mad Studies trauma-informed approach, which does not consider alcohol dependency to be a symptom of a mental illness but rather a creative coping mechanism for lack of alternatives, it remains relevant to examine how a damage-centered approach to the inadequacies of mental health care in the 1950s risks perpetuating racist and sanist ideologies. Ellison, Okada, and Silko all depict veterans and internment camp survivors as reliant on alcohol. My analysis of trauma in the novels could not be complete without addressing the role of alcohol for these characters, which I argue is central to the authors’ critique of psychiatry and institutionalized white supremacy. However, my approach would also be incomplete if it only focused on a damaged-centered perspective and did not also consider the empowering and optimistic conclusions of the novels. Tuck proposes a “desire-based research framework [that is] concerned with understanding complexity, contradiction, and the self-determination of lived lives” (416). I argue that a desire-based framework complements a Mad Studies trauma-informed approach, which is rooted in contextualizing responses to trauma and maintaining agency. Relying on a desire-based framework, I focus on moments of possibility and optimism found in *Invisible Man*, *No-No Boy*, and *Ceremony* premised on subversive political action, community solidarity, and reinvigorating Indigenous cultural practices. Adequate mental health care services for African Americans, Japanese Americans, and Indigenous people are tied to equal civil rights, which can also be seen in the novels through empowering action, rather than accounts of damage.

*Invisible Man* decenters damage in the final scene with the veteran-doctor that frames being cured as an arbitrary label that is less significant than political and mental freedom from white supremacy. The veteran-doctor who treats Mr. Norton's and then threatens to "bash" in his head is transferred to Washington, D.C. (95, 153). The narrator initially believes this means he might be "cured," but the veteran-doctor replies, "[t]here is no cure," thus suggesting a grim future for all the shell-shocked African American veterans (153). However, the veteran-doctor instead reveals that the narrator's focus on "cure" is misguided (153). He advises the narrator to "[p]lay the game, but don't believe in it [...] [e]ven if it lands you in a strait jacket or a padded cell" (153). Rather than prioritizing a cure/sanity narrative, the veteran-doctor elucidates that the most important goal of the narrator should be to "beat the game" against the "the white folks [...] the force that pulls your strings until you refuse to be pulled any more" (154). Even though the veteran-doctor is trapped in a system of ineffective and disciplinary psychiatric institutions, he does not position himself as damaged or in need of a cure. Rather, he feels relative freedom compared to those still yoked to white supremacy, because he does not respect white authority and breaks the figurative "strings" of white supremacy (154). Thus, *Invisible Man* suggests that the key concern for African American veterans is not reforming psychiatric institutions that act as prisons for Black political activists. Instead, the goal is addressing the systemic racism and structural inequalities that are the basis of discriminatory mental health systems.

The ending of *No-No Boy* suggests that there is a "glimmer of hope" for Japanese Americans through community solidarity and emotional catharsis, suggesting alternatives to a damage-centered approach (221). The fight between no-no boy Freddie and Japanese American veteran Bull encapsulates the animosity of these two factions in the novel, as Bull claims "You goddamn Japs [...] I wasn't fightin' my friggin' war for shits like you" (217). Kenji articulates

that veterans “make it tough” for no-no boys “out of a misbegotten idea that maybe [they are] to blame” for their war service “amount[ing] to a pot of a beans” (163). Thus, veterans antagonize no-no boys to prove that they are not the “same [...] a bunch of Japs,” which is Bull’s reason for fighting Freddie (163). Before the fight, Ichiro encourages Freddie to “talk” and asks, “What’s bothering you?” (213). Freddie refuses to speak directly about his emotions and instead suggests they should “go have a drink” at the Club Oriental, despite Bull’s warning for Freddie to stay away from the bar (214). Freddie crashes his car trying to escape Bull, which “cut[s] him in two” and “kill[s] him” (220). While Bull tries to insist to Ichiro that he “ain’t sorry one friggin’ bit,” (220) he breaks down and begins to “cry, not like a man in grief or a soldier in pain, but like a baby in loud, gasping, beseeching howls” (221). Bull’s remorse for Freddie’s death opens possibilities for solidarity between Japanese Americans, including no-no boys and veterans. Moreover, Bull attempts to conform to masculine codes of denying emotion, by “clamp[ing]” his “trembling” lips shut, but, nevertheless, his “cheeks swelled to bursting” (220). Bull is the only male character in *No-No Boy* described crying and, significantly, he cries outside the Club Oriental, the only space designated for such emotions. His breakdown, or perhaps breakthrough, of crying, unseals the collective figurative cap on emotional displays and admitting to pain in public spaces practiced by all the characters in the novel. As a result, for the first time, Ichiro claims to be in a “community that was a tiny bit of America” and feels a “promise [...] take shape in mind and in heart” (221). Bull’s emotional vulnerability and Ichiro’s responding optimism suggests that progress in mental health institutions is dependent on community solidarity and exposing traumatic ruptures, rather than burying them.

*Ceremony* depicts Tayo’s journey from imbalance to wellness by adapting Indigenous healing ceremonies, as a result, Silko’s text suggests how literature subverts the political

inequalities underlying the restriction of Indigenous healing ceremonies and can provide an alternative method of healing. While Tayo may be initially depicted as damaged, he finds balance, an Indigenous alternative label to cure, outside of Western psychiatry. *Ceremony* is book-ended by traditional Laguna Pueblo oral stories, written in the form of poems, which are also interwoven with the body of the text, making the entire novel a ceremony. The first oral story states that “stories [...] aren’t just entertainment [...] They are all we have [...] to fight off/ illness and death” (2). Additionally, the Thought-Woman says “[t]he only cure/ I know/ is a good ceremony” (3). From the outset, the text frames stories as the key to healing, not Western psychiatric medicine. As a result, Tayo’s catharsis comes from story. Tayo “crie[s] with relief” when he “finally see[s] the pattern, the way all the stores fit together,” including his war service and his experiences of colonialism, into one cohesive story, because he realizes “he had never been crazy” (246). The novel is not divided into discrete chapters to reinforce the continuity of Tayo’s experiences of war and colonialism.

Moreover, a key lesson of Indigenous healing introduced by Josiah at the beginning of the text is that “[n]othing was all good or all bad either” (11). As a result, healing is premised on finding balance. The novel symbolizes the restoration of balance, and thus communal healing, through the motif of the “drought” (10). During the war, Tayo is a prisoner of war of the Japanese army in the “Bataan death march,” which resulted in 7,000 to 10,000 casualties (Fujitani 241). During the march through “jungle rain [with] no beginning and or end,” Tayo “pray[s] against the rain,” but returns to find he has caused another drought in his Laguna Pueblo reservation, which is “dry” for six years (Silko 11-2, 14). Tayo almost kills Emo, analogous to him praying away the rain. By deciding not to kill Emo, Tayo defeats the “witchery [which] had almost ended the story according to its plan” (253). Immediately after, Tayo completes a

ceremony that makes the “storm clouds return” and “grass and plants start growing again” (256). The drought symbolizes Tayo’s sickness and it is only when he does not try to eradicate Emo, like he did the rain during the war, but accepts him as a necessary part of the balance of life, that he restores balance to himself and his community: “Every evil/ which entangled him/ was cut to pieces [...] It is dead for now” (258, 261). Significantly, Tayo’s Grandmother reinforces that she “already heard these stories before... only thing is, the names sound different” (260). The cycle of witchery is only halted through ceremonies that restore balance to the community, rather than an individual biomedical approach. *Ceremony* highlights that the witchery also causes “old priests [... to] cling to ritual without making new ceremonies as they always had before” (249). Thus, the novel balances the repetition of old stories with the need for new adapted ceremonies for healing. Consequently, Silko both elucidates and enacts a Laguna Pueblo ceremony of healing through her novel, demonstrating how the key to Indigenous veterans healing from WWII is Indigenous sovereignty and restoration of traditional ceremonial practices adapted to a modern context.

While *Invisible Man*, *No-No Boy*, and *Ceremony* all depict WWII veterans coping with trauma, which is diagnosed as shell shock, the novels refuse a biomedical individualizing narrative of mental illness that would depoliticize the veterans’ experiences as a personal failing of masculinity. Rather, the novels take up the figure of the African American, Japanese American, and Indigenous veteran struggling with trauma to expose how the contemporary psychiatric system of the 1950s systemically fails these populations as a product of design not circumstance. The mental health institutions in the novels are ineffective and disciplinary for the veterans of colour and Indigenous veterans, who, as a result, are left vulnerable to alcohol dependency as a coping mechanism for lack of alternatives. However, while the focus on alcohol



use may invoke a damaged-centered approach, the novels all conclude by empowering African American, Japanese American, and Indigenous communities through political subversion, community solidarity, and Indigenous cultural revitalization, which work to balance accounts of damage with methods of resistance and resilience. Ellison, Okada, and Silko all invoke a contemporary trope of shell shock that it is a result of a failure of masculinity, but ultimately point towards the limitations of hegemonic masculinity, which is used to justify imperialism, colonialism, and slavery. While it may be tempting to describe the authors as having anticipated the emergence of PTSD, it is important to consider how the development from shell shock to PTSD did not consider the racial bias underlying trauma theory of the 1950s. Rather, PTSD was primarily based on white male Vietnam veterans' experiences.<sup>20</sup> As a result, there is a need for further analysis into the racial bias of current psychiatric trauma theory, because the transition from shell shock to PTSD in 1980 may only have been beneficial to the white male veterans prioritized by Western psychiatry. *Invisible Man*, *No-No Boy*, and *Ceremony* all expose the entanglement between white supremacy and psychiatry and demonstrate that mental institutions cannot be adequately reformed without deconstructing systemic racism and structural inequalities.

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<sup>20</sup> Fassin and Rechtman explain how the experiences of Vietnam veterans were critical to the development of PTSD as a formal diagnostic category: "The task force that designed the new diagnostic category [PTSD] in DSM-III was comprised of psychiatrists who were particularly sensitive to the problems affecting Vietnam veterans. [...] All were keen to widen the boundaries of PTSD to include a number of clinical symptoms that had been gathered together in the condition popularly known as 'post-Vietnam syndrome,' an unofficial diagnostic category that did not confer the right to compensation [...] The Veterans' Administration, on the one hand, was not in favor of this broadening of criteria. If all veterans who had experienced 'uncommon events' were to be compensated, this would enormously increase their administration's burden. Activists, on the other hand, hoped for a double gain from this merging of categories, since it would confer not only the right to financial compensation but also the social status of 'war victim,' which was more attractive than that of defeated soldier" (88).

## Chapter 2

### Multiplicity, Femininity, Race, and Recovery in *Three Faces of Eve* and *Frankie & Alice*

During the 1950s, as the previous chapter showed, psychiatric services and trauma theory developed around the experience of white male veterans. However, another gendered shift in psychiatry occurred after WWII in the wake of the resurgence of an exceptionally rare and contentious diagnosis of multiple personality disorder (MPD), which primarily affected women—and which would be portrayed in highly popular films.<sup>21</sup> Multiplicity is an extreme dissociative response that creates multiple distinct personalities within one person. Known as “alters,” the phenomenon of multiple personalities is often understood by psychologists as a means of dissociating from traumatic experiences and repressing traumatic memories, typically in reaction to “severe and prolonged” child abuse, which is often sexual in nature and may involve incest (Rivera 5; Hacking 29). Multiplicity is a condition whose origins date to late nineteenth-century psychiatry, specifically to the work of French psychotherapist Pierre Janet (North et al. 21). From the 1880s to the 1940s, there were only ninety documented cases of multiple personality (Baldwin x). Between 1950 to 1970, fifty cases were reported—a startling increase (Acocella 34-5; Baldwin x). Subsequently, in the 1970s to 1990s, yet another increase in diagnoses occurred, giving rise to the “multiple personality epidemic” (Hacking 8-9). By 1986,

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<sup>21</sup> A controversial psychiatric diagnosis, multiple personality disorder (MPD) is arguably the “most contested type of diagnosis in psychiatry,” and skepticism remains to this day (Hacking 9; see Moline). Nevertheless, in 1980, MPD was included in the *DSM-III* (9). In 2000, the *DSM-IV* revised the diagnostic label of MPD to Dissociative Identity Disorder (DID) and altered the diagnostic criteria from the “*existence*” of multiple personalities to the “*presence*,” making alters “more analogous to delusions” and highlighting that the “problem is the disintegration of the sense of identity” (Hacking 17-20). Some psychiatrists and multiples take issue with the use of “disorder” in the diagnosis because “the dissociative skills they [multiples] use and had to use as children seem to be the most normal, appropriate, and healthy way they could possibly have chosen to deal with monstrously horrible circumstances” (Bryant, Jessor, and Shirar 28). As a result, I use the language of multiple personality, multiplicity, or dissociations, rather than the diagnostic labels of MPD/DID.

there were six thousand diagnoses of multiple personality, and by the late 1990s there were upwards of thirty thousand (Nathan 79).

Significantly, there is a substantial gender bias in documented cases of multiplicity—as many as 90% of clinical multiplicity diagnoses are women (Rivera 3; Leys 196; Showalter 1997: 162; Nathan 79). As feminist critics have shown, psychiatrists developed multiple personality from the previous diagnostic label of hysteria, a condition historically treated as a “female malady” ever since it was coined by Hippocrates (c.400 BC) based on the Greek word *hustéra* for uterus, also known as “wandering womb” syndrome<sup>22</sup> (Trifonova 146; Showalter 1987: 3; Lehman 65; Nathan 90). Feminist scholars have taken up multiple personality as potentially reflecting the impact of contradictory and unattainable ideals of femininity on women’s psyche, particularly during the post-WWII era (see Nathan; Caminero-Santangelo; Lehman; Lloyd and Johnson). Critic Joan Acocella further contends that the high diagnostic rates of women with multiplicity, particularly in the 1970s, can be linked to the work of second-wave feminists who exposed the previously repressed physical and sexual abuse of children, especially girls (45, 34-7). Most notably, in the 1990s, Gloria Steinem produced a documentary on multiple personality to generate sympathy for abuse victims (Lehman 65).

What accounts for this reviving psychiatric interest in the 1950s and dramatic increase of diagnoses in the 1970s? According to cultural critics and some psychologists, one catalyst is the popularity of literary and cinematic depictions of multiplicity (Caminero-Santangelo, 1996: 69; Baldwin x; Lehman 65; Nathan 82; Atkinson 48; Ross 42). Notably, *Lizzie* (dir. Hugo Hass,

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<sup>22</sup> Elaine Showalter (1997) argues that the biomedical label of MPD/DID is not a real condition; rather, this diagnosis represents a false pathologization of women’s experiences by psychiatry, similar to the historic misdiagnosis and overrepresentation of hysteria in women as a means of gendered medical oppression (163). While this debate falls outside the scope of the chapter, it is important to acknowledge that psychiatric diagnoses are not gender-neutral, and, as a result, it is relevant to question the validity or usefulness of psychiatric labels like MPD/DID to describe women’s mental distress in response to abuse and trauma.

Bryna Productions, 1957), a film based on Shirley Jackson's *The Bird's Nest* (1954), was the first cinematic depiction of multiple personality. Earning half a million dollars in box office sales, roughly the equivalent of \$4.5 million today, *Lizzie* was by all accounts a success (Caminero-Santangelo, 1996: 69; Baldwin x). Just a few months later, in 1957, psychiatrists Corbett Thigpen and Hervey Cleckley's *The Three Faces of Eve* was published and produced as a film in the same year (dir. Nunnally Johnson, 20<sup>th</sup> Century Fox, 1957), eclipsing *Lizzie* with \$1.4 million in the box office, around \$12.7 million in today's dollars, and earning Joanna Woodward the Academy Award for Best Actress (*Variety* 30). In the 1970s, Flora Rheta Schreiber's novel, *Sybil* (1973) was a bestseller, and the film adaptation of the same name (dir. Daniel Petrie, Warner Bros Studios, 1976) won the Peabody Award and four Emmys.<sup>23</sup> In the 1990s, popular television talk show hosts, including Oprah Winfrey, Sally Jesse Raphael, Geraldo Rivera, and Larry King, were also "regularly showcasing multiples, who regaled American TV audiences by switching, at emcee command, to alters with dramatically different postures, voices, and vocabularies" (Nathan 82). And yet, the popularity of these prolific depictions of multiplicity, particularly in the wake of *Sybil*, as both novel and film adaptation, has also prompted debate about malingering and iatrogenic influence (i.e. symptoms caused or elicited by medical intervention) (Caminero-Santangelo, 1996: 69; Baldwin x; Nathan 81).<sup>24</sup>

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<sup>23</sup> The 2007 *Sybil* remake engages with skepticism that Shirley Mason, the real-life Sybil, was allegedly "encourage[d]" by her psychiatrist Dr. Cornelia Wilbur to "produce multiple personalities, apparently as part of a marketing strategy for the book" (Lehman 69; Nathan 83). After Dr. Wilbur's death in 1992, Dr. Herbert Spiegel went public with his claims that Sybil's "reports of sexual abuse were uncorroborated and that he does not believe them" (Nathan 83). There have been numerous books published in the twenty-first century speculating on the alleged genuineness of Sybil's multiplicity, including Patrick Suraci's *Sybil: In Her Own Words* (2011), Debbie Nathan's *Sybil Exposed* (2011), and Nancy Preston's *After Sybil* (2013). The ongoing debate around the story of Sybil and whether it corresponds to the life of Shirley Mason more than forty years after its initial publication and cinematic release demonstrates the cultural impact of these texts.

<sup>24</sup> There is an influx of literary accounts of multiplicity following the popularity of *Sybil*, including *Splitting* (1973), *The Five of Me* (1977), *Tell Me Who I Am Before I Die* (1978), *The Healing of Lia* (1981), *We, the Divided Self* (1982), *Prism: Andrea's World* (1985), *Shatter* (1986), *Voices* (1987), *Nightmare* (1987), *My Father's House* (1988), *Katherine, It's Time* (1989), *A Mind of My Own* (1989), and *Suffer the Child* (1989) (North et al. 122). Similarly, multiplicity is taken up in numerous films in the 1980s and 1990s, including: *Dressed to Kill* (1980), *Five*

Psychologists Thigpen and Cleckley (1984), Nicholas Spanos (1986), and Tom Fahy (1988) argue that “written and cinematic biographies of MPD patients have led to an increased number of patients presenting themselves to experts” (qtd in North et al. 118-9). They suggest that some individuals imitate the behaviours of multiplicity depicted in films because it is presented as a “high-status disorder” with benefits such as “public acclaim, boosted self-esteem, and financial reward” (118-9). Irrespective of whether such allegations are accurate, these commentaries highlight the fact that multiplicity became a cultural phenomenon during the post-WWII era, one which remains a popular literary and cinematic trope and subject of debate within psychiatric discourse.

While the cinematic depiction of female multiplicity gained the notice of psychiatrists because of the relative rarity of case studies, audiences were drawn to such films for different reasons. The fascination of movie-goers can best be understood when we consider the post-WWII context which resulted in two major cultural shifts: first, the “breakdown of the traditional separation between male and female spheres,” and, second, the emerging modern “New Woman” of the twentieth century (Leys 182). During the 1950s, the multiple woman in film became the “figure of femininity out of control” amidst social anxieties about the loss of traditional gender roles (Caminero-Santangelo, 1996: 64, 70). These social anxieties arose in response to the fact that, “a woman took up a career only at the expense of her own femininity,” with the understanding that the roles of maternal housewife and career woman were “contradictory selves which could not co-exist in a healthy, normal woman” (64).

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*of Me* (1981), *The Love Butcher* (1982), *Positive ID* (1987), *Night Visions* (1990), *Voices Within: The Lives of Trudi Chase* (1990), *Prey of the Chameleon* (1991), *Raising Cain* (1992), *Separate Lives* (1994), *Broken Reality* (1994), *Color of Night* (1994), *Primal Fear* (1996), and *Fight Club* (1999) (Byrne 26-7).

While multiplicity is a real lived experience,<sup>25</sup> it is important to take seriously the cultural impact of popular filmic representations of this experience, even though such fictional accounts might distort and sensationalize, because multiplicity continues to be utilized in film as a metaphor for contradictory female gender roles in the twenty-first century.<sup>26</sup> This chapter takes up the gendered and racialized dimensions of women’s multiplicity as cinematically represented through an exploration of two films: *The Three Faces of Eve* (1957) and *Frankie & Alice* (dir. Geoffrey Sax, CodeBlack Films, 2010). Significantly, neither film represents childhood sexual or physical abuse as the trigger for multiplicity, as characteristic of case studies (Rivera 5; Hacking 29), but instead locates the triggering trauma in the figure of the monstrous mother, while also portraying women’s deviant sexuality—either in its excess or absence—as fundamentally pathological.<sup>27</sup> As a result, both films obfuscate that multiplicity is predominantly used by children as a defense mechanism for profound abuse. Instead, these films exemplify how the “multiple film” constitutes a subgenre and popular culture phenomenon deeply embedded in constructions of gender, race, and sanity (Trifonova 145). In my analysis of *Three Faces of Eve* and *Frankie & Alice*, I focus on the significance of what I call the integration/cure narrative arc of these films, which progress from pathologized mental illness to cure. By paying particular

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<sup>25</sup> While both *Three Faces of Eve* and *Frankie & Alice* claim to be based on case studies of multiplicity, these stories are nevertheless written by male psychiatrists and then rewritten by male directors for film. As a result, I treat these films as fictional representations. There are numerous autobiographical accounts of multiplicity and dissociation, which offer privileged knowledge of the experience of multiplicity, including Chris Costner Sizemore’s *I’m Eve* (1977), Trudi Chase’s *When Rabbit Howls* (1987), and Judy Rebick’s *Heroes in My Head* (2018). The Dissociative Initiative run by Sarah K. Reece and the Health Stories Project also highlight the diversity of personal experiences of dissociation, which is not unilateral or homogenous.

<sup>26</sup> This association between multiplicity and women’s changing gender roles returns in the twenty-first century with the *United States of Tara* (2009-2011), whose creators “claim her multiple personalities symbolize the varied roles that modern mothers are expected to assume, from fierce protector to domestic goddess” (Lehman 64-5).

<sup>27</sup> Significantly, the book and film versions of *Three Faces of Eve* are loosely based on the case study of Chris Costner Sizemore, who in her autobiographical *I’m Eve* discloses being physically and sexually abused by men, including having a miscarriage after being assaulted by her husband Ralph (209-212, 368). By eliding these details, *Three Faces of Eve* obscures the role of male abusers to instead position a monstrous mother as solely responsible for the protagonist’s development of multiple personalities exemplifying how discourse of multiplicity has been co-opted to address cultural anxieties about shifting gender roles in the post-WWII era.

attention to how the films invoke stereotypes of the hypersexuality of black women and, conversely, associate whiteness with sexual conservatism, as well as to how the figure of the monstrous mother in both films symbolizes a rejection of biological maternity, I demonstrate that the integration/cure narrative arc problematically suggests that both protagonists are only sane if they conform to normative codes of femininity, heteronormativity, and motherhood, all of which are implicitly tied to whiteness.

In *Three Faces of Eve* (Dir. Nunnally Johnson, 1957), the female protagonist has three alters, Eve White, Eve Black, and Jane, who receive psychiatric treatment from 1951 to 1955. Married to Ralph, Eve White, the primary alter, begins therapy with her psychiatrist, Dr. Luther, complaining of blackouts, headaches, and unexplained behaviour, most notably, an attempt to strangle her young daughter Bonnie. Through hypnosis, Dr. Luther discovers that the other alter/personality—Eve Black—is responsible for Eve White’s unruly behaviour, particularly her disregard for Bonnie, whom she rejects, claiming she is unmarried and childless. Eve White is portrayed as a “demure, married, and modest” personality, while Eve Black is the personality who is “outrageous, single, consumes irrationally, and behaves irresponsibly,” a portrayal that creates a Jezebel/prude antagonism (Lloyd and Johnson 17). Eve White is briefly admitted to a psychiatric ward, but ultimately she continues out-patient therapy with Dr. Luther, while her parents take over as Bonnie’s caregivers. Ralph moves away for work and later divorces Eve White after being humiliated by Eve Black, who seduces Ralph to get him to buy her expensive gifts but then thwarts his sexual advances and behaves coquettishly with other men. Jane, the third personality, emerges spontaneously under hypnosis near the end of the film with no memories. She becomes the dominant alter after recovering Eve White’s suppressed traumatic childhood memory of being forced by her mother to kiss her deceased grandmother goodbye,

which sparks the return of her other memories. Jane marries a new beau, Earl, and along with Bonnie, they reconstruct an ideal nuclear family, while Eve White and Eve Black disappear, presumably never to return.

*Frankie & Alice* can be considered a foil to *Three Faces of Eve*.<sup>28</sup> Directed by Geoffrey Sax, *Frankie & Alice* (2010) features an African American protagonist, played by Halle Berry, who also has three personalities: Frankie, a nightclub go-go dancer; Alice, a Southern lady; and Genius, a highly intelligent child.<sup>29</sup> Although Genius attempts to help Frankie, Alice has a complicated antagonism with Frankie, which, as I discuss in detail shortly, aligns with the Jezebel/prude dynamic of *Three Faces of Eve*. Additionally, because Alice perceives herself as white, she appears to symbolize, in inconsistent and contradictory ways, biracial identity, internalized racism, and/or double consciousness in different contexts. Set primarily in 1970s Los Angeles, the film depicts white police officers arresting Frankie as a “junkie” while she is dissociating, and bringing her to a psychiatric hospital, where she meets Dr. Oswald (Oz), who eventually becomes her therapist. Dr. Oz takes an interest in her unusual medical history, including having widely different results on IQ and vision tests (12:34). After being threatened with criminal charges after another dissociation, Frankie begs Dr. Oz to admit her to the psychiatric ward to avoid prison. Using drug-induced hypnosis, Dr. Oz discovers Mr. Pete

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<sup>28</sup> *Frankie & Alice* garnered mixed reviews and flopped in box office sales. It grossed only \$700,000 since its release, half of the revenue of *Three Faces in Eve* in 1957. As Lehman notes, “despite the star power of producer and lead actress Halle Berry, the film failed to gain acclaim and has yet to be released on video” (72). Halle Berry was nominated for a Golden Globe, but the film received no other nominations. Still, *Frankie & Alice* won the African American Film Critics Association award for Best Actress and the NAACP Image Awards for Outstanding Actress and Outstanding Independent Motion Picture.

<sup>29</sup> The parallel of three alters is significant, particularly because after the popularity of *Sybil* in the 1970s, which features sixteen personalities, the “number of reported alters increased from a typical three or four to an average of sixteen or more” (Hacking 77). Some multiples report having alters in the hundreds, because of a more extreme form of dissociation termed “polyfragmentation” (Ross 55). Moreover, in Chris Costner Sizemore’s autobiography *I’m Eve*, she reports having more than three alters, which was modified by her psychiatrists for the film to increase sales (see Costner Sizemore and Pittillo). Thus, with a similar plot and number of personalities, *Frankie & Alice* seems purposively poised as a foil to *Three Faces of Eve*.



(Prescott). Through flashbacks, the film reveals that Frankie's mother Edna worked as a domestic servant for the white Prescott family. Although Frankie and Paige Prescott were childhood friends, Paige rejects Frankie when she discovers her secret romantic relationship with older brother Pete Prescott. Pete dies tragically in a car crash in 1957 while leaving Georgia with Frankie to begin a new life together. Under hypnosis, Dr. Oz films Frankie re-living the traumatic memory of the birth of her child with Pete—a daughter named Alice—whom Edna delivers in a hotel. However, Edna leaves with the baby immediately afterwards, leading Frankie to assume that her mother killed baby Alice. While Dr. Oz questions Frankie's certainty, the film never clarifies the baby's fate. Nevertheless, Frankie is shown forgiving her mother, and the film ends with Frankie returning to school, becoming a teacher, and marrying a psychiatrist after integrating her alters into one unified personality. While *Frankie & Alice* is produced more than fifty years after *The Three Faces of Eve*, it begins with a flashback to Savannah, Georgia in 1957—the same year that Johnson's film was released. The present of the film also takes place in the 1970s, during the zenith of multiple personality diagnoses and *Sybil* popularity. The temporal framing of *Frankie & Alice*, as well as the similar plot structure of three personalities tamed through a return to heteronormative family structures at the behest of a white male psychiatrist can accordingly be seen as speaking back to these periods of popular interest in multiplicity and a subtle but unmistakable engagement with *The Three Faces of Eve*.

When considered as a foil of *The Three Faces of Eve*, *Frankie & Alice* highlights that the cultural construction of multiplicity is gendered as well as racialized.<sup>30</sup> Significantly, *Frankie &*

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<sup>30</sup> It is important to acknowledge the film industry's profiteering from racist blackface characters, primarily prior to WWII, and its censorship of civil rights issues, including "racial lynching, miscegenation, and social equality" (Scott 4-5). Post-WWII, Hollywood studios shifted to "racial problem films," that typically featured white actors portraying passing African American characters (9-10). In the 1960s, in the wake of civil rights movement, there is a rise of independent films that critiques the "largely inauthentic" depictions of Black people in film, yet these films were rarely directed or made by African Americans (Sieving 4, 6). By the 1970s, there is a surge of "black-themed, black-cast motion pictures—what *Newsweek* in 1971 classified as the 'Black Movie Boom'" (3-4). However, many

*Alice* is the only U.S. multiple film that does not feature a white protagonist.<sup>31</sup> The portrayal of femininity and unmarked racialization in *The Three Faces of Eve*—unmarked insofar as Eve’s whiteness is taken for granted—is best understood within the larger context of cinematic depictions of multiplicity, which since the 1950s, have largely been concerned with constructing a new ideal femininity in the post-WWII era in response to the transformation of women’s professional roles (see Nathan; Caminero-Santangelo; Lehman; Lloyd and Johnson). Katherine Lehman speculates that multiple films primarily feature middle-class white women in part because “[t]he fact that the women are white perhaps makes them more relatable as ‘everyday’ characters” (72). Further, Kathleen Anne McHugh argues that “the housewife, as a construction of a white middle-class, heterosexual femininity has often been taken as the feminine *per se*” (qtd. in Lloyd and Johnson 12-13). Constructions of race, it follows, are bound up in 1950s gender roles that define the housewife as necessarily white and the only “‘proper’ feminine identity” (McHugh qtd. in Lloyd and Johnson 12-13). Whiteness makes female protagonists more “relatable” because they model so-called proper femininity once they are cured (Lehman 72). In contrast to these approaches, I examine the ways in which *Frankie & Alice* nevertheless problematically reproduces a recovery arc that limits its desired racially progressive message

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film critics have critiqued many of these films as being “‘blaxploitation,’ a designation used to label studio-produced action pictures featuring black protagonists and marketed to an urban black audience [... that] recycled age-old cinematic stereotypes of blacks as oversexed criminals and dope addicts” (5). Consequently, it is problematic that Black casts and Black themes did not become “staples of American cinema” until studios shifted to an exploitative model of stereotypes that hired Black directors as “insurance policies, or guarantees against accusations of stereotyping and exploiting” (206). This historical context of Black representation, or lack thereof, in film, highlights that there are very few examples of people of colour with mental distress in U.S. films, likely because it is not an exploitable angle that plays into racist stereotypes. Moreover, it raises the issue of authenticity of the representation of identity politics in films featuring a Black protagonist with a white director.

<sup>31</sup> Some examples of non-US films with a protagonist or central character of colour with multiple personality are: *Night and Day* (1963), an Indian re-make of *Three Faces of Eve* (Bisplinghoff and Slingo 102), *Mad Detective* (2007) produced in China (Elley 95), and Japanese film *Marika’s Long Night/Marika No Nagai Your* (1994) (Whittier Treat 90). Significantly, there are U.S. case studies of African American people diagnosed with multiple personality, but they do not receive the same media or cultural attention (see Ludwig et al., Gail Carr Feldman, and Hacking). *Frankie & Alice* claims to be “Based on true events,” but the original case study is not clear, in stark contrast to *Three Faces of Eve* and *Sybil*, which had remarkable book sales followed by well-received films.

even as it marks an important (if overlooked, for the film was a box office flop) intervention into a white-dominated genre.

In this chapter, I argue that, despite their varied fortunes among critics and at the box office, these two films about multiples, *Three Faces of Eve* (1957) and *Frankie & Alice* (2010), are pivotal narratives that tacitly collapse sanity with normative racial performance as dictated by white supremacy. I contend that these films represent sanity as tied to normative constructions of female sexuality, heteronormative family structures, and ‘good’ motherhood. Both films outwardly delineate multiplicity from so-called mental illness. In *Three Faces of Eve*, Eve White’s therapist Dr. Luther reassures her husband Ralph that multiplicity is an “actual mental condition,” but that “it doesn’t mean she’s psychotic, crazy” (35:55). Similarly, in *Frankie & Alice*, therapist Dr. Oz reassures Frankie that she is not “crazy,” but instead says: “Somebody played a trick on you [...] You” (42:37). However, besides circumventing the stigmatizing language of being “crazy,” the plot of the films imply that unchecked or untreated multiplicity is, in fact, mental illness because the goal of both therapists is to transform women with multiple personalities into a woman with a single personality. The discourse of normality that the films advance uncoincidentally also aligns this single personality with normative constructions of race (read: white) and gender (conformity to ideal femininity). While the path to so-called sanity inevitably requires a supposedly cathartic healing of traumatic memories, this healing is secondary to the conclusion or “happy ending” of the films. This happy ending requires that unruly women become normative. As a result, *Three Faces of Eve* and *Frankie & Alice* ultimately reinforce sanist constructions of normalcy that defines multiplicity as inherently disordered or tied to mental illness, rather than a creative coping mechanism for trauma that does not necessarily require integration or cure.

Moreover, both films problematically associate this sanist definition of mental illness with blackness and deviant sexuality, while conflating so-called proper femininity with whiteness. Specifically, this conflation happens through the representation of sexuality, wherein the primary antagonism between the alters pits the prude against the Jezebel. However, while both personalities are pathologized as mentally ill, the Jezebel personality is associated with stereotypes of black hypersexuality. The disappearance of the Jezebel personality at the end of both films also suggests the untenability of hypersexuality and so-called sanity. Both films also take up multiplicity as a metaphor for monstrous motherhood, or a rejection of biological maternity, through the theme of infanticide and similarly suggest that “good” motherhood is defined by codes of white femininity that precludes black motherhood. Through an intersectional approach, then, I examine how *Three Faces of Eve* and *Frankie & Alice* reinforce the ways that the psychiatric establishment privileges whiteness and pathologizes blackness through its enforcement of racialized assumptions of normalcy and sanity.

### **“In effect she’s now two different women”: Jezebels, Prudes, and the Modern Woman**

In *Three Faces of Eve* and *Frankie & Alice*, both protagonists have a Jezebel and prude personality at odds with each other. This forms the central antagonism between the alters as each one struggles to become the dominant personality in charge of the body. Jezebels are typically stereotyped as a “loose, sexually aggressive woman” (Adams and Fuller 945). In contrast, prudes are “women who appear[] excessively modest [... and] who [hold] themselves back, away from male advances” (Cline 46).<sup>32</sup> This dynamic is common in psychiatric and cultural discourse of

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<sup>32</sup> In the Old Testament of the Judeo-Christian Bible, Jezebel is the non-Israelite wife of King Ahab, who “interfere[ed] with the exclusive worship of the Hebrew god Yahweh [...] She has come to be an archetype of the wicked woman” (*Merriam Webster*).

multiplicity in women, with “the original one typically cautious and proper, [and] the new one vivacious, carefree, and given to flirting” (Nathan 88). *Three Faces of Eve* conforms to this model, with Eve White as the frigid wife and Eve Black as the coquettish bachelorette. However, in *Frankie & Alice* this relationship is reversed. Frankie, the primary personality, is the Jezebel, and her secondary personality, Alice, is the prude. While the Jezebel/prude antagonism can be seen as representing women’s conflicting heteronormative gendered roles of being sexually appealing to men without being unchaste, this relationship is also clearly racialized in both films.<sup>33</sup> Significantly, Patricia Hill Collins claims that a “controlling image” of black woman is the Jezebel trope (qtd. in Gayle 18). As this chapter will demonstrate, an intersectional reading of the films elucidates how the gendered and heteronormative roles of Jezebel and prude are also racialized. As Elaine Showalter argues, since the nineteenth century, a psychiatric establishment that is both heteronormative and patriarchal, constructs “female sexuality and feminine nature as the source of the female malady” or “insanity” (1987: 10). Both films, in punishing the unruliness of the Jezebel personalities, construct their narratives in the shadow of this legacy of pathologizing women’s sexual desires.

Unruly Jezebels are not the only figures to be pathologized. As Sally Cline contends, since the early twentieth century, sexologists and psychoanalysts condemned women as prudes if they “spurned heterosexual relationships” or challenged “the feminine angel in the house” stereotype, and, as a result, being prudish was also pathologized as a “severe mental illness”

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<sup>33</sup> The Jezebel/prude dynamic continues in the twenty-first century, as articulated in Cynthia Nixon’s popular video “Be A Lady They Said,” that contrasts the social impetus for women to “Save yourself. Be pure. Don’t be a whore. Don’t sleep around. Men don’t like sluts. Don’t be a prude. Don’t be so uptight. Smile more. Pleasure men. Be experienced. Be innocent. Be dirty.” It is perhaps not surprising, then, that the figure of the multiple woman continues to be a source of cultural fascination, because she embodies the struggle between the inner Jezebel or inner prude to take control but never actually win, as either as considered unsuitable options in and of themselves based on continued gendered social criticisms of both sex positive and sexually conservative women.

(49). In *Three Faces of Eve*, therapist Dr. Luther reinforces this simultaneous pathologization of the Jezebel and prude tropes when he claims that a “victory for either [Eve White or Eve Black] would be disastrous” (57:25). Similarly, Kathleen McHugh asserts that “bad or mad housewives” in cinema are associated with a “‘dirty’ sexuality and slovenly housewifery” or conversely with “frigidity and obsessive orderliness” (184). As a result, the “good housewife must negotiate a position that includes some of both roles and all of neither. She must manage and contain contradiction” (McHugh 184). This negotiation is clearly articulated in both *Three Faces of Eve* and *Frankie & Alice* where an internal conflict is literalized through distinct alters at odds with each other as archetypes of the Jezebel and prude extremes. Yet, because both are deemed sexually deviant, so-called sanity is only achieved through an integration narrative that implies women “must manage and contain contradiction” (McHugh 184).

In *Three Faces of Eve*, Eve White seeks out a psychiatrist because she is “behaving very unlike herself” (5:30). However, in Dr. Luther’s opinion Eve White’s personality is not “qualified to fill the role of wife, mother, or even responsible human being” (57:25). As a result, the film suggests that, rather than addressing the traumatic roots of Eve White’s multiplicity, Dr. Luther must eliminate Eve White’s pathological personality altogether in favor of a more “satisfactory” solution (i.e. more satisfactory to men) (57:25). The biblical allusion of Eve suggests that Eve White symbolizes not just the first woman, but also a fallen woman, who must be restored to divine grace. Introduced to the audience by the narrator as a “sweet, rather baffled young housewife,” Eve White nevertheless admits to having a troubled marriage because she has not “been able to make [Ralph] happy” (27:44). Happy likely implies, at least to some extent, sexual satisfaction. Significantly, Ralph’s suitability as a husband is never similarly questioned or implicitly blamed for the failed marriage. The obedient, timid, non-drinking, non-smoking,

and never promiscuous Eve White is, presumably because of all these characteristics, sexually unexciting to her husband. As Cline explains, “prude” is often used alongside “puritanical” pejoratively to imply that prudish women are “unappealing” and “extreme” in their decorum (46). Eve White’s refusal of any kind of excess—she is defined by her economy, sobriety, and overall refusal of bodily pleasures—while the previous standard of ideal womanhood, makes her sexually unappealing to Ralph and, thus, an unsuitable 1950s housewife (or modern woman) expected to balance sexual appeal with middle-class values.

In early twentieth-century melodramas, although poised as attractive to men, female protagonists “do not display any overt signs of sexuality,” thus framing sexuality “as a threat to [...] the proper white girl-woman” (McHugh 92). With the rise of Hollywood in the post-WWII era, and its “obvious commitment to leisure, sexuality, [and] voyeuristic looking,” there is a shift in melodramas that “imbue[s] leisure, sexuality, and spectacle with positive moral value” (133). As a result, Eve White’s embodiment of “chaste, delicate white femininity” and “fierce stoic virtue” becomes unappealing in the 1950s to a cinema audience as it implicitly denounces the attributes that make cinema enticing (92). At Dr. Luther’s office, Eve White slouches forward, eyes downcast, nervously clutching and fiddling with her handbag (fig. 1). She sits between the evaluating gazes of her doctor and husband, not as an object of beauty or sexual interest, but as a figure of unfit womanhood. Her appearance is understated and plain, with an ill-fitting shirt, hat, gloves, neat tied back hair, and high neckline. If there was any doubt about Eve White’s perceived attractiveness to a male audience, Dr. Watkins calls her a “dreary little woman” (21:30). While Eve White seeks psychiatric help because of her dissociations, her white male doctors instead suggest that her original personality is fundamentally psychologically unfit

because of her prudishness, and as a result, she is in need of a psychological alteration to become more appealing to her husband and to a 1950s audience.



Figure 1: Dr. Luther, Eve White, and Ralph White at Dr. Luther's office for Mrs. White's first psychiatric evaluation. *Three Faces of Eve*, 5:33.

In *Three Faces of Eve*, Ralph's thwarted sexual desire for Eve Black, rather than Eve White, further reinforces the pathology of both women, whose seeming dichotomous position on sex nevertheless leads them both to rebuff Ralph's sexual advances. Ralph and Eve White separate when Ralph relocates for work, while she remains in town to continue her psychiatric treatment. During this goodbye scene, Ralph hesitantly and awkwardly gives Eve White a quick kiss on the cheek before leaving, which Eve White dutifully accepts without reciprocating (fig. 2). Significantly, Sheila Jeffreys argues that, in the 1920s, the concept of the "frigid" woman was invented to "explain the phenomenon of [...] women finding sexual response within marriage impossible," and psychoanalysts considered women who were sexually unsatisfied by their husbands to be "pathologically hysterical" (qtd. in Cline 52). This scene between Ralph and Eve White, which is the only instance of physical intimacy between them, implies that Eve White embodies this frigid wife trope (fig. 2). While dutiful, she is unenthusiastic at the prospect of



intimacy with Ralph. The shadows on the back wall of the scene emphasizes the distance between the two characters, even as they kiss goodbye for an indeterminable separation. Though they sit beside each other, there is very little physical contact. Ralph's hand is on her shoulder, but Eve White's hands are tightly clenched together over her lap. Thus, the framing of this scene implies that Eve White conforms to this trope of a "puritanical, eccentric, extreme and frigid" wife, who while obliging her husband's sexual desires, cannot reciprocate the same desire, suggesting a pathological rejection of heterosexual sex (Cline 54).



Figure 2: Ralph kisses Eve White goodbye before moving to Jacksonville, Florida for work. *Three Faces of Eve*, 41:23.

In contrast to Eve White, Eve Black is defined by her flirtation with men, whom she easily seduces and then dismisses, which is also pathologized as a form of deviant sexuality, namely the Jezebel trope. Eve Black coquettishly suggests her sexual interest in Ralph, which he finds irresistible; he is foolishly taken with her immediately, although she obviously leads him on for personal gain. This behaviour fits a Jezebel trope of using "sex as a means to get what she wants from men" (Adams and Fuller 945). Normally rude to Ralph, Eve Black turns on her

charm to convince him to buy her new clothes, saying he “must be getting cuter” (51:45). When Eve Black begins to take off her nylon stockings in front of Ralph, he remarks “I’ve never seen Evie do a thing like that in my whole life before” (50:59). However, when Eve Black alluringly replies, “You don’t like it?,” he answers stiffly, “That ain’t the question” (51:04). This brief interaction suggests Eve Black appeals to Ralph precisely because she does things his wife would never do. Shortly after this exchange, Ralph makes his first pass at Eve Black, who admonishes, “You better be careful or I’m going to tell your wife on you” (52:48). Eve Black remains firm that she is not Ralph’s wife, so any sexual interaction between them would be inappropriate, which seems to be part of the appeal for Ralph. Eve Black thwarts Ralph’s first attempt at intimacy but permits him to kiss her once if he promises to buy her new clothes (fig. 3). Significantly, in this scene, Ralph’s body literally consumes Eve Black as she cannot be seen underneath him other than a dark shadow. Unlike the chaste kiss between Ralph and Eve White, his kiss with Eve Black is passionate and all-consuming. His posture over her suggests a missionary sex position (fig. 3). However, despite Ralph’s aggressive sexual advances, Eve Black confidently resists and denies him, nimbly rolling out from under his body to free herself.



Figure 3: In Ralph's room at the Dixie Hotel, Ralph passionately kisses Eve Black. *Three Faces of Eve*, 53:53.

While Eve Black behaves alluringly, she nevertheless rebukes Ralph's advances, humiliating him so much that he slaps her and divorces Eve White. Ironically, then, what makes both Eve White and Eve Black sexually deviant, and thus pathologized, is that neither conform to men's desires of a chaste yet sexy, obedient yet spontaneous wife.

Significantly, Eve Black's sexuality is implicitly linked to her figurative blackness, which draws on the historic racialization of the Jezebel trope to justify a racist stereotype of African American women as "hypersexual, manipulative, animalistic, and promiscuous females who cannot be controlled" (Mowatt, French, and Malebranche 650). As Rasul Mowatt, Bryana French, and Dominique Malebranche argue, this racist narrative has been used to "justify the rape and sexual exploitation of Black women by White men insofar as Black women could not be raped because they are always looking for, wanting, and ready for sex" (650). Thus, while an individual white woman, like Eve Black, might conform to the Jezebel trope, "[e]very black woman was, by definition, a slut according to this racist mythology," and, as a result, Black women are constructed as "deserv[ing] none of the consideration and respect granted to white

women,” who are presumed to be inherently moral or chaste (Lerner 163). The hypersexualization of Black women, by white men, thus creates a so-called natural affinity between allegedly loose women and Blackness. Further, Katherine Lehman contends that “[t]he name *Black* emphasizes the night-and-day contrast of her personality with Eve White’s, but also evokes racial stereotypes, as Eve Black is associated with loose morals and jazz clubs” (67). Consequently, when a white woman like Eve Black behaves promiscuously, she is admonished not only for her sexual impropriety but for behaving like a Black woman, according to a racist ideology.

*Three Faces of Eve* further emphasizes how Eve Black can be read as figuratively black, or that her sexuality is indicative of Black women’s alleged hypersexuality, through an implied blackface. The opening credits depict three faces of Eve—one is smiling, one looks serious, and one face is covered in shadow, mimicking blackface (see fig. 4). Before the film has begun,



Figure 4: Opening credits. *Three Faces of Eve*, 1:13.

the audience is primed to see Eve Black racialized as black, through the use of shadow, which, in turn, invokes stereotypes of hypersexualization. The shadowing leaves outlines of white on her

face, characteristic of the use of blackface in minstrel shows and films from the early twentieth century (Larkin 159). Significantly, the “selection of white actors to play black roles [...] was a time-honored Hollywood tradition,” that persisted in post-WWII passing films, such as *Pinky* (1949) and *Lost Boundaries*, which were “praise[d]” by reviewers (1949) (Wald 91, 93). As a result, post-WWII audiences were practiced at reading white actors as figuratively black.

Further, the lighting in Eve Black’s scenes often portray her with a large black shadow that similarly acts as a kind of body double, suggesting a black body looming beneath the surface (fig. 5). The shadow in this scene dominates the frame as it is twice the size of Eve Black’s body. Significantly, Eve Black has returned from a night of drinking and dancing with men without Ralph, despite her promises to go to Jacksonville with him, and as a result, this scene collapses Eve Black’s Jezebel behaviour with this shadowy black self who takes up the scene.



Figure 5: Eve Black returns home from a night of dancing and drinking at a bar to find Ralph angrily waiting for her. *Three Faces of Eve*, 56:06.

Moreover, the three personalities also adopt slightly different vernacular speech that differentiates them and defines Eve Black as associated with African American culture. As

Justine Lloyd and Lesley Johnson note, Eve Black is associated with “black popular culture” and the “‘lowly’ and primitive” connotations of the rural South, as she has the most noticeable Southern accent of the three personalities, while “educated Jane” has almost none (20). Eve Black’s slurring Southern vernacular enacts a kind of verbal blackface, analogous to popular white Australian rapper Iggy Azalea, who appropriates blackness for financial gain by utilizing an “affected Southern black-girl accent” while rapping, one which she does not use in her everyday life (Hobson, 2018: 109). While Eve Black is literally white, *Three Faces of Eve* nonetheless invokes a figurative blackface to further emphasize, problematically, that Eve Black’s Jezebel characteristics are intrinsic to Black women. In this way, the film entrenches racist stereotypes as a means of justifying the need for the protagonist to return to white femininity. Put simply, the integration narrative arc of the film represents “cure,” not in terms of treatment for the traumatic catalyst of multiplicity, but through the affirmation of an ideal—white—femininity, in keeping with the desire of white heteronormative patriarchy.

*Three Faces of Eve* further invokes stereotypical black femininity in the figure of Eve Black by focusing on the actor’s backside when she is Eve Black, a body part that has long been fetishized as synecdoche for Black female hypersexuality. The fetishization of Black women’s backsides can be traced to the case of Saartjie (or Sarah/Sara) Baartman, or the “Hottentot Venus,” whose body was exhibited as supposed evidence of biological racial difference. In particular, pseudoscientific racists were preoccupied with what they considered to be her large buttocks and genitalia, which they considered as proof that Black bodies were inherently “excessive” and “obscene” (Parasecoli 114; Hobson, 2003: 90). This trope of the so-called Hottentot Venus continues into the twentieth century with “black women’s butts [portrayed] as [the] loci of their deviance and hypersexuality” (Miller-Young 268-9). This context alerts us to

the significance of the problematically racialized way in which Eve Black is depicted. Notably, the first time that she appears in *Three Faces of Eve*, Eve Black almost immediately stands up to turn on jazz music, and provocatively leans over, exposing her backside prominently to the disbelieving eyes of Dr. Luther (fig. 6). Indeed, the long shot frames Eve Black's butt in the center, drawing spectator's eyes. Eve Black's face is hidden, obscuring her whiteness. The angle emphasizes her small waist to dramatize the ample appearance of her buttocks, that moments before on Eve White seemed nonexistent. Moreover, Eve Black proceeds to seductively wiggle her hips in tune to the jazz music, further suggesting racial overtones to this scene and bringing attention to the actor's backside in this moment.



Figure 6: Eve Black turns on the radio in Dr. Luther's office. *Three Faces of Eve*, 20:26.

Significantly, Janell Hobson argues that, because of the “racial essentialism embodied in the big booty [...] when [it is] projected onto the bodies of nonblack women, [it] can racialize these women in similar yet distinct ways” (2018: 108). For instance, Jean-Paul Goude's photography in the 1970s and 80s focuses on “black bodies, especially black rear ends [...] as fetish objects,”

typified in his iconic photograph of a naked Black woman uncorking a champagne bottle to fill a glass balanced on her accentuated behind (Hobson, 2003: 94-5). In this photograph, the Black woman's body is "depicted as a literal object, a 'primitive' vision to provide pornographic pleasure and intoxication presumably for a white male spectator" (95).<sup>34</sup> Yet, in 2014, Kim Kardashian controversially re-created this photograph, albeit with a fancy cocktail dress and pearls that denotes her racial and class privilege, demonstrating how white women can exploit the fetishization of the big black booty for personal gain (Hobson, 2018: 106). Analogously, *Three Faces of Eve* exploits and over-emphasizes Eve Black's backside to invoke the implied hypersexualization of black women's bodies. As Hobson argues, "the white woman's body, presented with an endowed behind, serves as a palimpsest of the black woman's body" (2018: 109). Thus, by drawing spectator's eyes to the actor Joanna Woodward's backside only when she is portraying Eve Black, the film implicitly aligns Eve Black with stereotypes of black hypersexuality—which is constructed as sign of deviancy—further pathologizing her as a Jezebel in need of psychiatric cure.

*Three Faces of Eve* concludes with a cure or integration narrative that requires the protagonist to dispel her prude and Jezebel alters in favour of a new, supposedly sane personality that balances these extremes—and uncoincidentally embodies so-called proper white femininity. Both Eve White and Eve Black acknowledge that they must "die," in favour of the new personality, Jane (1:23:23). The film "conveniently preserv[es] the purity of [its] heroine," by having Eve Black skirt the line of sexual impropriety even as she always refuses sex (Lehman 68). As Jane's name suggests, she is the Jane Doe, or everywoman of the post-WWII era. She

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<sup>34</sup> I decided not to include this image because of its inherent violence and its potentially triggering impact. Reproducing it felt like continuing this violence by giving it a platform. It is, however, widely accessible online for those unfamiliar, as well as images of Saartjie Baartman (the so-called Hottentot Venus).



assimilates the “good and bad Eves into [... a] sexy, yet sophisticated, style of dress and a modest beauty” (Lloyd and Johnson 20). In contrast to Eve White’s simple tied-back hair or Eve Black’s loose curls and extravagant updos, Jane consistently wears a “back-teased and lacquered beehive anticipating the styles of the early 1960s” (Lloyd and Johnson 20). Unlike Eve White, who has an “unhappy marriage,” and Eve Black, who is an unmarried flirt, Jane quickly attracts a new husband—Earl—whom she presumably keeps happy, i.e. sexually satisfied, as they are depicted in the final scene as a reunified nuclear family with Bonnie, Eve White’s daughter from her first marriage (whom Earl adopts) (fig. 7). Debbie Nathan draws attention to the fact that Dr. Thigpen and Dr. Cleckley’s “literary baptism” of Eve White and Eve Black “according to the traditional Jekyll and Hyde dichotomy” makes it appear as though Eve’s alter was challenging her “‘whiteness’—i.e. her selfhood” rather than her “wifedom,” because Black is her maiden name (113). Nathan collapses whiteness here with selfhood, highlighting how so-called proper femininity is conventionally assumed white, while deviant femininity is implicitly associated with Blackness. While Eve White’s prudishness is also pathologized, Jane’s “sexy, yet sophisticated” demeanour essentially white-washes Eve Black’s deviant sexuality (Lloyd and Johnson 20). Whereas Eve White is given a personality makeover, Eve Black is eradicated. All signs of Eve Black’s figurative Blackness—her shadow, her Southern accent, and her big backside—disappear in Jane. Rather than a balance of the two personalities, Jane is a kind of new-and-improved Eve White, who better realizes the ideal of white femininity.



Figure 7: Jane, Earl, and Bonnie eat ice cream on their way home. *Three Faces of Eve*, 1:31:01.

*Frankie & Alice* similarly relies on a Jezebel/prude antagonism between the two main alters, and, significantly, Frankie and Alice define themselves in opposition based on contrasting attitudes about sex, which, in turn, are associated with their distinct racialized identities. Set primarily in the 1970s, Frankie Murdoch, the dominant personality, is an African American go-go dancer or stripper at a Los Angeles night club. Frankie attributes her generous tips at work to her ability to “take one look in they face and tell you who ain’t got no sugar at home. And that’s the one got the most money for Frankie” (5:22). As Mireille Miller-Young (2014) examines, the “brown sugar” trope invoked in this scene is multilayered and paradoxically captures (i) the fetishism of black sexuality (deemed deviant and excessive); (ii) the role of women’s physical and sexual labor in the slave trade through sugar plantations; (iii) the so-called refinement of brown sugar into popular white sugar as a metaphor for cultural and global appetites; and (iv) a reclamation of black sexuality “in an effort to express themselves as desired and desiring subjects” (4-5). Consequently, while “sugar” is often invoked as racialized slang for black

hypersexuality, Frankie's positioning of herself as self-consciously playing on a Jezebel and brown sugar trope for personal gain to subvert the typical exploitation of black bodies, also potentially suggests an empowering intervention, similar to Miller-Young analysis of Black women in pornography. Frankie counts on so-called white sugar not satisfying white men, who come to the night club to get figurative brown sugar from her. However, Frankie also jokes with her fellow exotic dancers that the large erection of a man watching them "ain't for real," because "number one, he's white, number two, he's white!" (*Frankie & Alice*, 8:50). In this scene, Frankie perpetuates stereotypes about the hypersexuality of black people, specifically offensive assumptions that "black men have larger penises, are oversexed, and are good lovers" (Lehman and Hunt 105). While *Frankie & Alice* seems to offer opportunities for an empowering reading of Frankie's strategic deployment of Jezebel/brown sugar tropes, it nevertheless problematically reaffirms by naturalizing an affiliation between blackness and hypersexuality.

*Frankie & Alice* further complicates the problematic framing of Frankie as a Jezebel, and the associated stereotypes of black hypersexuality, by highlighting the self-empowering ways in which Frankie claims her sexuality. In the first scene featuring Frankie, the film portrays her working at the night club, closely aligning this occupation as distinct to this personality (fig. 8). However, Frankie's performance in the nightclub arguably invokes Anne Anlin Cheng's concept of the "second skin," which allows Frankie to "appear at once wholly available and wholly into herself" and, as a result, protect herself from the white male gaze fetishizing her Black skin (Cheng, 2011: 13, 120). In her analysis of Black performer Josephine Baker, Cheng "decoupl[es] skin from flesh," by highlighting how the essentialization of racialized skin causes "skin itself [to be] costume, prop, and surrogate" (111). In the same way, Frankie's skin, wig, and clothes act as a second skin that "paradoxically allows her image to deflect misogynist and racist logic" while

she is seemingly performing racist stereotypes of the Jezebel, Black hypersexuality, and animality (119). Frankie's blackness is clearly fetishized and exoticized (see fig. 8). She is the only Black dancer, and she attracts the largest crowd of primarily white male spectators. Further, she dances in a gilded cage as though she is a rare animal, a fantasy that is also connected to patriarchy as it intersects with white supremacy. Frankie's appeal thus appears to be racialized exoticism. However, she self-consciously performs this exoticism for her own financial gain, demonstrated when she puts her tips into her mouth while she dances (fig. 8). Moreover, Frankie tells a rookie stripper that when she dances, she feels like she is "on the outside just watchin'" and "like [she] ain't even there," suggesting a kind of second skin and dissociation from her stage persona, although this also relates to her multiplicity (5:58).



Figure 8: Frankie dances at a Los Angeles night club. *Frankie & Alice*, 4:17.

Further, Frankie hides her private self from the audience, suggesting how her performance relies on a self-fashioning of a second skin. While dancing, Frankie also wears a long straight brown wig, covering up her natural curls and afro (fig. 9). Similarly, Frankie sheds

a literal second skin when she removes zebra-print panties that she gives to a high-paying costumer, only to reveal that she is still wearing gold panties underneath (fig. 10). Zebra stripes are a “stylistic synecdoche for animal skin itself” (Cheng, 2011: 74). Consequently, the symbolism of Frankie removing zebra-print panties and offering them to a white male customer suggests she is giving him what he wants, namely a white fantasy of black female animality and hypersexuality. However, when she reveals that she is wearing a second skin of gold underwear, Frankie reveals that she exploits this fantasy for profit while simultaneously hiding herself. Her skin, wig, and clothes are all props that she uses to feed into their appetite without exposing her private self. The patrons of the strip club metaphorically consume Frankie’s body, but unbeknownst to them, she shields herself from this consumption with a second skin. They consume a false layer—namely the wig and the zebra-print panties—or surface of Frankie that she presents for money. However, she denies patrons access beyond this protective layer.

Frankie’s Black skin becomes a figurative second skin that, along with her other costumes, including wig and stage clothes, preserves part of herself. In particular, Frankie’s gold outfit invokes associations between Black bodies and gold (fig. 8 and fig. 9). In a study of Josephine Baker’s performance of race, Cheng identifies how gold clothing invokes the “history of the black gold that fed the slave trade from the west coast of Africa across the Atlantic,” an observation that also seems applicable to Frankie’s gold outfit (2011: 152). By dressing in gold and revealing a gold second skin, the film highlights how Black female sexuality is “simultaneously valued and devalued within the economics of slavery through black women’s productive and reproductive labor” (Hobson, 2018: 111). This second skin serves not only as a prop in her performance of black hypersexuality for a white male gaze, but also as a shield to protect her sexual autonomy.



Figure 9: Frankie reveals her gold underwear after removing zebra panties. *Frankie & Alice*, 4:22.

In keeping with the racialized delineation of the Jezebel/prude alters, Alice positions herself as superior to Frankie because of her prudery and her whiteness, which at times the film frames as literal but in other contexts is positioned as simply desired. In part, Alice seems to assert her desired whiteness by voicing racist comments about African Americans, including calling a Black man a “filthy nigger” (10:24). In these moments, Alice exemplifies internalized racism, since her shared body with Frankie is read as black, yet she attempts to distinguish herself from Black people through racial slurs, including Frankie. After a scathing remark about Frankie’s profession, Dr. Oswald asks Alice, “You find her [Frankie] promiscuous?” to which Alice replies “That’s a fancy word for an ugly tendency.” When Oswald clarifies, “You’re different from her in that respect,” she affirms “I have nothing in common with that girl” (*Frankie & Alice*, 56:01). Significantly, Alice attributes Frankie’s so-called immodest sexual behaviour with her blackness, while conversely implying that her desired whiteness is a signal of her sexual conservatism. For instance, Alice complains to Dr. Oswald that she can “smell

[Frankie's] encounters still on the sheets" because "they actually smell different," referring to "Negroes" (56:22). Significantly, this scene echoes a flashback in which Paige Prescott discovers her brother—Pete—in bed with Frankie and responds by calling her a "filthy degenerate" (1:00:48). Consequently, Alice's invocation of black sexuality as unclean in her conversation with Dr. Oz appears to stem from this traumatic memory and symbolize Frankie's internalization of white supremacist prejudices to avoid further rejection from Paige, who symbolizes white society. Thus, in these moments, Alice's whiteness is framed as a fantasy stemming from internalized racism rooted in mirroring the language and attitudes of white supremacists, whom she once trusted.

In this respect, Alice can also be read as symbolic of W.E.B. DuBois's concept of "double consciousness," which he describes as "this sense of always looking at one's self through the eyes of others [...] One ever feels his two-ness [...] two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body" (8). The antagonism between Alice and Frankie can thus be read as this internal two-ness, as Alice represents Frankie's awareness of how blackness is perceived and judged by white supremacy, since she echoes the same racism directed at their shared body. As a contribution to the multiplicity subgenre of films, however, *Frankie & Alice*, extend the concept of double consciousness beyond the duality that marks the predicament of a Black subjects being compelled to internalize a white gaze. The multiplicity narrative suggests that this internalization is more than mere duality. Nevertheless, the film articulates a clear delineation between Alice and Frankie along boundaries of sexuality and race, even as it gestures towards how internalized racism or double consciousness is rooted in trauma. So, while Alice problematically becomes a mouthpiece for white supremacist beliefs, *Frankie & Alice* positions white society as upholding this Jezebel/prude dynamic to maintain the racial

status quo.

Alice is also frequently portrayed as attempting to pass as white, although unsuccessfully, which seems to emphasize the performativity and ambiguity of race even as it is tied to essentialized conceptions of race and gender, since passing implies that Alice obscures a supposedly authentic racial identity in order to be accepted by white society and avoid further racist violence. In contrast to Frankie's natural afro and revealing clothing that emphasizes her skin tone, Alice's brown wig and conservative sartorial style literally covers up these potential visual markers of racial identity to instead perform a classed and raced prudishness (fig. 10). That is, her style of dress dually emphasizes her sexual modesty and her attempt to pass as white by covering her skin. Crashing Paige Prescott's wedding, Alice dresses in an expensive and extravagant purple gown that is floor-length, with  $\frac{3}{4}$  length sleeves, and a modest v-neckline (fig. 10). She also adorns herself with gold stud earrings, an amethyst necklace, a small clutch purse, and a brown wig up-do. Alice dresses in a similarly conservative style after leaving the psychiatric hospital to go to an upscale hotel bar where she flirts with two wealthy white men, who mock her by claiming to know her "Aunt Jemima" and "Uncle Tom," thus demonstrating that they read her as black (1:20:38). While being served drinks by a Black man, Alice comments "we like to call our servants 'staff.' Quite often, we would treat them like family" (1:20:47). In this scene, Alice again echoes her and Frankie's encounters with racism as a child, since their mother Edna was employed as a domestic servant by the Prescotts, who presumably expressed similar sentiments, even though their refusal to accept Frankie as a suitable daughter-in-law belies their claims about family. Alice's attempt to pass as white seems rooted in a legacy of racist violence and white rejection as she seeks acceptance by white people in racialized and classed spaces of exclusivity.





Figure 10: Alice arrives at the hotel where Paige Prescott, a white woman who was her childhood friend, is hosting her wedding reception. *Frankie & Alice*, 29:51.

*Frankie & Alice*, however, complicates this neat reading of Alice crashing the Prescott wedding as another manifestation of internalized racism. Notably, this scene demonstrates how Alice subverts white supremacy through interrupting the heteronormative rite of passage denied to her and Pete. Frankie and Pete want to elope, against the wishes of the Prescott family, but because the flashback is set in 1957, interracial marriage is illegal due to anti-miscegenation laws which remained in place until overturned with the Supreme Court decision in the landmark case, *Loving v. Virginia* (1967). Because Alice is their daughter's name, this alter—who arises as a consequence of the trauma of the baby's disappearance and presumed death—is symbolic of this failed union rendered impossible under the conditions of white supremacy. As a result, Alice's disruption of Paige Prescott's wedding highlights the life Frankie might have had if she married Pete and mirrors how the Prescott family refuses this heteronormative and reproductive rite of passage to Frankie. Alice's very presence at the wedding—when she had not been invited—signifies her attempt to wrest the entitlement associated with whiteness. While Alice

congratulates and makes pleasantries with Paige, Paige insists that Alice be removed from the wedding reception, suggesting that her mere presence—since her behaviour is completely benign—is in and of itself threatening. Arguably, Alice’s insistence on her right to attend the wedding suggests an act of transgression: “I will not leave here. I was invited [...] Take your hands off me, boy! I will have you fired before either one of us reach the doorway!” (*Frankie & Alice* 31:41). Despite being ejected from the wedding, Alice attempts to assert superiority over the white men who forcibly remove her from the ballroom. Moreover, Alice proclaims herself untouchable, implicitly linking her prudishness to a type of racial and class privilege, conferred by whiteness and its associated wealth. Indeed, as just noted, Alice calls the white man grabbing her “boy,” which is significant as a diminutive commonly used to infantilize Black men. In so doing, she reverses the racialized power dynamic in play in this sequence. While Alice frequently echoes racist ideology, in this moment, her actions constitute a symbolic cutting down of white authority. Further, by claiming the privileges of whiteness, she threatens the hierarchy of white supremacy, which seems to be why it is crucial to the Prescott family to have her removed from the wedding—emblematic of a continued lineage of racial purity that was previously threatened by Frankie’s relationship with Pete. Consequently, this scene exemplifies how white supremacy is tied up in gendered and heteronormative performance that denies Frankie and Pete legal marriage and the legitimacy of their daughter (Alice) as heir of the Prescott family. This transgressive scene, however, should not overshadow the fact that the film does not go far enough to emphasize Black beauty or Black community, despite being set in the 1970s.

While *Frankie & Alice* clearly invokes internalized racism in some scenes, it is nevertheless inconsistent in how it portrays Alice’s relationship to whiteness. Though at times,

her portrayal is transgressive, Alice also represents a fraught and problematic internal psychological conflict of biracial identity. A contested biracial identity is particularly culturally poignant because *Frankie & Alice* was released in the wake of Barack Obama's presidential inauguration after a campaign dominated by questions of "how black" he is (Nerad 1). Significantly, the film portrays Alice as wanting to "pass" as white, but also casts Halle Berry, a famously biracial actor, as the protagonist. Interestingly, the protagonist's father is mysteriously absent from the plot, which makes his racialization unknown and puts more emphasis on the mother-daughter relationship. Moreover, Alice—as the symbolic child of Frankie and Pete's union—is also of mixed racial heritage. The fact that both Pete and Alice die tragically suggests the impossibility of both interracial relationships and mixed-race futures by invoking the tragic mulatto trope.<sup>35</sup> As a result, Alice and Frankie's conflicting racial identities literalizes an internal conflict of biracial identity into a feud between a white and Black personality for control over the racial performance of their shared body and raises questions about the essentialism of racial categorization. As Julie Cary Nerad articulates, passing is a "performance of an identity that is not 'one's own'" that "paradoxically undercuts *and* reinscribes an antiessentialist position" (9-10). Consequently, passing discourse problematically assumes that it is an inauthentic racial performance. This categorization of biracial people as unilaterally Black is rooted in the "one-drop rule, which classifies anyone with any black ancestry as black," which was used in the U.S. from the early eighteenth century through the Jim Crow era—and is arguably still in play today to an extent (Schoenfeld 96). *Frankie & Alice* seems, at times, to challenge the legacy of the one-

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<sup>35</sup> A problematic trope arising in the nineteenth-century and continuing in the twenty-first century, the "mulatto," or person of mixed racial heritage, is often traditionally associated with "tainted blood, belonging nowhere, illegitimacy, and criminality," and typically dies under tragic circumstances because of either the racist belief that "mixing races is unnatural and the product of race mixing—the mulatto—will necessarily be aberrant" or, when utilized by abolitionists, to generate sympathy (Schoenfeld 101, 98). Alice seems to fall into this second category.

drop rule, by implying that Alice's whiteness is not imaginary, consequently suggesting that Alice can be read as embodying biracial identity.

When Alice is introduced in the film, the lighting whitewashes half of Frankie's face, while casting the other half in shadow, creating a visual of a woman divided in half by race (fig. 11). Richard Dyer argues that "classic Hollywood lighting, reflect[s] the centrality of whiteness in Western visual culture which is in turn dependent on the concomitant ideals of Christian and white-racial purity, is made for white women and for *whitening* women" (qtd. in Cheng, 2011: 111). Significantly, this scene exemplifies these related ideals of Christianity, white-racial purity, and visual whiteness. Not only does the lighting of this scene lighten one-half of the actor's skin, but Alice also refuses to continue Frankie's sexual encounter with a Black man, suggesting her white-racial purity, and begins to quote Bible scripture, "Fornication, uncleanness, inordinate affection, evil concupiscence, and covetousness, which is idolatry, for which things' sake the wrath of God comes on the children of disobedience" (*Frankie & Alice* 10:23). This scene calls to mind Dyer's argument that Hollywood's "cult of light" associates visual whiteness, even artificially created through lighting techniques, with Christianity and white-racial purity (qtd. in Cheng, 2011: 111). In this scene, then, the lighting suggests a literal racial divide of biracial identity with white and Black personalities at odds with each other in a body nevertheless read as black.



Figure 11: Alice stops Frankie's sexual encounter with a Black man. *Frankie & Alice*, 10:30.

In a limited sense, *Frankie & Alice* also highlights the ambiguity of biracial identity through Dr. Oz's interventions with Alice, while she insists on her literal whiteness, paradoxically deconstructing and reaffirming essentialized concepts of race in doing so. Alice applies a symbolic whiteface mask while arguing with Dr. Oz about her racial identity, inverting minstrel blackface. Dr. Oz remarks that Alice "thinks she's white," implicitly suggesting the absurdity of Alice believing she could be white if he reads her shared body as being black. Dr. Oswald's pathologization of Alice's belief in her whiteness draws on the long-standing pathologization of the "degenerate mulatto stereotype" as "depressive, moody, discontent, irrational, impulsive, fickle, criminal, chronically confused, [and] emotionally unstable" (Schoenfeld 98). This pathologization of tendencies associated with biracial identities seems at play in Dr. Oz's insistence that Alice must recognize herself as black, and thus conform to a one-drop rule that upholds white supremacist notions of racial difference. This conflict comes to a head when Dr. Oswald confronts Alice about her so-called authentic racial identity while Alice

puts on a thick layer of white lotion<sup>36</sup> that looks like a whiteface mask (fig. 12). Dr. Oswald grabs her shoulders from behind and insists “Alice...You gotta see who you are. You’re black, you’re not white. You’re her, and she’s you” (*Frankie & Alice* 1:07:56). The subtext of Dr. Oz’s claim, which he believes is obvious, is that Alice must be Black because Frankie is Black, and Frankie is Black because her mother is Black. Thus, Dr. Oz insists on an essentialized biological one-drop rule concept of race, and Alice’s rejection of this model is seen as part of her pathology. While this scene opens the possibility of critique for both Dr. Oz and a psychiatric system built on maintaining essentialized categories of race, the conclusion of the film establishes Dr. Oz as a white savior figure and fails to address what an integrated personality means for biracial multiplicity.

However, a whiteface mask seems to undermine Alice’s position to the audience—namely that her racial identity is white—because it emphasizes the darker skin underneath the lotion that serves as a visual marker for the audience to continue to read Alice as delusional and black (fig. 12). While the whiteface mask appears to undermine Alice’s perceived whiteness, thus reinforcing Dr. Oz’s insistence on a one-drop rule for understanding race, the film then undercuts this reading by splicing images of a light-skinned, blue-eyed woman’s face with Alice/Frankie’s darker skin covered in white lotion as she looks in the mirror (fig. 13). These momentary flashes of close-up shots of a light-skinned woman’s eyes, nose, and mouth visually blends the two faces, suggesting Alice’s internal fragmentation. Alice indignantly responds to Dr. Oswald, “Well, then who am I looking at? You don’t mean to tell me you’re taking the side

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<sup>36</sup> It is significant that this act of whiteface—literalized by Alice who applies face lotion so liberally that it covers her face wholly with an opaque white cream—is related to her gendered construction. Wald argues that the “raced positionality of the passer as a subject-to-be-looked-at (that is, to be scrutinized for invisible signs of ‘blackness’) thus overlaps with the positionality of the gendered subject, whose identity is typically also imagined to be inscribed on (or in) the presumably sexed body” (17). Alice’s gender performance and racial passing overlap, particularly because she aspires to so-called proper white femininity that relies on collapsing whiteness with femininity.

of a common darkie?” (1:08:05). The spliced images of a light-skinned woman’s face read as white, then, are Alice’s perception of herself as she looks at the mirror—with the lotion uncoincidentally absent.<sup>37</sup>



Figure 12: Alice puts on a lotion mask, mimicking whiteface, while denying she is black to Dr. Oswald. *Frankie & Alice*, 1:08:32.

The audience is invited to see these splices as momentary glimpses of Alice’s point of view in which she has stereotypical visual markers of whiteness, which further complicates how the audience is meant to interpret Alice. She is inconsistently portrayed as desiring whiteness (out of internalized racism and trauma), as attempting to pass for white, as using whiteface, as being deluded about her so-called authentic racial identity, and now as being literally white (in terms of visual markers). Thus, in some sense, the film seems to be playing with the audience’s “reliance on vision as a means of drawing a stable line between self and other,” namely of racial categorization, because *Frankie & Alice*’s internal inconsistencies imply that visual markers are

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<sup>37</sup> This image is strikingly similar to Pecola Breedlove’s self-perception of having blue eyes in Toni Morrison’s *The Bluest Eye*, which is taken up in the next chapter.

always inherently insufficient and unstable—as are categories of race (Gayle 94-5). The film’s representation of Frankie and Alice’s conflict exposes the fraught conditions of biracial identity. Given that their psychiatrist insists on the supposed reality of their blackness, and given that Alice has internalized white supremacy so much that she repudiates her alter, the film exposes the very untenability of race formation in the U.S., which makes it all but impossible to reconcile one’s own multiple selves.



Figure 13: Alice’s self-image as a light-skinned blue-eyed woman. *Frankie & Alice*, 1:08:02.

Although Frankie does not re-name her new integrated personality in the film, like Jane in *Three Faces of Eve*, the new and improved Frankie is nevertheless a departure from the previous dichotomous personalities delineated across lines of sexuality, race, and class performance. Dr. Oz writes a contract for the three personalities to sign to begin working together with the goal of Frankie becoming “whole” after “achieving successful integration” by “learn[ing] to live together” with the “ultimate goal [of] acceptance” (1:34:51). Like *Three Faces of Eve*, the so-called cure for multiple personality is neither cooperation nor for the dominant personality to regain control, rather the “cure” requires a new (and supposedly superior)



personality to emerge. Both films imply that Eve White, Eve Black, Frankie, and Alice are in of themselves psychologically unfit or unstable, in part because the of pathologization of so-called deviant sexuality, either in its excess or repression. While Frankie optimistically claims to Dr. Oz that this supposed cure is, “Like a fresh start. Well, I can work with that,” not surprisingly Frankie’s “fresh start” requires her to stop working at the night club (1:35:18). The film mirrors an early scene of Frankie returning to her dressing room after her shift ends but reveals that Frankie has been replaced by another dancer (fig. 14). Thus, when given a fresh start, Frankie, who seemed to previously enjoy her job and even found some agency in it, now rejects it, in favour of returning to school to become a high school teacher. The directive is clear: Frankie cannot achieve integration—and sanity as defined by the psychiatric establishment—while maintaining a job that had seemingly cast her as a Jezebel. In this way, the film’s integration narrative suggests that the supposed black hypersexuality that, paradoxically, offered Frankie sexual autonomy is antithetical to sanity and, thereby, remains pathologized.



Figure 14: Another dancer who replaces Frankie duplicates an opening scene of Frankie entering the dressing room. *Frankie & Alice*, 1:35:03.

Frankie's fresh start is also symbolized when she paints over previously colourful walls with white paint (fig. 15). While the imagery seems to suggest a kind of tabula rasa or blank slate, it is telling that Frankie must cover up her colourful and eccentric personality for a bland, white exterior. White is utilized as a neutral colour and starting point for Frankie to begin a new life, which seems to undermine the film's critique of white supremacy. In this way, white once again becomes emblematic of normality and sanity, while the film shies away from a critique of structural violence. Moreover, *Frankie & Alice* ends with white text overlaying Frankie and Dr. Oz's final conversation in his office, in which Frankie sports a conservative sweater vest, and the final words of the film are: "Frankie (with a little help from Genius) became a High School teacher. She married a psychiatrist" (1:36:12). This conclusion ensures that the audience interprets the perhaps previously ambiguous integration narrative as an unequivocal happy ending. Like Jane, this new Frankie manages the demands of being a career woman, wife, and mother (albeit to a deceased child). Significantly, while Genius is premised as crucial to Frankie's "fresh start" by helping her become a teacher, as the title of the film suggests, *Frankie & Alice* largely overlooks Genius<sup>38</sup> as a personality in order to emphasize the dualism of Frankie and Alice (1:35:18). As if to solidify that Frankie has spurned her previous Jezebel ways, the film insists on including that she gets married, implicitly suggesting that her previously deviant sexuality has been normalized in the confines of a heterosexual marriage. Further, Frankie marries a psychiatrist, suggesting an ongoing surveillance of her gendered, sexualized, and racial performance to ensure her so-called sanity, defined as an integrated personality. Dr. Oz

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<sup>38</sup> Further to this point, Genius is the only personality without a real name. Genius is a nickname given by Dr. Oz based on this personality scoring a genius level IQ score. Genius completes a crossword puzzle for Frankie, confusing her fellow dancers, and offers Dr. Oz obscure hints about Frankie's traumatic past, but ultimately her presence is irrelevant to the plot perhaps because Genius suggests how multiple personalities can be helpful and supportive. Genius does not detract from Frankie's goals and is always cooperative with her desires, in contrast to Alice. Thus, whether Frankie integrates Genius is irrelevant, which presumably detracts from the conclusion of the film—that Frankie must become integrated to be cured.

transforms Frankie, Alice, and Genius from fragmented and dichotomous personalities into one integrated personality who accepts norms of race and gender—including accepting dominant notions of racial identity (i.e. one drop rule) and performing in accordance with conventional scripts of femininity. Like *Eve Black*, Alice’s personality seems to simply disappear; the only trace of her is perhaps present in Frankie’s new sophistication and stylish, but conservative, style of dress. Yet, there is no narrative conclusion to how Frankie addresses Alice’s internalized racism, which, again, is produced by a history of trauma. Further, the happy ending of the marriage plot obfuscates how the prior romance plot was the vehicle for racial violence to unfold. Problematically, then, the previously sexually autonomous Black woman literally whitewashes her walls and her multiple identities to become the ideal integrated wife to a psychiatrist, whose racial identity is unclear.

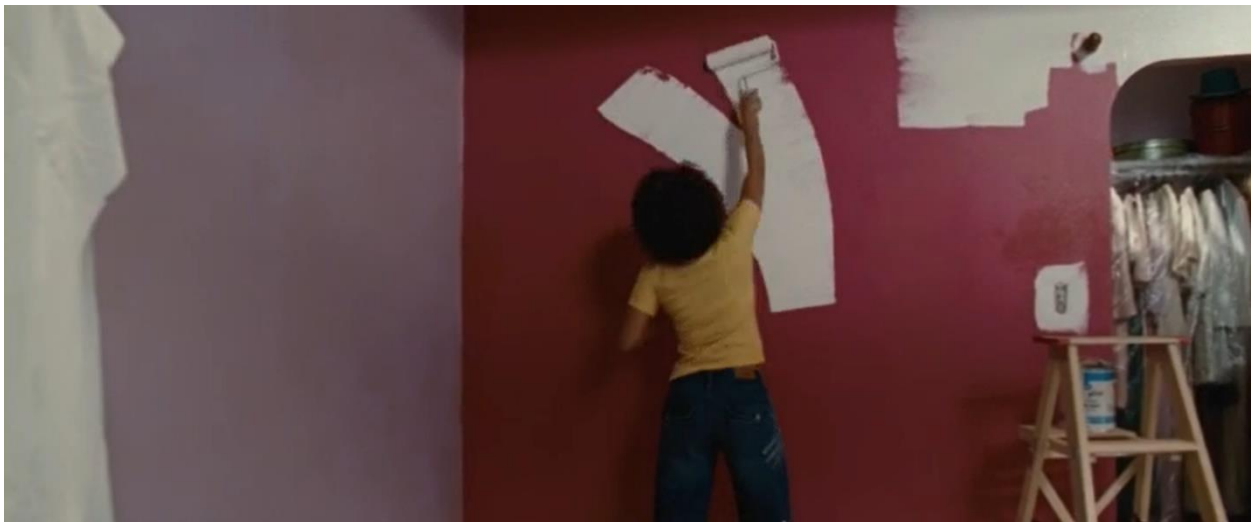


Figure 15: Frankie paints over her colourful walls to begin her fresh start. *Frankie & Alice*, 1:35:35.

The Jezebel/prude antagonism of *Three Faces of Eve* and *Frankie & Alice* seems to address the conflicting gendered and heteronormative expectations of women emerging in the post-WWII era and continuing to the twenty-first century. However, these sexualized roles are

also racialized in the films. When considered through an intersectional lens, Eve Black and Frankie represent deviant black hypersexuality, while Eve White and Alice embody white female prudery. The white male therapists of both films deem both these extremes pathological. Nevertheless, *Three Faces of Eve* and *Frankie & Alice* similarly conclude with a new modern woman who balances extremes of gendered and racial performance, even at the cost of eliminating complexity, particularly in terms of biracial identity. If Alice represents a white racial identity that Frankie is not allowed to embody or accept because of the legacy of a one-drop rule and myth of white purity, then her disappearance represents the impossibility of biracial identities, even in the twenty-first century. Similarly, Jane shows almost no traces of Eve Black but looks instead like Eve White with a makeover and a return to the nuclear family— itself a racialized concept. Both women are whitewashed and made over in a new image, a sexy, yet sophisticated, mother, wife, and career woman, and this new woman is deemed sane. While Frankie is not literally made white, rather Alice must accept her blackness, this transition is premised on the acceptance of white supremacist categorizations of race (namely a one-drop rule) and the film invokes a symbolic whitewashing through the painting scene. The multiple film, then, reinforces associations between whiteness, chastity, and sanity, while also stigmatizing blackness with hypersexuality, depravity, and mental instability. Although *Frankie & Alice* offers a complex reading of race, particularly in its exploration of internalized racism from trauma and the denial of biracial identity, it follows the same problematic recovery arc as *Three Faces of Eve*, which seems to highlight how definitions of sanity, as articulated through the integration narrative, are caught up in gendered and racialized constructions.<sup>39</sup>

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<sup>39</sup> It is worth noting that while I find *Frankie & Alice* problematic, it won the African American Film Critics Association award for Best Actress and the NAACP Image Awards for Outstanding Actress and Outstanding Independent Motion Picture. The success of the film within the African American community consequently raises questions about ethical witnessing and white expectations of Black-centered films.

## **“Do you think my mama killed her?”: Monstrous Mothers, Infanticide, and Multiplicity**

If the multiple woman becomes a cultural phenomenon in the post-WWII era because she symbolizes propriety in the form of an ideal white femininity that is allegedly disintegrating, it is perhaps not surprising, then, that in both *Three Faces of Eve* and *Frankie & Alice*, the plot centers around monstrous motherhood and the threat of infanticide.<sup>40</sup> In *Three Faces of Eve*, Eve Black—who, as noted earlier, denies maternity of Bonnie—strangles Eve White’s daughter Bonnie with a cord before Ralph intervenes. In *Frankie & Alice*, Frankie believes that her mother, Edna, kills her child shortly after labour. As Marilyn Francus explains, “Infanticide demonstrates that a woman can reject her biological destiny and refutes assumptions regarding motherhood and domesticity as the natural, preferred way of life for women” (74). Thus, the association between infanticide and multiplicity suggests that the multiple woman threatens traditional gender roles and the nuclear family. Indeed, the metaphor of the multiple woman symbolizes the potential for women to exist inside and outside the domestic sphere and their resulting capacity to opt out of motherhood. In this manner, multiplicity subverts conventional notions of femininity. And yet psychiatric intervention reinstates these conventional notions by promoting treatment designed to bring forth an integrated single personality who conforms to tropes of good motherhood.

Echoing the depiction of women with multiplicity as unfit wives because of their perceived sexual deviancy, a common trope in representations of women multiples is that they are unfit mothers because of their own abusive or misguided mothers. This trope suggests that

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<sup>40</sup> This term calls to mind Barbara Creed’s concept of the “monstrous feminine,” which offers a psychoanalytic reading of cinematic representations of women, particularly in the horror genre (Chare, Hoorn, and Yue 35). However, because this dissertation relies on a Mad Studies framework that de-centers psy-authority, including psychoanalytic discourse, Creed’s work is beyond the scope of this analysis.

multiplicity is a symptom of monstrous motherhood, which threatens the 1950s nuclear family. Significantly, clinical cases of multiplicity typically feature a male abuser with a female victim (Carlin 477; Rivera 5). And yet the two most popular films and books on multiplicity, *Three Faces of Eve* and *Sybil*, feature mother-daughter abuse, as does *Frankie & Alice*. As a result, the theme of monstrous motherhood in multiple women narratives does not represent clinical cases accurately. Rather, the invocation of this theme attests to social anxieties around unfit motherhood emerging in the post-WWII era and continuing into the twenty-first century. Rosaria Champagne suggests that multiple narratives often feature “mother-daughter abuse by setting up the crazy mother who ‘makes’ a crazy daughter and then pits the crazy mother against the mother therapist, who emerges at the narrative’s close as the good and more deserving mother” (143). While *Sybil* features a traumatized daughter who “find[s] wholeness only when [she] shifts loyalty from the evil mother to the good one,” namely her mother therapist, (143) in *Three Faces of Eve* and *Frankie & Alice*, the protagonists have male therapists. In both films, the protagonists cathartically remember a repressed traumatic memory caused by their mother, whom they then forgive, before transitioning into a new or integrated personality. Thus, both films suggest that good motherhood, in contrast to monstrous motherhood, requires women to forgive their abusers. Accordingly, Eve Black and Frankie are associated with deviant motherhood, and only Jane and Frankie’s new integrated personality are deemed sane and fit to be mothers, reinforcing the association of blackness with deviancy and mental instability in the multiple woman film.

In *Three Faces of Eve*, only the primary personality, Eve White, sees herself as Bonnie’s biological mother, while Eve Black denounces any maternal responsibility and Jane initially acts as an adoptive mother (until the return of her repressed memories), despite sharing the same body. During Eve Black’s first appearance at the psychiatrist, Dr. Luther asks, “And Bonnie isn’t

your child?” to which she responds, “Not while I’m in my right mind she isn’t” (*Three Faces of Eve*, 20:09). Motherhood becomes a state of mind, rather than a biological fact. Eve Black represents Eve White’s ability to renounce motherhood, and, significantly, Dr. Luther sees this maternal rejection as deviant and pathological. Eve Black shirks maternal responsibility and instead prefers to spend her time “havin’ too big a time” in Atlanta, and when Ralph tries to bring her home, “she cussed [him] and said she never would come home” (14:02). Eve Black’s refusal of the domestic private space in favor of public spaces, primarily bars and dance halls, is interwoven with her rejection of motherhood. The threat of Eve Black’s monstrous motherhood prevents Eve White from having a relationship with Bonnie, who ultimately chooses Jane to be her mother: “Don’t come back that other way Mommy, I don’t like that other way. Come back this way Mommy, the way you are now. It must have been Jane...and she was sweet to Bonnie” (1:11:35). Although Bonnie readily distinguishes between the cruel Eve Black and sweet Jane, Eve White is not seen as a suitable mother figure despite loving Bonnie. While Eve White sees herself as Bonnie’s “real mommy,” she concedes that she is “not fit for her now” and she accepts Jane as an adoptive mother for Bonnie if she will “just take good care of her for me” (1:12:38). Even though Jane symbolizes ideal motherhood, she is still framed as an adoptive or surrogate mother, suggesting the limitations of biological maternal bonds and the threat that women might reject motherhood, as Eve Black does, or fail to perform motherhood adequately, as Eve White does.

Eve Black’s refusal of motherhood, while deemed pathological, is rendered monstrous when she attempts to kill Bonnie, demonstrating her complete rejection of biological maternity. Monstrous motherhood threatens the nuclear family. Significantly, Eve Black emerges to strangle Bonnie after Eve White and Ralph get into a fight about Eve Black’s extravagant

clothing purchases. Ralph confronts Eve White, saying, “I have a mind to slap your face. What kind of a dope you think I am anyway? [...] What did you think I was going to do? Nothin’? Let you get away with it? Two-hundred-and-eighteen-bucks!” (11:42, *Three Faces of Eve*). In this scene, Ralph asserts himself as the patriarchal domineering head of the household, who threatens physical punishment for disobedience and controls all financial decisions, thus restricting Eve White’s realm of influence to the domestic sphere. Eve White tries to placate Ralph by offering to return the dresses, but he insists, “You heard me, I said I’d do it” and gruffly shrugs her off him (12:13). Eve White then transitions to Eve Black. While Ralph packs up the dresses, Bonnie is heard off camera saying, “I’m hungry Mommy!” followed by shrieking. Thus, immediately following Ralph’s attempt to humiliate and control Eve White for being a spendthrift housewife, Eve Black appears and staunchly rejects Bonnie’s literal call to motherhood by refusing to feed her. Instead, she attempts to kill this child. Ralph rushes to the living room to find Eve Black hunched over Bonnie’s body, strangling her (fig. 16). Clearly, this act of attempted child murder is relatively hidden from direct view—only Bonnie’s leg is visible in this scene—because it is deemed too horrible. Ralph quickly throws Eve Black to the floor and unwinds the cord from Bonnie’s neck while soothing her, causing Eve White to emerge (12:55). When Eve White returns despondent and confused by Bonnie’s cries, Ralph threatens her with more violence, “Don’t get up. I’ll kill you if you get up” (13:20). The image of a forlorn Eve White on the floor with Ralph towering over her and threatening to kill her captures the power dynamic of their relationship. Eve White has no voice as a wife and mother, and, as a result, Eve Black’s only method of escape from her duties as a wife to Ralph is through the act of killing Bonnie and through dissociation. In this manner, Eve Black symbolically threatens the nuclear family. Just as importantly, the film broaches the themes of domestic violence, but in a manner that invokes but



promptly sidelines the threat that men pose by dwelling instead on the danger represented by an unruly monstrous mother. The film suggests that, in the post-WWII context, women will no longer acquiesce to imbalanced power relations in traditional marriage, and instead reject motherhood to avoid patriarchal control, as symbolized by multiplicity, which metaphorically gestures to new opportunities for women beyond the conventional housewife figure in the late twentieth century.



Figure 16: Eve Black strangles Bonnie, while Ralph rushes to intercede. *Three Faces of Eve*, 12:53.

*Three Faces of Eve* portrays Eve White's mother as solely responsible for her daughter's trauma and resulting multiplicity—the root of her own monstrous motherhood. Through hypnosis, Dr. Luther uncovers Eve White/Jane's repressed traumatic memory, which is shown through a flashback scene that causes her to writhe and scream in agony while repeating, "No, please don't make me, Mama!" (1:25:15). In the flashback, Eve is a young girl around Bonnie's age, forced by her mother to kiss the body of her deceased grandmother, who lies in a coffin (fig. 18). Young Eve runs to her father for help, pleading with him, "Please don't make me. I don't

want to go Papa. Don't let her make me" (1:26:15). However, he stoically insists, "You do like your Mummy says" (1:26:20). The scene constructs Eve's father as an innocent bystander to the traumatic event, who simply upholds his wife's authority rather than asserting his own. A medium shot of the father's pained expression as he hears Eve's protests and eventual shrieks of revulsion at having to kiss the body emphasizes Eve's distress and his passive disagreement, suggesting that he would not have similarly traumatized his daughter. Only Eve's mother is blamed for this traumatic event. During the scene, young Eve repeatedly uses the word "Mama" and, while writhing in the chair, Jane stammers "She made me kiss her" (1:25:30). Further, the framing of the scene (fig. 17) puts all the onlookers at the funeral at a distance, while Eve's mother carries her and leans her over the casket. Thus, the film only depicts Eve's mother as responsible for this original traumatic event in Eve's life, which is set up as the cause of her multiple personalities. Consequently, *Three Faces of Eve* suggests a legacy or inheritance of monstrous motherhood in families, highlighting the importance of traditional gender roles to a post-WWII audience.



Figure 17: Eve's mother forces her to kiss her deceased grandmother's body. *Three Faces of Eve*, 1:26:40.

Jane immediately recovers after recalling this repressed memory by excusing her mother, suggesting that her performance of ideal femininity—in the form of Christian forgiveness—prompts her so-called return to sanity and normalcy. Marilyn Francus articulates with respect to hegemonic constructions of motherhood that the “the ideal mother was modest and moral: set a good example for the children, teach them about religion, avoid extravagance and miserliness, and avoid excessive discipline or indulgence” (12). By practicing a Christian ideal of forgiveness, Jane thus exemplifies modest and moral motherhood and demonstrates that she has broken the cycle of monstrous motherhood through the performance of ideal femininity. Immediately following the flashback, Jane tells Dr. Luther, “She didn’t mean any wrong by it. The way people thought in those days, if you kissed the dead face it was a sweet goodbye and you wouldn’t miss her so much. That’s all she meant” (1:26:55). Not only does Jane forgive her mother, but she also excuses her behaviour as culturally appropriate. While Eve’s mother is still seen as solely culpable for her daughter’s multiplicity, Jane’s forgiveness redeems her.

Previously characterized as the personality without any memories, Jane proceeds to quote Shakespeare and begins to tell Dr. Luther about her high school English teacher, followed by the names of all her other childhood teachers. Indeed, Jane dramatically announces, “I remember!” Dr. Luther tests this new memory by trying to call out Eve White or Eve Black, but Jane insists, “She’s gone. They’re gone. They’re gone I tell you, both of them! They’re gone and there’s nobody else here but me! I know it! I can feel it! And I can remember! Mama and Papa and Bonnie! I can remember” (1:29:38). This moment of remembrance and forgiveness appears to eradicate altogether the existence of both Eve White and Eve Black, leaving only the ideal personality, Jane. Jane also remembers the fact that she has a daughter, Bonnie. While Jane—even without memories—was chosen by Bonnie as her ideal mother, Eve White frames Jane as a

surrogate mother filling in for her failure of maternity. Now, however, Jane is positioned as Bonnie's biological mother. Jane's ideal white femininity and sanity—defined in the film as a single personality—is thus solidified by her performance of moral motherhood in contrast to her mother's deviant motherhood. Consequently, while *Three Faces of Eve* seemingly articulates a tension for women in the post-WWII era, the film ultimately suggests the necessity of a return of so-called proper and white femininity so as to consolidate the nuclear family and maintain ideal motherhood.

*Frankie & Alice* similarly takes up monstrous motherhood as a threat to society but emphasizes the racialization of maternal discourse that casts African American women as unfit mothers. As noted earlier, Frankie's alter, Alice, symbolizes the mysteriously absent child, significantly also named Alice, who dies shortly after birth. When Frankie's trauma of losing her baby is triggered—such as when she sees baby toys at the Black DJ's apartment—she unconsciously transitions to Alice's personality, further reinforcing how Alice can be read as Frankie's lost child. After Frankie's first release from prison after a dissociative episode, she cradles a white doll in her lap and plays with its blonde hair (fig. 18). Because Pete is white, Frankie seems to associate their lost child with whiteness, which offers another rationale for why Alice perceives herself as white. In the birthing scene, the brief glimpses of the baby show very light skin and light eyes, albeit with hints of dark brown hair, rather than the blonde hair of the doll (fig. 19). Alice acts as a metaphorical child that substitutes for Frankie's tragically lost daughter, suggesting that Frankie's recovery is premised on her ability to become a proper mother to this white baby. As a result, while Frankie begins the film as a Jezebel trope, the narrative arc of the film transforms her from Jezebel to mammy, another stereotype of Black femininity.



Figure 18: Frankie's white doll. *Frankie & Alice*, 20:09.



Figure 19: Frankie and Mr. Pete's child after birth. *Frankie & Alice*, 1:31:35.

Initially, Frankie's mother Edna appears to conform to the mammy stereotype, particularly because of her work in domestic service for a wealthy white family in Georgia. Patricia Hill Collins argues that the mammy is a "controlling image" of African American women that replaces the "cult of true womanhood," namely that "'true' women possessed four cardinal virtues: piety, purity, submissiveness, and domesticity" (69, 72). In contrast, the mammy is the "faithful, obedient domestic servant" (72). Significantly, by "loving, nurturing, and caring

for her White children and ‘family’ better than her own, the mammy symbolizes the dominant group’s perceptions of the ideal Black female relationship to White male power” (72). While Jane’s ideal motherhood is premised on her acceptance of biological maternity, the mammy stereotype requires the opposite of African American women, who must reject their biological children in favour of white children. The brief flashbacks to Frankie’s childhood depict Edna as a stereotypical mammy figure (fig. 20). Edna wears a maid’s uniform while preparing an elaborate birthday celebration for the young Paige Prescott, who runs around the room obliviously. Frankie sits dutifully still on a couch behind her mother holding a white doll. Paige grabs Frankie’s hand and implores, “Come on, Frankie, come on! Let’s play!” while Edna attempts to urge Frankie to stay without success (28:25). While Paige’s eagerness is accepted, Frankie is denied a similar childhood of carefree playtime as Paige. Moreover, all of Edna’s maternal and domestic energy is spent caring for Paige, rather than her own daughter, whom she treats sternly despite her clear love for her, likely to protect her as there are more severe consequences for ‘misbehaving’ Black children.



Figure 20: Edna prepares a birthday party for young Paige Prescott. *Frankie & Alice*, 28:24.

However, Edna contradicts the mammy stereotype after disappearing with Frankie's seemingly white baby. Although the film never wholly explains what happens to baby Alice, who is presumed dead at Edna's hands, the narrative in this regard invokes the history of infanticide practiced by enslaved Black women as a form of "reproductive resistance to slavery" (Taylor 110). There is evidence that enslaved Black women engaged in multiple forms of reproductive resistance to reassert their bodily and procreative agency under slavery—including sexual abstinence, abortions, and infanticide (Hine 125). While Margaret Garner is the most famous case and the inspiration for Toni Morrison's *Beloved*, there are other documented cases of enslaved women committing infanticide (Hine 123; Vaughn 63; White 88).<sup>41</sup> Middle-class white society typically regarded infanticide among enslaved Black women unsympathetically and as confirming racist stereotypes of Black women as "unfeeling mother[s]" and as "coarse brute[s]," who could never conform to codes of white female respectability (Roth 181). Yet, contrary to this belief, Edna may kill the baby out of love for her daughter Frankie and desire to protect her. However, in white nineteenth-century literature, black mothers "were frequently depicted doling out mild verbal and physical abuse to their own children," while being kind to the white children in their care (174). Certainly, Frankie perceives her mother's actions as traumatic, drawing on this stereotype. Even in the Northern states, free Black women were believed to be "more prone to criminality and less fit as mothers" than white women, especially if they were poor (Hemphill 444). Sarah Roth argues that abolitionists who wanted to generate sympathy for Margaret Garner would often create fictional representations of Garner to make her

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<sup>41</sup> Additionally, Johnson "estimates that between 1790 and 1860 smothering was reported to be responsible for the deaths of over sixty thousand slave infants," and white slave owners claimed that these deaths were caused by the carelessness of enslaved Black mothers or purposive infanticide (qtd. in White 88-89). While the poor health and living conditions likely contributed to the high mortality rate for these infants, including Sudden Infant Death Syndrome or infections, there is evidence to suggest that a portion of documented accidental deaths were intentional (White 88-89, Moitt 253).

appear whiter in complexion to counteract the assumption that the child-directed violence was a product of her African heritage (174). A key rhetorical move for abolitionists was to transform the social perception of Garner as an “inhuman aggressor” to a “sympathetic victim,” usually by emphasizing that “black women could love their children with the same depth of feeling and the same fierce commitment that white mothers harbored toward their children” (181). Thus, a legacy of slavery in U.S. history and literature is that monstrous motherhood is associated with Black women, whereas good motherhood is racialized as white. Further, because infanticide was often constructed as evidence of mental illness, it emphasizes the ways in which monstrous motherhood is pathologized. The plot of *Frankie & Alice* implicitly draws on this history because it features a Black grandmother who allegedly murders her newborn light-skinned grandchild, echoing enslaved Black women who committed infanticide as a form of reproductive resistance to white supremacy and the mammy role of caring for white children above their own Black children. While such acts of reproductive resistance are often read (by white audiences) as evidence of lack of maternal feeling in Black women, in juxtaposition, we can read Edna’s subversive act as rooted in love for her daughter, although Frankie feels differently.

Frankie represses the traumatic memory of giving birth because she believes Edna murders her baby, even though the film never clarifies the child’s fate. Under hypnosis and on camera, Frankie relives labor in a hotel room with her mother acting as midwife, only to have her mother immediately leave with the baby without explanation. In the flashback, Frankie hears the baby cry, and there are distinct signs of movement, such as a leg or arm moving. However, Frankie becomes worried and asks ““Oh Momma, what’s wrong? Why isn’t it crying, Momma? Let me see my baby!” (1:31:38). Instead, Edna wraps the baby in a towel and mysteriously leaves the hotel without explanation (fig. 21). Significantly, the scene frames Edna’s actions as



suspicious. Not only is Edna's expression emotionless, but she also refuses to respond to Frankie's pleading and instead immediately removes the baby despite her daughter's cries. Further, Frankie chases after her mother, blood clearly visible on her white nightgown, and collapses in the rain unable to find them, which further emphasizes the devastating emotional loss. After reliving this memory, Frankie pronounces to Dr. Oz, "My mama killed it" (1:33:08). Dr. Oz casts doubt on Frankie's recollections, however, by suggesting that "memories are not always trustworthy" (1:33:10). Nevertheless, the film does not recount the scene from Edna's perspective, so her motives remain unclear.



Figure 21: Edna mysteriously leaves with Frankie's child. *Frankie & Alice*, 1:32:01.

However, this potential infanticide can also be read as subversive, since Frankie's relationship with Mr. Pete, while defined as loving, is nevertheless an unequal power relationship. While Frankie claims that "He was gunna take me to a place where nothin' mattered. Not money. Not family. Not the skin color," this promise sounds impossible in the context of 1950s U.S. politics with anti-miscegenation laws that make it illegal for them to marry

(1:26:45). When Paige Prescott walks in on her brother Pete kissing Frankie, she reacts by screaming at her former childhood friend to “Get out!” and calling her a “filthy degenerate” (1:00:48). The Prescott family’s rejection of Frankie is indicative of the cultural attitude toward interracial relationships in the 1950s and casts doubt that their relationship could have thwarted the power dynamics of white supremacy under Jim Crow laws. Further, Frankie, when speaking about her boyfriend, usually invokes the term “Mister,” an honorific that sounds like Master. As a result, Mr. Pete’s position as an older, wealthy white man who has impregnated a Black domestic servant’s daughter at sixteen seems to invoke the rape of Black enslaved women. As Nikki Taylor highlights, it is possible that infanticide eliminated the “symbol of the mother’s shamed and degradation—a sort of erasure of trauma” or “as a way to protest rape, and the rapists’ power over their bodies and power to determine the paternity of their children” (111). If Frankie’s assumption is correct that Edna kills the baby, it is possible to read this act of so-called monstrous motherhood as her enacting reproductive resistance on behalf of her daughter if she suspects that the power imbalance between Frankie and Pete rendered their relationship non-consensual. However, the fate of the baby remains unknown. The child may have died of natural causes or Edna may have found an adoptive parent to protect Frankie from the asymmetries in her doomed relationship. Thus, Edna’s alleged act of monstrous motherhood can be read as a protective maternal act. The fact that Dr. Oz does not believe it is important for Frankie to know the fate of her child highlights that the goal of his therapeutic methods is not truly based on addressing Frankie’s trauma, which is always secondary to his ultimate goal of integration—or one personality.

Dr. Oz encourages Frankie to forgive her mother, ushering in a strikingly similar conclusion to *Frankie & Alice* as *Three Faces of Eve*, as both protagonists recall a traumatic

event caused by their mother, which then leads immediately to forgiveness of the mother an act that miraculously cures them. Dr. Oz insists that “Maybe the child wouldn’t have survived anyway. Maybe she was just trying to protect you from that” (1:33:13). Rather than portraying Edna as resisting white supremacy through reproductive resistance, Dr. Oz attempts to recast Edna as a sympathetic and well-meaning mother. When Frankie pushes the issue, claiming “Every dream I had was in that baby,” and asks Dr. Oz directly, “Do you think my mama killed her?” he deflects (1:33:32; 1:34:18). Rather, he insists that, “I think all of us have to face something we’ve done, mistakes we’ve made, things we’ve allowed to happen. I don’t think it’s the blame that’s important. It’s the facing of it. If we don’t, there’s no chance ever for us to become whole” (1:34:25). While Dr. Oz encourages Frankie to forgive Edna and potentially redeem her apparently monstrous motherhood, his response problematically suggests that Frankie’s multiplicity is caused by her refusal to “face” trauma (1:34:25), rather than by the underlying roots of the trauma itself. Thus, the cure here—construed as a desirable wholeness or integration—is to accept trauma without blame or conclusion. The film revolves around Frankie’s grief over a missing child, whose loss was particularly traumatic because of its mysterious circumstances, yet—at least to the audience—this narrative is never resolved. Significantly, when Frankie forgives her mother, this scene is voiced over by Dr. Oz, so the audience does not hear the exchange between Frankie and Edna that ends with an embrace (fig. 22). At the beginning of the film, Frankie embodies negative tropes of black motherhood in the 1970s and 1980s as a stripper who uses illicit drugs.<sup>42</sup> These tropes were utilized by the Reagan, Clinton, and Bush administrations to justify welfare reform and drug laws that scapegoated Black families, particularly Black single mothers as “welfare queen[s]” or “crack mother[s]”

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<sup>42</sup> Significantly, the film only depicts Frankie smoking marijuana, and includes a scene of her refusing cocaine, seemingly to redeem her character.

(Tivis 34-5). Frankie’s shift away from her previous job and indulgences seems to also mark her new suitability as a potential mother, since her recovery is also premised on her “integration” or acceptance of Alice, her figurative child (1:35:06). The film shifts away from a cathartic unveiling of a past trauma, which instead remains shrouded, to instead insist on forgiveness and the restoration of a mother-daughter bond. This personal reconciliation, however, does not fully resolve the larger problem of white heteronormative patriarchy, an institution that prescribes this as the “cure” to multiplicity. Further, the forgiveness trope problematically draws on another trope, namely of Black people, particularly Black women, being expected to forgive others, particularly white people, for acts of violence and abuse.



Figure 22: Frankie and Edna’s voiced-over reconciliation scene. *Frankie & Alice*, 1:34:48.

In *Three Faces of Eve* and *Frankie & Alice*, the narrative problematically revolves around a protagonist with multiple personalities becoming a unified or single personality to be deemed sane, often obfuscating the complexities of trauma. Further, so-called sanity is premised on their disavowal of sexual deviancy—either in its excess or repression—and monstrous motherhood. While *Frankie & Alice* is an important intervention into a white dominated genre, it nevertheless

conforms to the same limited recovery arc as *Three Faces of Eve*. Further, in both films, the Jezebel personality is either figuratively or literally black and the new or integrated personality—deemed sane—erases this perceived black hypersexuality in favor of conformity to either proper white femininity or conformity to white tropes of black identity. Similarly, the protagonists begin the films as seemingly unsuitable mothers, but when they recover their repressed memories and forgive their mothers for causing the trauma which is construed as, in turn, the cause of their multiplicity, they become seemingly cured. *Three Faces of Eve* more explicitly emphasizes how the figure of the multiple woman suggests the threat to the nuclear family if women can occupy both the private and public spheres and, as a result, reject biological maternity, as Eve Black does. Thus, so-called ideal white femininity, founded on the 19<sup>th</sup>-century cult of true womanhood, enforces prurient notions of propriety and Christian forgiveness as necessary to prevent a cycle of inherited monstrous motherhood that threatens patriarchal authority. *Frankie & Alice* more explicitly highlights how discourses of motherhood are racialized through the mammy stereotype, which Edna initially appears to uphold but then rejects through her potential infanticide. As a result, Edna represents the threat to white male power of Black women's reproductive resistance. However, Dr. Oz depoliticizes the implications of Edna's potential infanticide to instead suggest that Frankie is responsible for her trauma and for forgiving her mother, Edna. In this manner, the integration arc implicitly absolves Edna and diminishes her political agency. In *Three Faces of Eve* and *Frankie & Alice*, both mother and daughter need to be redeemed of monstrous motherhood to be deemed recovered. While multiplicity appears to be a potentially empowering metaphor of women's conflicting gender roles that comes to the fore in a post-WWII context of American culture, these films conclude by reaffirming that women must achieve the seemingly impossible task of balancing disparate identities to be deemed normatively

feminine and therefore sane. The plot of both films revolves around multiple women becoming women with one personality that conforms to normative gendered and racialized expectations, rather than highlighting the complexity of their trauma and interrogating the ways in which a patriarchal psychiatric lens pathologizes multiplicity. Moreover, while *Three Faces of Eve* and *Frankie & Alice* appear to generate sympathy and recognition for mental distress and trauma, both films tacitly reinforce the pathologization of blackness as linked to mental illness. The next chapter takes up this issue further by examining literature in the post-civil rights movement era.

### Chapter 3

#### Seeing and Believing Otherwise: Fantasy in *The Bluest Eye* and *The Planet of Junior Brown*

“The trauma of racism is, for the racist and the victim, the severe fragmentation of the self and has always seemed to me a cause (not a symptom) of psychosis—strangely of no interest to psychiatry.” (Toni Morrison, 1988: 141)

Toni Morrison’s *The Bluest Eye* (1970) and Virginia Hamilton’s *The Planet of Junior Brown* (1971) take up the question of how the trauma of racism affects the emotional development of Black children, in part to respond to the pathologization of blackness and to highlight a gap in white Western psychiatry. Despite their differences in genre, form, and audience, since *The Bluest Eye* is an adult novel with a child protagonist (age 11) and *The Planet of Junior Brown* is a middle grade novel (ages 8 to 12) with a thirteen-year-old protagonist, these texts can still be productively brought together because of their shared concern with Black children/adolescent’s response to the trauma of racism.<sup>43</sup> Both obscure the boundaries of reality and fantasy for their adolescent protagonists Pecola and Junior, illustrating how alternative realities enable Black children to cope with otherwise unliveable circumstances. Pecola’s mysterious new “very best friend” accuses her of being “crazy,” to which Pecola responds, “I am not!,” and her friend replies “*I didn’t mean it that way*” (196, 194, emphasis original). This moment of confrontation only makes clear what is true for Pecola, namely that she is not crazy. However, immediately following this dialogue, onlooker Claudia describes Pecola as “walking

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<sup>43</sup> While *The Planet of Junior Brown* was originally marketed at middle grade audiences (ages 8-12), it can also be read as a young adult novel, as it features a thirteen-year-old protagonist. However, as the chapter explores, both Junior and Pecola are denied childhood innocence, yet they depend on remarkably childlike coping mechanisms of fantasy worlds and imaginary friends. As a result, they exist in a liminal position of not quite children, adolescents, or adults because the conditions of white supremacy and intergenerational trauma denies them a gradual coming-of-age arc and instead thrusts them at a young age into adult situations without adequate support systems. I use both “children” and “adolescent” to describe Junior and Pecola to highlight this liminality.

up and down, up and down, her head jerking to the beat of a drummer so distant only she could hear” and having “stepped over into madness” (204, 206). Within a few pages, the way Pecola sees herself as well as how others perceive her changes drastically, leaving the boundaries of reality and fiction muddled for the reader. Similarly, *The Planet of Junior Brown* juxtaposes Junior’s internal imaginative world with an outsider’s perspective. Buddy Clark, Junior’s only friend, objects to Junior’s admission to a mental hospital because the “people talking to themselves, stopping in the street or standing in the subway [...] don’t hurt *nobody*,” but their mentor Mr. Pool insists that “[t]hey hurt themselves” (188, emphasis original). Despite the ominous threat of self-harm, Junior is described as “grinning” and “happy” while he is “talking to someone unseen” by others (181, 183, 205). Like Pecola, Junior finds comfort in his fantasy world and is seemingly unaware (or unconcerned) that others interpret his behaviour as dangerous. Thus, both novels examine the role of imagination or fantasy in African American literature for or featuring adolescents.<sup>44</sup> Through a careful exploration of Black adolescent characters, this chapter argues that Morrison and Hamilton represent fantasy as a coping mechanism that acknowledges the significance of racialized trauma while also bringing emotional relief. Further, the novels interrogate the historic pathologization of blackness that pervades the socio-political context of the 1970s, exemplified through the systemic misdiagnosis of African Americans with schizophrenia since the civil rights movement. Rather than imposing a biomedical psychiatric label on Junior and Pecola, which individualizes their mental distress, I demonstrate how a trauma-informed approach illuminates how their systemic intergenerational trauma is rooted in white supremacy that can only be addressed through socio-political action, instead of imposing an ostensibly therapeutic model that insists upon curing their so-called

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<sup>44</sup> To be clear, I am not invoking the fantasy genre of literature. Rather, in this chapter, I use fantasy to refer to “the process or the faculty of forming mental representations of things not actually present” (OED).



symptoms of seeing and hearing things others do not.

Published in the wake of the Civil Rights movement of the 1960s, both novels address the mechanics of white supremacy coding Blackness as ugliness and/or fatness. The novels examine the contexts for the emergence of Black activism in the 1970s, specifically the declaration that “Black is Beautiful!”, as a rejoinder to white supremacy (Ongiri 53, 95). Set in 1940s small town Lorain, Ohio, *The Bluest Eye* depicts eleven-year-old Pecola Breedlove from the perspective of nine-year-old Claudia MacTeer. The Breedlove family is described as “relentlessly and aggressively ugly,” based on their Blackness and poverty (38-9). After she loses the child she conceives as result of being raped by her father, Cholly, Pecola visits local psychic Soaphead Church to ask for blue eyes (174, 206). The novel concludes with Pecola believing she has blue eyes, which she talks about with her unnamed imaginary friend, while Claudia—another young Black girl living in the town—reflects on the “damage done” to Pecola (193-204).

Whereas Pecola is ostracized and called ugly, Junior Brown struggles to avoid being hyper-visible as a “sad, fat boy” (Hamilton 4). Set in 1970s New York, *Junior Brown* depicts a fat Black boy who spends most of the eighth grade in the school basement with his friend Buddy Clark and Mr. Pool, the school janitor, because of his anxiety and panic attacks (1-3). Junior comes from a middle-class family headed by his chronically ill mother, Junella, while his father, Walter, is mysteriously absent (33-35). Although Junior is gifted at playing piano, his mother removes “the wires meant to vibrate to make [...] sound” from his piano, so he is forced to practice silently (115). Similarly, his trusted piano teacher, Miss Peebs, forces him to “beat [his music] lesson out on a chair,” claiming that Junior cannot practice on her grand piano because of a visiting relative, who is imaginary (43). After the principal threatens to expose his extended truancy and Junella throws out his paintings, Junior runs away from home. He joins Buddy’s

homeless boy network and saves Miss Peebs from the imaginary relative preventing him from continuing his piano lessons (164, 180).

While *The Bluest Eye* is an adult novel about children and *Junior Brown* is a middle grade novel, both texts focus on the figure of the Black child to investigate the psychological impact of racism while departing from the genre of realism prolific in African American young adult and children's literature to suggest the importance of fantasy to adolescence experience (Thomas 2013: 34-6). During the Harlem Renaissance, "the major writers of the time were deeply invested in the enterprise of building a Black national identity through literary constructions of childhood" (Capshaw xiii). Racist ideology infantilized African Americans as "incapable of self-government, [and] unable to grow into citizenship," suggesting that "all black people were perpetual children" while simultaneously denying "actual African American children from emerging definitions of 'childhood'—the worlds of leisure, play, and school" (Capshaw and Duane xi). As a result, the figure of the Black child in African American literature subverted negative stereotypes of Blackness, represented a positive Black identity for Black children, and "position[ed] the child as the one who will project ideals of cultural progress into the future" (Capshaw xiii). While much of mid-twentieth-century African American children's literature remained realistic, there was a movement towards "telling celebratory tales about the victories and achievements of African Americans in spite of collective trauma and monumental odds, [to] promote a bourgeois 'uplift' ideology" (Thomas 2013: 37). Ebony Elizabeth Thomas argues that the focus on history and realism in Black children's literature has limited the representation of Black people in "mysteries, romances, science fiction, or fantasy stories," which discourages "young readers' imaginations, dreams, and aspirations" (2013: 39, 33). Consequently, Morrison's and Hamilton's departure from the new realism of the Black Arts

Movement in the 1960s in favour of more experimental fiction, as well as their engagement with the psychological harm of racism, makes their respective works relatively uncommon for the period.

The 1960s was also a turning point for the diagnostic criteria for schizophrenia, which pathologized the political protest and anger of African American people, predominately Black men, in the Civil Rights movement as symptoms of schizophrenia causing them to be dramatically overrepresented in mental health institutions (Metzl 95, 128). In examining how psychiatric discourse and practice is racially coded, Sonia Meerai, Idil Abdillahi, and Jennifer Poole coin “anti-Black Sanism”<sup>45</sup> to draw attention to “an anti-Black crisis in mental health diagnosis and ‘care,’” including that “young Black men are diagnosed with schizophrenia more than any other group, [and] Black children are being psychiatrized at higher rates” (18). Therí Alyce Pickens argues that Black people are overrepresented in psychiatry because, “within the United States’s cultural zeitgeist, there is no Blackness without madness, nor madness without Blackness” since modern medicine was built on differentiating “normal bodies from abnormal ones, where abnormal was constituted in gendered, raced, and abled terms” (27, 25). For instance, in 1851, Samuel Cartwright claimed that “the tendency of slaves to run away from their captors was a treatable medical disorder,” which he termed “drapetomania,” in addition to “*dysaesthesia aethiopsis*,” a ‘mental illness’ caused by “whites [not] overseeing [enslaved persons] every action,” thus suggesting that “African Americans were psychologically unfit for freedom” (Metzl 30). As both Morrison’s and Hamilton’s novels consider, blackness is framed as synonymous with deviancy, which is coded as ugliness and/or fatness in their novels.

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<sup>45</sup> Sanism refers to “the practice of discrimination, rejection, silencing, exclusion, low expectations, incarceration, and other forms of violence against people who are othered through mental ‘illness’ diagnosis, history, or even suspicion” (Meerai, Abdillahi, and Poole 18).

Moreover, in their depiction of traumatized African American adolescents who use fantasy as a creative coping mechanism, Morrison and Hamilton challenge the pathologization of blackness, and Black people's responses to racism, which was prevalent during the 1960s and remains ongoing, however in ways that do not deny the trauma of racialized oppression.

Pecola and Junior are Black adolescents who hear and see things that others do not, but they find these experiences comforting as these fantasies help them cope with the intergenerational trauma of racism. While some literary critics have read Pecola and Junior as mentally ill, even using diagnostic language, in this chapter I argue that *The Bluest Eye* and *Junior Brown* suggest the imaginative possibilities of fantasy to subvert the realities of racism because it allows Black children, and by extension Black adults, to see and believe otherwise. That is, the novels imagine alternatives beyond the confines of white supremacy or the protagonists' traumatic realities. The novels expose how white supremacy veils racism by coding ugliness and fatness as equivalent to Blackness, which is why Pecola and Junior are respectively ostracized from their Black communities as unfit for racial uplift and black respectability politics. Although Pecola and Junior have distinct experiences of trauma, these traumatic ruptures are intergenerational and rooted in racism. Pecola's and Junior's reliance on fantasy, particularly imaginary friends, reaffirms their childhood innocence denied by white supremacy. This invocation of fantasy disrupts supposedly superior (white) Western logic that frames Blackness as inherently irrational, disordered, and insane. Moreover, while their fantasies may be read as limiting their connection to reality, a trauma-informed approach to the novels suggests that Pecola and Junior reformulate their realities in order to restore their agency, which would otherwise be lost in a world that systematically silences African American children. Thus, both *The Bluest Eye* and *Junior Brown* highlight the subversive, if limited, capacity of fantasy,

especially for the figure of the Black child, who must rely on imagination to counter white supremacy, by creating an alternative world in which they are beautiful and powerful, even if this fantasy does not alter their lived reality of racism.

### **Ugliness and Fatness Coded as Blackness**

*Junior Brown* and *The Bluest Eye* have few white characters, and these exist only on the periphery, rather than taking up a prominent antagonist role. Instead, the intangible antagonist of both novels is the discourse of white supremacy, which is revealed through the coding of Blackness as synonymous with either fatness or ugliness and whiteness as equivalent to thinness and beauty. Sabrina Strings argues that, during the early-nineteenth century in the United States, “fatness became stigmatized as both black and sinful,” in part because Protestants believed that “overeating was ungodly” (6). The rise of the cult of thinness and fat phobia were mutually constituted to reinforce racial categories, particularly among women, in order to exalt “slender figures as the proper form of embodiment for elite white Christian women” and “denigrate black women” as inherently lesser based on their supposedly larger bodies (6-7). Nineteenth-century racial classification systems relied on scientific rhetoric to categorize “fundamental physical differences between Europeans and non-Europeans [...] to serve as proof of European superiority” (67). Consequently, physical attributes associated with whiteness were revered as the archetype of beauty, such as an “aquiline nose, small mouth, coral lips, ivory teeth, large bright eyes, [and] gentle features” (73). In turn, contrary features associated with African peoples were defined as inherently lesser, thus equating Blackness with ugliness. Significantly, “[a]fter skin color [...] the size and shape of the body were the next most important markers of physical distinction between the races” (76). As examined in the previous chapter, the so-called Hottentot Venus was a particularly visible symbol of deviancy in Black bodies in the 19<sup>th</sup> century that

problematically collapsed blackness with sexual and bodily excess (Parasecoli 114). Fatness, then, became a primary discursive marker of Black racial inferiority, as it was codified as both ugly and immoral.

In response to racial classification systems, African American elites promoted racial uplift in order to “replac[e] the racist notion of fixed biological racial differences with an evolutionary view of cultural assimilation,” which ultimately reinforced class divisions among Black people (3-4). The rise of the Black middle-class corresponded with the proliferation of the “Cult of Thinness” beyond white middle-class women as fatness becomes regarded as a “moral failing” of poor Black people, who were construed as “undisciplined and greedy” (Bass 226-8). Black respectability politics arose from the desire from Black elites to achieve “status, moral authority, and recognition of their humanity by distinguishing themselves [...] from the presumably undeveloped Black majority” by replicating ideals of white middle-class society, including “temperance, thrift, chastity, social purity, patriarchy authority, and the accumulation of wealth”<sup>46</sup> (Gaines 2). While racial uplift was rooted in the “struggle for a positive Black identity in a deeply racist society,” it nevertheless “represented a limited, conditional claim to equality, citizenship, and human rights for African Americans” that reified the centrality of white cultural values (4).

While Junior comes from a middle-class family, his fatness precludes him from full participation in black respectability politics, as well as classed and gendered expectations of white male bodies. Junella attempts to blend in with the white middle-class and “get out of

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<sup>46</sup> An example of black respectability politics in practice is Vanessa Williams, who was the first Black woman contestant to win the Miss America beauty pageant in 1984 after Black contestants were first allowed to compete in 1970 (Shaw 3-4). Williams is a biracial woman whose “light skin and green eyes immediately denote a ‘reduction’ in her blackness” and who performed in the competition according to “white, middle-class cultural values” (Shaw 3-4). Williams was stripped of the Miss America title that same year after *Penthouse* published nude photographs of her, emphasizing that she was not permitted to hold the title under she publicly performed respectability politics, including chastity.

[their] black world” by taking Junior to the ballet, but his conspicuous fatness thwarts her efforts (31).<sup>47</sup> In the lobby of the ballet, (presumably) white people are “shrinking” away from Junior and “trying to keep from looking at [his] fat,” including his mother (32). Junella is not an object of spectacle at the ballet. In contrast, Junior’s fatness makes him hyper-visible in this distinctly middle-class space. As a fat Black boy, Junior is criticized for his fatness based on both racial inferiority and moral deficiency, since even white fat boys are typically antagonists or subjects of pity in children’s literature and are associated with negative traits, such as being “lazy, slovenly, cowardly, untrustworthy, self-indulgent, and unintelligent” in contrast to the “Muscular Christian hero” (Jean Webb 105, 109, 112). Junior’s lack of control in his eating habits suggests that he is unfit for the middle-class and its value of restraint to “attain social mobility by asserting (moral) control over one’s own body” (Evans 155). Junior recognizes that he does not conform to the mold of white middle-class values or black respectability, for, as the novel explains, “He was certain that because he was so black and ugly, he was alone” (Morrison 135). Thus, the discourse of white supremacy functions to associate blackness with fatness, which is in turn associated with moral inferiority—a lack of proper Christian discipline and middle-class work ethic—in order to justify racist classification systems that define whiteness as aesthetically and morally superior. Accordingly, Junior’s embodiment as a fat Black boy precludes him from ‘fitting into’ white middle-class spaces like the ballet.

Ironically, the novel suggests that Junior’s middle-class status enables his fatness, which revokes any associated class privileges. Junior brings home his friend, Buddy, for weeknight

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<sup>47</sup> Brittny Cooper notes that Black women have historically relied on the politics of respectability to “navigate a hostile public sphere and to minimize the threat of sexual assault and other forms of bodily harm routinely inflicted upon Black women” (13). As a result, while the novel positions Junella as reinforcing black respectability politics, sometimes to Junior’s great distress and discomfort, her insistence on fitting into white spaces and white middle-class values is a mode of self-protection to avoid “white male sexual objectification” (24).

dinner, who is shocked that the “table had been set for a holiday supper” equivalent to a “Thanksgiving or the Christmas feast” (119). The excess and decadence of food on a “Wednesday night [...] with nothing better to happen than the coming of Thursday,” highlights the Brown family’s middle-class privileges, especially in contrast to Buddy who “wake[s] up hungry and with nothing” (119, 83). When Buddy refuses any turkey, Junella retorts that his “mother [must] find meat too expensive to buy,” as she is unaware that he is homeless (119, 122). Junior’s ability to pile “a quarter of the bird and a wing portion with a mound of stuffing” on his plate without concern for the cost of meat exemplifies his affluence (121). However, at the ballet, Junior has a “hard time fitting into [his] seat” and “wheez[es]” in discomfort, and his literal inability to fit into white middle-class spaces built for thin bodies mirrors his societal rejection (Hamilton 32). Junior also does not fit into his school chair, with his “unbelievable girth of flesh and fat spreading out from his powerful frame” when he stands up, demonstrating how the chair compacts his body uncomfortably (16). As Ashley Hetrick and Derek Attig argue, desks are a tool used to police fat bodies to make them conform to “middle-class values of restraint and discipline,” because restrictive desks demand bodily conformity by being physically painful and shame inducing (197). Their analysis of desks applies to theatre chairs, which also represent middle-class (or upper-middle class) restraint, as one is expected to behave appropriately in theatres. That Junior is physically constrained by both the theatre chair and his school desk reaffirms that he does not fit, literally and figuratively, within white or black middle-class spaces, despite his middle-class status.

Although fat activism arose within the women’s movement in the 1970s, most notably with Susie Orbach’s *Fat is a Feminist Issue* (1978), white female feminism does not account for Junior’s experiences as a fat Black boy (see Feuer). Indeed, his Blackness is treated as



synonymous with his fatness. As a result, the novel theorizes how race impacts expectations of bodily conformity. Junior's mother, Junella, brings him to Weight Watchers, where an "ole white lady," who is, according to Junior, "pretty plump herself," tells Junior that he "abuse[s] [his] body because [he doesn't] much care for [his] black skin" (Hamilton 28, 27). The old white lady's comment articulates a common pathologization: that the fat body is a product of "disordered emotion(s)" that cause disordered eating habits (Caplan 93). Significantly, Orbach's *Fat is a Feminist Issue* claims that "the resolution of psychic conflicts would lead to the reduction of compulsive eating and hence weight loss" (Feuer 182). Though this perspective might be empowering for white women in confronting the psychological toll of sexism and the cult of thinness, it risks pathologizing blackness when applied to Junior. For instance, the term "abuse" suggests that Junior's eating habits are a kind of self-harm or violence, reinforcing the white supremacist idea that Junior should hate himself and punish himself based on his racialization (27). In contrast to the narrative of internalized racism, or that Junior "eat[s] so much because [he is] so black," (28) Junior firmly dissociates his Blackness from his fatness speaking to his friend Buddy: "You're black but you don't eat the way I do. I seen some white folks just as fat as me. And anyway, black is beautiful" (28). In his response, Junior underscores the double standard which pathologizes his body as a symptom of internalized racism when white fat people are not regarded as fat because of their whiteness. Notably, the Black Power movement of the 1960s and 1970s—the backdrop for this novel—challenged the white supremacist logic that African Americans were aesthetically inferior to white people, in terms of physical appearance and cultural productions (Ongiri 7-8). A rallying cry of the movement was "Black is Beautiful!" (53, 95). By echoing this language, Hamilton refutes a reading of Junior's fatness in terms of his Blackness; rather, Hamilton exposes how white supremacy codes fatness

as blackness to maintain the impetus of racial classifying systems that denigrate Black people as naturally inferior.

*Junior Brown* suggests that the pathologization of Junior's fatness as symptomatic of mental illness amounts to the pathologization of blackness. The novel offers an ambivalent explanation of Junior's eating habits: "You know how I can't stop eating once I get started [...] I get out of bed and I don't even know it [...] it's like I'm thinking about something miles away and I don't know. I never remember I shouldn't be eating until it's too late" (31). This passage defines Junior's desire for food as purely instinctual. Junior is often hungry, suggesting that he is not eating beyond his body's signals for food. He has "a bruising hunger," a "huge and terrible hunger," and his "hunger lay curled like a warm ache from his core" (51, 102, 105). As a result, *Junior Brown* resists reading Junior's fatness as symptomatic of internalized racism or mental illness, rather than a biological hunger for food.

Significantly, when school janitor and mentor Mr. Pool strongly recommends to Buddy that they admit Junior to a mental hospital, Buddy refuses on the grounds that any white institutional space cannot be extricated from racism. Buddy claims that Junior would "never come out" of the hospital and get "los[t] [...] in one of those wards" because his fat Black embodiment will be read as a symptom of mental illness (187). Buddy tells Mr. Pool that the mental hospital would "hit on how fat he is" and force Junior to become "skinny," and then "they'll see how black he is [...] and they'll say that's the problem, we got to get to the white inside" (187-8). Buddy articulates how psychiatric institutions could not be a site of healing for Junior because they would identify his position as a fat Black boy as the illness, and only try to change Junior to become skinny and "white inside," which amounts to internalized white middle-class values and behaviours of restraint (188). The novel reveals the ways in which popular

discourse collapses Junior's Blackness with his fatness, rendering his body as always already deviant and abnormal. Buddy's resistance of psychiatric systems reveals why it is potentially damaging to read Junior through a lens of mental illness—namely, because psychiatric systems are not race-neutral and will invariably impose white supremacist ideals onto Junior. Buddy's mistrust of white institutions also speaks to the context of white supremacy in 1970s New York. Thus, rather than suggesting that Junior's fatness is symptomatic of internalized racism, *Junior Brown* implies that fatness is coded as Blackness and white supremacy utilizes fat discrimination to veil racism through the psychiatric pathologization of fat bodies as being mentally ill.

*The Bluest Eye* takes up the issue of how white supremacy denigrates blackness as racially inferior. But instead of emphasizing the racialized dimensions of fatness as pathology, *The Bluest Eye* examine how blackness is associated with ugliness. Early in the novel, the Breedlove family is described as “relentlessly and aggressively ugly” (Morrison 38-9). The narrator's dissection of the family's physical characteristics evokes the tone of a racial classification system, particularly because it highlights facial attributes associated with Africans and African Americans, including “insolent nostrils” and “shapely lips” (38-9). The introduction of the Breedlove family foregrounds the ways that their perceived ugliness is intertwined with their Blackness, and Pecola is especially criticized for her appearance. Pecola's mother, Mrs. Breedlove, who is “educated in the movies [...] in the scale of absolute beauty,” namely whiteness, acknowledges after her daughter's birth that she has a “[h]ead full of pretty hair, but Lord she [is] ugly,” affirming that these films taught Mrs. Breedlove to internalize the white supremacist notion that ugliness is innate to blackness (122, 126). While the Breedlove family's ugliness is both figurative and literal, it speaks to the legacy of pseudoscientific racism denouncing blackness as aesthetically inferior that became a key issue of the Black Power

movement of the 1960s and 1970s when the novel is published. As a result, I focus primarily on ugliness as a physical characteristic or trait, while recognizing that ugliness functions on multiple levels in the novel to indicate the family's social ostracization as scapegoats of their community.

The citizens of Lorain, Ohio in *The Bluest Eye* implicitly support black respectability politics, along with the idea that the Breedlove family is inferior because they do not uphold middle-class values of “thrift, patience, high morals, and good manners” (83). As a result, Pecola's perceived ugliness is rooted in both her Blackness and her socio-economic status. Her “dirty torn dress,” “plaits sticking out on her head,” “muddy shoes,” and “soiled socks” all signal that she is not a “nice, neat, colored child” from a moral and middle-class family (91-2). Pecola is called “ugly” and “a nasty little black bitch” by middle-class Black children and adults (88, 92). Black boys at Pecola's school taunt her with cries of “Black e mo,” which the popular “light-skinned” and middle-class Maureen Peel expands, calling Pecola a “Black and ugly black e mos” (65, 196, 73). The narrator stresses that it is the children's “contempt for their own blackness” and “learned self-hatred,” which relies on the white supremacist belief that blackness is fundamentally ugly and worthy of scorn, that fuels their attacks on Pecola (65). The Black children are enacting a black respectability politics that reinforces “the difference between colored people and niggers [...] Colored people were neat and quiet; niggers were dirty and loud” (87). While Black characters voice these insults, the novel implies that these beliefs are rooted in white supremacist discourse disseminated through films such as the *Imitation of Life* (1959), which Maureen Peel summarizes as being about a “mulatto girl [who] hates her mother cause she is black and ugly but then cries at the funeral” (67).<sup>48</sup> The scenes in which Black

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<sup>48</sup> Gayle Wald argues that *Imitation of Life* slightly adapts the tragic mulatto trope, which I briefly considered in chapter two with *Frankie & Alice*. While the tragic mulatto's “flight from black identity” is typically meant to invoke “tragedy or pathos,” Wald claims that in *Imitation of Life* passing allows the protagonist to “circumvent the limitations imposed upon African Americans' social, economic, and geographical mobility” (90). Nevertheless, the

children and adults insult Pecola echo the lesson of beauty articulated in “every billboard, every movie, every glance,” namely, that blackness is ugly, and it is only by performing white middle-class values that Black people can be less ugly (39). These attacks on Pecola, then, invest in colourism and create a hierarchy of blackness dependent on class, which are meant as a form of self-preservation, albeit a tactic that is ultimately self-defeating.

Pecola takes the children’s “learned self-hatred” seemingly to the extreme (65), and her obsession with white symbols of beauty invokes Dr. Kenneth Clark and Dr. Mamie Clark’s famous 1930s “doll tests,” which was pivotal as evidence in the 1954 Supreme Court Case *Brown v. Board of Education*, which outlawed school segregation (Bernstein 197). The experiment presented Black children with a “brown [doll] with black hair” and a “pinkish [doll] with yellow hair,” and after asking a series of questions about the dolls, such as which of them looked nice or bad, finally asked the child to “[g]ive me the doll that looks like you” (199). Sixty-six percent of children chose the black doll, but thirty-three percent chose the white doll, which, according to the Clarks, meant that one third of the Black children exhibited signs of internalized racism (199). Pecola appears to the archetype of the Black child who chooses a white doll over a black one, as “[e]ach night, without fail, [Pecola] prayed for blue eyes” (Morrison 46). Further, Althea Tait reads Pecola’s adoration for drinking milk out of the Shirley Temple cup and eating Mary Jane candy as symbolic of her “unquenchable thirst for beauty” that drives Pecola to “devour the whiteness she so desperately hopes will cure her from a state of ugliness and blackness” (79). However, Claudia, who is a couple years younger than Pecola, offers another perspective on Pecola’s apparent love for whiteness. Claudia “destroy[s] white

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fact that the film casts a white woman who is only able to achieve success or be considered beautiful when she ‘passes’ as white reinforces the point being made in Morrison’s novel, namely that the socio-cultural discourse of films of the period reinforce a narrative that blackness is akin to ugliness.

baby dolls” she receives as a Christmas gift, and ultimately transfers this hatred of white dolls to “little white girls” (22). However, the novel foreshadows that Claudia’s ultimately “learn[s] much later to worship [Shirley Temple ...] even as [she] learn[s], that the change was adjustment without improvement” (23). Claudia’s conversion from hating to loving symbols of white beauty, such as Shirley Temple, implies that Pecola’s seeming adoration of whiteness is a “fraudulent love” and a learned behaviour, since Claudia is only exempt until she comes of age (23).

Robin Bernstein examines how throughout the nineteenth-century the “play scenarios that black dolls scripted [... were] servitude and violence,” and, as a result, the rejection of black dolls by Black children potentially signifies their “assertion of self-respect or at least self-protection” by refusing those roles associated with black dolls (201-6, 228). A parallel reading of *Pecola* suggests that her desire for blue eyes, and the white symbol of beauty they represent, is in a limited sense, a form of self-protection.<sup>49</sup> Indeed, while Pecola’s imaginary blue eyes are characteristically read as symbolic of internalized racism, at the same time she also seems to reject being read as ugly as long as she is poor and Black, like the play scenarios of black dolls. The criticism Morrison offers, then, is that white supremacist discourse eradicates even alternative imaginative possibilities for Black children to achieve beauty and acceptance. Pecola understands that she is systematically mistreated based on her racialization. For instance, at Mr. Yacobowski’s store, she recognizes based on his gaze that he hates her: “She has seen it lurking in the eyes of all white people. So. The distaste must be for her, her blackness” (49). By framing

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<sup>49</sup> Similarly, as addressed in chapter two with *Frankie & Alice*, when Alice looks in a mirror, the spliced images of a light-skinned blue-eyed woman reflects her self-perception as white, in part to protect her from the trauma of racism experienced in Frankie’s childhood. This pivotal scene in *Frankie & Alice* (2010), then, echoes Morrison’s Nobel Prize winning novel *The Bluest Eye* (1970) and demonstrates the continued relevance of examining the psychic damage of racism in the twenty-first century as well as the symbolic significance of blue eyes as a marker of racial privilege.

Pecola as socially aware of systemic racism, her fantasy of having blue eyes demonstrates her choice to re-frame and re-imagine her life to see the world with blue eyes, rather than be judged and found distasteful by blue eyes. Claudia recognizes that “[t]he *Thing* to fear was the *Thing* that made *her* [Maureen Peel] beautiful, and not us” (74). The ominous “*Thing*” embodies the abstract nature of white supremacist discourse that these children can only recognize as the “*Thing*” that makes them ugly (74). Similarly, in a limited sense, Pecola recognizes that her Blackness is collapsed with ugliness, even if she cannot articulate how and why, she understands that if she had blue eyes, her identity and social standing would dramatically change. As Vanessa Dickerson argues, “Pecola retreats or advances into a delusion that allows her to represent herself—if not to the world, then to her own self—as someone special and, by Western standards, pretty” (202). Like the Black children who reject black dolls in favor of white dolls, Pecola’s rejection of her brown eyes in favor of blue eyes reflects both internalized racism and a concerted effort to escape the limited social roles prescribed to Black children that Pecola recognizes are not attributed to a “half-white girl” like Maureen Peel (196). Pecola does not envision herself as white; rather, she desires a symbol of Western beauty—blue eyes—that would enable her to be both Black and beautiful within her socio-political context.

Both *Junior Brown* and *The Bluest Eye* reveal the insidious nature of white supremacy that lurks beneath racial classification systems and middle-class black respectability politics, which fundamentally characterize blackness as aesthetically and morally inferior by associating it with fatness and ugliness. Moreover, these novels examine how Black adolescents recognize the signs of racism working to undermine their identity and self-worth—such as when Buddy refuses to send Junior to the mental hospital and when Pecola knows that Mr. Yacobowski, like all white people, hate her for being Black. I now turn to how these narratives of white

superiority, as well as lived experiences of racism and intergenerational trauma, are mentally distressing for Junior and Pecola, which leads to their reliance on fantasy as an alternative coping mechanism for living in situations otherwise unbearable.

### **The Pathologization of Black Childhood/Adolescent Trauma**

The conflation of blackness with madness in Western psychiatric discourse and the overrepresentation of Black people in Western psychiatric institutions makes it difficult to address how racism produces mental distress or trauma. As Anne Cheng remarks, “it can be damaging to say how damaging racism has been,” because it risks reinforcing the pathologization of racialized persons as inherently disordered (2000: 14). I argue that literary critics who use psychiatric diagnostic language in their reading of Junior’s and Pecola’s respective characters potentially reinforce negative associations between blackness and madness, rather than emphasizing the trauma these adolescent protagonists endure and subvert through fantasy.

In her 1997 summary of Hamilton’s oeuvre, Nina Mikkelsen describes Junior Brown as a “fatherless, over-weight musician struggling with schizophrenia,” despite the fact that Hamilton’s novel does not include diagnostic language (109). Similarly, Roberta Seelinger Trites (2000) describes Junior as being “driven to the brink of insanity by his mother’s repression” and claims that Junior adopts the “paranoid delusion” of his “schizophreni[c]” piano teacher Miss Peebs (67). While reviewers of *Junior Brown* use specific diagnostic language, the description of Pecola is pathological but vague. In Susan Radner’s 1993 review of *The Bluest Eye* she claims that “[a]lready fragile, Pecola is destroyed by her rape by her father and subsequent pregnancy” and that Pecola has a “complete breakdown” (49). Althea Tait (2013) uses more specific psychiatric language than Radner and claims that Pecola “enters a state of mania, in the



psychological sense—an abnormal psychological state characterized by euphoria and lack of inhibition—and eventually she slides into blissful insanity” (79). These responses to *Junior Brown* and *The Bluest Eye* raise questions about how to acknowledge the traumatic experiences of Black adolescent protagonists without relying on a psychiatric framework that risks pathologizing blackness as naturally affiliated with mental illness and does not consider how Junior’s and Pecola’s ages affect their responses to trauma. To be clear, while mental illness labels can validate mental distress—such as PTSD for Vietnam veterans—I am arguing that it is problematic to impose a mental illness label on Black children in the context of 1970s psychiatry, particularly a label (schizophrenia) that is systematically utilized to silence Black political resistance, such that some activists continue to petition for its removal from the *DSM*. As this dissertation has explored, psychiatric labels are not race-neutral or necessarily helpful. Instead, they can be damaging, and the socio-political context of both novels reveals that schizophrenia has been weaponized to silence Black resistance of white supremacy demonstrating why it is unsuitable to validate the trauma of these Black adolescent protagonists.

The invocation of schizophrenia is particularly noteworthy because of the historic and ongoing misdiagnosis and overrepresentation of African American people, especially men, as schizophrenic. Jonathan Metzl refers to schizophrenia as the “the protest psychosis,” because this diagnostic label was used during the Civil Rights and Black Power movement of the 1960s to suggest a natural affiliation between Black male hostility and mental illness (112, 128). The first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (1952) primarily diagnosed patients described as “white, tearful, sad, ruminative, and harmless,” particularly white women, as schizophrenic (57, 44, 62-3). However, the diagnostic criteria changed in the DSM-II and “foregrounded masculinized hostility, violence, and aggression as key components of the

illness,” using masculine pronouns (he/his), in contrast to the gender-neutral description in the DSM-I (97). The shift in diagnostic criteria resulted in a dramatic increase in African American men being diagnosed with schizophrenia and involuntarily institutionalized. For instance, based on the census at the Southern Michigan Prison for the “criminally insane,” only 16% of the population of the mental institution were classified as African American in 1951 (80-1). However, that statistic jumps to almost 50% by 1958 (Ibid.). The FBI diagnosed Black Power and the Nation of Islam leaders with schizophrenia, because of “the insanity of their allegedly militant revolt against the United States,” including Malcolm X, who was labelled as “pre-psychotic paranoid schizophrenia” (121-2). Thus, the diagnosis of schizophrenia post-1960 functioned to pathologize political responses to racism deemed threatening (95, 106-7, 112-117).

Significantly, changes to the DSM since the 1960s have had little impact on racially influenced diagnoses, particularly the high rates of “erroneous diagnoses of schizophrenia” for Black people (Neighbors 59; Adebimpe 543; Adebimpe, Klein, and Fried 517; Barnes 241-2; Fernando 103-106). For instance, Bell and Mehta found that “doctors systematically misdiagnose depression and bipolar episodes in black patients as undifferentiated schizophrenia, overmedicating them with heavy tranquilizers instead of providing more appropriate medication” (qtd. in Lesley 138). Mad studies scholar Colin King argues that systems of white supremacy remain invisible in twenty-first century psychiatry because white men’s experiences are treated as the standard to evaluate mental health, and he claims that his own diagnosis of schizophrenia is a result of his refusal to conform to neo-colonial whiteness (70-1, 73). I argue that this legacy of pathologizing Black resistance to racism as schizophrenia and other forms of mental illness, demonstrates why it is essential to re-frame Junior and Pecola in terms of trauma, rather than use psychiatric labels, particularly diagnoses developed around silencing race-based trauma. This is

not to deny the mental distress experienced by these characters. However, by focusing on the trauma of racism, I highlight the structures of racial violence that affects the psychic development of Black adolescents on a mass scale, rather than beginning from the premise that these specific Black children are damaged or ill outliers.

Building on King's critique that psychiatric research does not consider Black male experiences, there is also "relatively little known about children and hallucinations" and the majority of studies making claims about children "were not based on research on children" (Escher and Romme 14). In contemporary psychiatry, "the same criteria are used to diagnose schizophrenia in youth and adults," and the most common treatments for schizophrenia are antipsychotic medications, which have only been researched and tested for adults (Baker, Howell, and Findling 2). In contrast to the psychiatric pathologization of "voice hearing in children" as a symptom of schizophrenia, Mad scholars Sandra Escher and Marius Romme argue that voice hearing during childhood "is a normal experience but does not happen to everybody," highlighting that "eight per cent of children hear voices" with the majority of these experiences being "non-pathological" (37, 16, 46). They emphasize that "in children, auditory hallucinations are often related to fantasy or to imaginary friends," which they contextualize as a "quite normal experience for young children," which can offer "cognitive as well as emotional advantages" (22). Moreover, they rely on research that has found a "strong connection" in children between trauma and hearing voices, which is often a "reaction to overwhelming social and personal problems" (45). Escher and Romme's focus on research that is specifically directed at children's experiences exposes how psychiatry's application of adult-based research to children results in the pathologization of commonplace childhood experiences, such as fantasy and imaginary friends. Escher and Romme do not consider the role of race in the diagnosis of children who hear

voices; however, it is clear that the intersection of age and race influences readings of Junior and Pecola as schizophrenic, rather than children relying on their imagination to cope with trauma.

Relying on a Mad Studies trauma-informed approach, I argue that Pecola's and Junior's respective use of fantasy acts as a "creative (but desperate) way of surviving in unliveable circumstances," demonstrating that the cause of their mental distress is socio-political rather than biomedical (Tew 34). Similarly, Brenda LeFrançois (2013) critiques child protection agencies and mental health services that work in tandem to pathologize children, particularly Indigenous children, by "decontextualizing" trauma caused by abuse to instead frame it as "symptomatic of mental illness and a result of an individual's biochemical imbalance rather than as a result of a violent society" (115). Brenda LeFrançois and Diamond (2014) draw attention to the fact that psychiatrists' diagnoses of children typically rely on "the parents' stories of their children's functioning," which they "retell [...] in psychiatric terms," and, as a result, "the child's narrative is often missed altogether or considered suspect due to age and maturity level" (42). They argue that children are "also capable of engaging in individual and collective resistance against the forces of psychiatry, as are psychiatrized adults" (47). Relying on a trauma-informed approach, I argue that Pecola's and Junior's reliance on imagination, including hearing and seeing things that others do not, is a coping mechanism for their experiences of trauma. Furthermore, I frame Pecola's and Junior's as active agents who use creative tools to resist abuse, rather than imposing a psychiatric narrative on their experiences. In this way, I suggest the importance of prioritizing children's narratives of mental distress in literature and mental health services. Neither Junior nor Pecola characterize themselves as mentally ill. Following their lead, I resist doing so as well.

In *The Bluest Eye*, Pecola is sexually abused by her father; however, the novel depicts this abuse as a form of intergenerational trauma because Cholly unconsciously replicates his own

experience of sexual assault committed by white men. Cholly is twelve when he is sexually violated by white men, an act that he replicates with Pecola when she is eleven, emphasizing that white supremacy revokes the possibility of Black childhood innocence and “normalizes” abuse at an early age (Morrison 153). As Robin Bernstein argues, the racist misconception that “black children did not experience pain excluded them from claims of innocence and ultimately defined them out of childhood itself” (196). Because the white men who abuse Cholly do not see him as capable of pain, only as an object of entertainment, they deny Cholly dignity, humanity, innocence, and childhood, forcing him into adulthood as he runs away from home after this encounter (Morrison 151). The two white men hold flashlights and guns, which become a phallic imagery of rape when Cholly describes “the clop of metal” of the gun aimed behind him and “[t]he flashlight worm[ing] its way into his guts” (148). However, Cholly is unable to direct his hatred toward the “big, white, armed men,” while he is “small, black, [and] helpless,” without being “destroyed” by his anger, and instead, he directs this aggression towards Darlene as “a witness to his failure” (150-1). The figurative rape by the white men interrupts Cholly’s first sexual experience as a twelve-year old boy, and this abuse mutilates his desire to “protect” Darlene with a compulsion to “strangle her,” which is mirrored in his rape of Pecola when he comes home “reeling drunk” (151, 149, 161).

Caminero-Santangelo (1998) argues that Cholly’s rape of his daughter parallels his sexual assault by the white men because both encounters “marks a complex convergence of the desire to protect (in a highly masculinized way) and the desire to wound, which is an extension of his own self-hatred” (143). However, his rape of Pecola appears to reflect his inability to disconnect feelings of “hatred mixed with tenderness” because of his own experiences of sexual abuse, rather than feelings of self-hatred as Caminero-Santangelo suggests (163). Cholly

rhetorically asks himself, “What could a burned-out black man say to the hunched back of his eleven-year-old daughter?,” suggesting that he feels like both a masculine and parental failure, similar to his inability to protect Darlene from the white men (161). Cholly feels inadequate as a father figure and does not know how to “return” his daughter’s love and “make her smile” because “[h]aving never watched any parent raise himself, he could not even comprehend what such a relationship should be” (161, 160). Thus, the novel frames Cholly’s assault as a form of intergenerational trauma, rooted in his own abuse at the hands of white men and his own fragmented childhood without appropriately loving parental figures after the death of his grandmother. Significantly, after Pecola becomes pregnant by Cholly, Claudia expects that the community would respond with “‘Poor little girl’ or, ‘Poor baby,’ but there was only head-wagging where those words should have been” (190). The community's reaction not only denies Pecola sympathy but also childhood innocence, as she is no longer considered a little girl or baby, but a woman carrying a baby. While Cholly rapes his daughter, *The Bluest Eye* contextualizes this assault within a broader framework of white supremacy that ruptures Pecola’s childhood innocence.

Hamilton’s *Junior Brown* also takes up the idea of an interrupted black childhood and forced coming-of-age for Black children through family separations. On some level, the depiction of Junella as the head of the Brown family (the father, Walter Brown, is mysteriously absent) appears to be a critical response to the 1965 Moynihan Report, which pathologized matriarchal Black families. Moynihan describes African American family structures as a “tangle of pathology” and a “disturbed group” because of “divorce, separation, and desertion, female family head, children in broken homes, and illegitimacy” (14-15). He posits that a matriarchal Black family is inherently pathological, thus putting the onus on Black women, and he evokes

connotations of mental illness and an ominous threat of a spreading disease (6, 8, 14, 19, 30-312). In contrast to Moynihan's assertions about the "subculture" of matriarchal Black families requiring the "healing powers of the democratic ideal," namely the patriarchal white nuclear family structure (18), *Junior Brown* shows that Junior's relationship with his mother is unhealthy not because he lacks a father figure, but rather because Junella symbolizes black respectability politics and conformity to white middle-class values. Thus, *Junior Brown* subverts expectations that black family structures are the source of Junior's mental distress, rather than white supremacy.

As noted above, Junior's father is mysteriously absent from his life. He mentions that his "Daddy [is] gone all week" because he works in Jersey (Hamilton 31, 39). However, there are some hints that Walter has been absent for longer than a week, such as when Junella comments that her "husband [is] never home" and Junior imagines telling his absent father, "I haven't seen you on a Saturday morning in forever" (120, 102). Additionally, Junior's dream is to "have his daddy come home every night and be there every morning" (25). However, while Walter is physically absent, he is the source of the Brown's middle-class lifestyle and is defined by his sacrificial coming-of-age narrative when at "fifteen and a half, [Walter] had walked out of [...] Mississippi" and by the time he walked "into Tennessee he was no longer a boy" (104). These spare details suggest that Walter participates in the Great Migration moving from Mississippi to New York to escape racism. Nevertheless, Junella is afraid that "they gonna lynch you if you go downtown too far," and Walter can presumably only find meaningful employment in Jersey to provide for his family (31). Thus, Walter's absence appears to comment on the false promise of the North as a socially progressive space and a critique of how systemic racism forcibly separates Black families, rather than reinforce the pathologization of maternal families as

presented in the Moynihan report.

Roberta Seelinger Trites claims that Walter's absence "seems to be the chief obstacle in Junior's relationship with his mother because Mrs. Brown seems incapable of happiness with her husband gone" (65). This reading, however, does not consider that Junior's invasive thoughts take on the voice of his mother and articulate her desire for Junior to fit within black respectability politics, which seems to be the root of their arguments. For instance, when confronted by Principle Roundtree about skipping school Junior has a panic attack and imagines his mother's reproach: "*Junior, how could you do this to me? Aren't you ashamed!* Junior's mother entered his thought and took it tightly in her hand [...] Junior sat down, trembling, and sweating down his sides" (151). Junior envisions his mother using guilt and shame to make Junior conform to her ideals of black middle-class respectability, and the thought of her anger causes him to have paralyzing physical symptoms. The breaking point of their relationship is when Junella burns Junior's supposedly indecent painting in the hopes of making him "occupy [his] mind with thoughts proper and normal for [his] age group" and "to bring Junior back to right thinking" (165-166). Junella is scandalized by Junior's artistic depiction of immoral acts, likely sex, and immoral characters, "robbers, drunkards—people hurting one another" and assumes his drawings reflect his own immorality (164). Junella's outrage suggests that she imagines Junior committing these same acts and falling into racist stereotypes of black male sexual aggression or black criminality, rather than upholding the respectability politics she does. Thus, Junior runs away from his mother, not because she is unhappy or their matriarchal family structure is inherently pathological, but because white supremacy has fundamentally degraded blackness and caused middle-class Black families, like the Browns, to strive for an unrealistic standard of middle-class moral values that punishes any deviations from the norm.



So, although Pecola and Junior have distinct experiences of sexual abuse and familial separation, both are rooted in white supremacy. A trauma-informed approach to *The Bluest Eye* and *The Planet of Junior Brown* demonstrates how these ruptures to their childhood innocence and feelings of security play an integral role in their reliance on fantasy as a coping mechanism. As a result, literary critics who pathologize Junior's and Pecola's imaginary friends as symptoms of schizophrenia or mental illness problematically individualize intergenerational trauma, which both texts suggest are rooted in systemic white violence and structural inequalities. Moreover, because of the historic overrepresentation of African Americans in schizophrenia diagnoses, it is particularly troubling to utilize this label, which has functioned to silence black political resistance. The application of the label is also problematic because it ignores that both protagonists are adolescents, for whom hearing voices is an understandable and common response to childhood trauma.

### **Imaginary Friends and Black Speculative Fiction**

Morrison's *The Bluest Eye* and Hamilton's *Junior Brown* feature adolescent protagonists who see and hear things that others do not. Because of Morrison's and Hamilton's focus on fantasy—in terms of imagination, not the genre—in the lives of adolescents, I argue that their novels also act as forerunners of the then emerging black speculative fiction genre. Marleen Barr claims that both Hamilton and Morrison were “precursor[s] to the black women currently writing SF [science fiction] for children” based on their use of the “fantastic” and the West African and Caribbean folklore figure of the “trickster god” (84, 86, 88). Science fiction illustrators Leo Dillion and Diane Dillon remark that “Virginia [Hamilton] brought magic, fantasy and fairy tales to children who were rarely included in these worlds” (qtd. in Barr 88). Similarly, Jerrilyn McGregory argues that Toni Morrison's novels fit within the genre of gothic science fiction

because they “venture where the solid realistic social novel could not go” (149). However, these scholars focus on Hamilton and Morrison’s later works as speculative fiction—such as the *Justice Trilogy* (1978-1981) and *Beloved* (1987). I argue that the invocation of fantasy in their early works *The Bluest Eye* and *Junior Brown*, including Pecola and Junior having imaginary friends, should be considered as part of Morrison’s and Hamilton’s effort to incorporate the fantastical in African American fiction to deconstruct barriers of race and rationality, rather than as a sign of pathology in Pecola and Junior.

Significantly, Hamilton and Morrison disrupt a primarily white-dominated genre. Ebony Elizabeth Thomas argues that not only have African Americans been historically excluded as protagonists of science fiction, but also that the genre relies on the racialized figure of the “Dark Other,” which sends the message to people of colour that “*we are the villains. We are the horde. We are the enemies. We are the monsters*” (2019: 23). Consequently, Hamilton and Morrison usurp the insidious racial Other-ing of science fiction by making Black children the heroes of their stories, in which the “Dark Other” is the legacy of white supremacy (23). Walter Mosley claims that the “power of science fiction is that it can tear down the walls and windows, the artifice and laws by changing the logic, empowering the disenfranchised or simply by asking, What if?” (202-3). By writing speculative fiction about Black children for Black audiences, including adolescents and adults, Hamilton and Morrison encourage their readers to fantasize beyond the conventions of white literary traditions and ways of perceiving the world. My reading of *The Bluest Eye* and *Junior Brown* frames fantasy as a trope of Black children’s literature and Black fiction that encourages “black children [and adults] to eschew history and reality in favor of the unreal and the fantastic” in order to expose that the “supposed biological racial difference [is] a SF fantasy” and instead dream of an as of yet “unreal future that could include them” (Barr

88, 93, 93).

In *The Bluest Eye* and *Junior Brown*, fantasy functions to bend the boundaries between the supernatural and the real, the magical and the rational, in order to undermine any stable sense of the rational or real to instead focus on what is real for Pecola and Junior. As Sami Schalk argues, “by challenging the rules of reality—particularly the assumption that there is only a single reality—Black women’s speculative fiction has the potential to deconstruct able-mindedness, revealing how this (dis)ability concept is deeply dependent on racial and gendered norms” (62). While Schalk specifically considers disability, Junior’s and Pecola’s perceived madness functions in a parallel manner. For instance, *The Bluest Eye* and *The Planet of Junior Brown* challenge the idea of one single stable reality. Rather, the novels present what is true for Pecola and Junior, as well as the reaction of others who believe they are mentally ill, without passing judgment on which is the more accurate perspective, suggesting that both can be applicable at the same time. This apparent contradiction is the crux of Hamilton’s and Morrison’s novels. By deconstructing boundaries of reality and the supernatural using children’s fantasies, both novels suggest how binaries of sanity and insanity can similarly be dismantled as social constructions rather than objective truths. Junior’s and Pecola’s imaginary friends are not a symptom of pathology, but rather they demonstrate how Black children, and consequently Black adults, can create alternative rationalities outside of white supremacy as a way of decentering the importance, or at least of limiting the psychic trauma, of white systems of being and knowing. However, as children, Junior and Pecola rely on fantasy as a mode of escapism for their trauma.

While both Pecola and Junior are adolescents who see and hear things that others do not, they have been characteristically read as if they were adults and pathologized for their active imaginations. In response to *The Bluest Eye*, Cedric Byrant (1990) argues that “in Morrison’s

novels madness itself is a survival strategy that empowers individuals with the means to order chaos in unusual ways. Madness, then, is power to the black community” (733). Similar to Byrant’s reading of madness as escapism, Naomi Lesley relies on a Mad Studies framework in her reading of *Junior Brown*, arguing that Junior’s “break from reality” is a “valid and ‘real’ reaction appropriate to the upheavals he is undergoing,” drawing on R.D. Laing’s anti-psychiatric argument that “madness can be a rational response to life in a mad family and mad social institutions” (138). Both Byrant and Lesley locate madness as Pecola’s and Junior’s respective defense mechanism against the trauma they endure, thus conflating Black children’s use of fantasy with madness. However, neither Byrant nor Lesley consider the significance of protagonists—in the liminal space between childhood and adolescence—relying on an imaginary friend for emotional relief, instead pathologizing these experiences, as understandable, but nevertheless, symptoms of an unstable mind. I argue, however, that both novels suggest that Pecola and Junior rely on fantasy, not madness, to escape traumatic or stressful situations, even though others in their individual communities see their use of fantasy as madness.

In having Pecola and Junior construct alternative realities that help them order their worlds, the novels emphasize that “sanity is communally defined and anyone who deviates from agreed upon norms is treated as mad,” and thus, sanity is a social construct and not a stable identity (Pickens 31). As a result, labelling Pecola and Junior mad does not reflect their actual states of being. It reflects the society around them. In order for Pecola and Junior to escape their restrictive worlds, which label them ugly or fat, and then mad, they must first learn to see and believe that they can be otherwise. While Pecola and Junior are not aspirational figures, they do suggest that fantasy has the power and potential to uproot and replace the pseudo-logic of racism.

Significantly, *The Bluest Eye* frames fantasy as a distinct coping mechanism for children

and adolescents that is analogous to forms of escapism in adulthood. After Cholly is rejected by his father at the age of twelve, he becomes “free to live his fantasies” (Morrison 159). This feeling of freedom dissipates after he marries Pauline (Mrs. Breedlove) and “[t]he constantness, varietylessness, the sheer weight of sameness drove him to despair and froze his imagination” (160). He loses the “curiosity he used to feel” and his interest in everything except drinking (160). This transition from Cholly’s reliance on fantasy in his adolescence to cope with trauma to Cholly turning to alcohol once he reaches adulthood, marked by his marriage and the stable repetitiveness of adult responsibilities, suggests that children’s imagination is a powerful mechanism of self-protection. Thus, while the character of Auntie Julia who “trot[s] up and down Sixteenth Street talking to herself” is often read as foreshadowing Pecola’s future, Cholly symbolizes a different potential future of alcohol dependency that is arguably as paralyzing as Pecola’s retreat into fantasy (13).

*The Bluest Eye* suggests that Pecola purposefully avoids acknowledging that her new friend is imaginary to protect herself from the reality of her sexual and familial trauma, thus framing Pecola’s use of fantasy as a coping mechanism. Morrison distinguishes the imaginary voice through italics, and she portrays a back-and-forth dialogue between Pecola and her unnamed friend that often approaches, but avoids, any direct confrontation of the imaginary nature of the friend to maintain the illusion. For instance, Pecola claims that the imaginary girl is her “very best friend,” but asks her, “Why didn’t I know you before?,” drawing attention to the suddenness of the friend’s appearance (196). The friend’s responds that “[y]ou didn’t need me before,” but when Pecola chooses not to understand her insinuation, the friend alters the narrative and says, “I guess you didn’t notice me before” (196). The friend follows a similar rhetorical pattern throughout their dialogue, which highlights her own imaginary nature, but when Pecola

deflects or feigns ignorance, the friend returns to a neutral or compliant topic of conversation. Pecola briefly seems to interrogate the validity of the friend when she draws attention to how the friend seems to only exist for her: “You don’t talk to anybody. You don’t go to school. And nobody talks to you” (198). The social invisibility of the friend seems to suggest that she is not real. However, this description of the imaginary friend mirrors how Pecola is “ignored and despised at school, by teachers and classmates alike [... who] tr[y] never to glance at her,” which is exacerbated after her lost pregnancy and “[e]very time [she] look[s] at somebody, they look off” (45-6, 195). Pecola’s description of her imaginary friend as socially invisible, and thus not real, could equally apply to herself, as she is just as imperceptible as a fictional person to other characters. The dialogue questions the boundaries of reality and fiction—Pecola’s imaginary friend is invisible and not real to anyone but herself, yet Pecola herself is a fictional construction written by Morrison to explore racialized trauma.

The alternating dialogue with the imaginary friend allows Pecola to both acknowledge and obscure her sexualized trauma: “*I wonder what it would be like. Horrible. Really? Yes. Horrible*” (Morrison 200). Here Pecola speaks with definitiveness, and it is her, not the imaginary friend, who acknowledges the rape, albeit in response to a hypothetical prompt that alleviates some measure of reality. Later, the imaginary friend echoes Pecola’s initial statement: “*That was horrible wasn’t it? Yes. The second time too? Yes*” (201). Again, when Pecola confronts reality she speaks in short declarative sentences. The single repeated “Horrible” emphasizes that Pecola, an eleven-year-old girl, struggles to make sense of the sexual assault and that, for her, there is nothing more that can be said other than to attest to its horror (200). Pecola avoids having to think about the rape by deflecting with claims that “I don’t like that kind of talk” and “I don’t like to talk about dirty things” (199, 201). By creating an alternative speaker,

Pecola deflects admitting she wants to talk about the rape or at least to tentatively admit its existence. Pecola creates the imaginary friend to cope with her sexual and familial trauma, and the various moments that draw attention to her unusualness suggest that Pecola is aware of her fantasy but chooses to feign unawareness to maintain her illusion and the associated feelings of security.

While Pecola relies on fantasy because the reality of her sexual assault is too traumatic to acknowledge, Junior experiences panic attacks in moments of stress that are articulated through the voice of his mother. This “voice bursting in on him at any time” is described as “the mama of his mind,” making a clear distinction between Junella and Junior’s fabrication of her (Hamilton 30). While at Miss Peebs’ house, Junior imagines a dialogue in his mother’s voice, but he exerts control and ends the conversation “by rigidly controlling his own fantasy” and not permitting Junella “any words to say” (45-6). Junior produces the “fantasy” of his mother’s image and voice, and he is aware that he is in control of the fantasy because it is a product of his own fears and self-doubt that he personifies as his mother (46). The use of “fantasy” is significant here because fantasy is usually associated, particularly in the context of a child or adolescent, as a positive expression of imagination and whimsy. Here, however, it appears to be more of a sinister internalization of self-reproach (46). By describing these moments as fantasy Hamilton suggests that Junior relies on his creativity to help order these stressful moments, even by simply giving his feelings of overwhelming panic a familiar voice to which he can speak back. Moreover, in another instance of fantasy, by “gritting his teeth” Junior “hold[s] [...] back” his mother’s voice when it “tried to warn him against bringing Buddy home” (61). Significantly, Junella rejects Buddy as a suitable friend for Junior, even without knowing he is homeless, because he does not fit within black middle-class respectability politics. As a result, by silencing

these invasive thoughts about Buddy, Junior rejects these values of uplift and hierarchies that Black communities possess because of class privilege, making this moment subversive. Rather than presenting these invasive thoughts as symptoms of mental instability, *Junior Brown* suggests that Junior relies on his creativity to navigate his tense relationship with his mother and subvert her advocacy of black respectability politics. His control over these thoughts signals how fantasy offers a coping mechanism and that these are not hallucinations.

Significantly, Pecola does not just invent an imaginary friend to avoid confronting her sexual trauma, but also to enable her to construct an alternative social reality in which she is accepted by a peer and found beautiful, emphasizing that her sexual trauma cannot be separated from the mental distress caused by white supremacy. Her feeling of isolation within her town and family is integral to her reliance on fantasy as a form of escapism. Pecola, who is “so lonely for friends,” creates an imaginary friend that dispels the need for any other companion (Morrison 196). She and her imaginary friend undermine Maureen Peel, who embodies wealth and social acceptance: “But she sure is popular. *Who wants to be popular?* Not me. *Me neither*” (196). Pecola’s anti-popularity stance is only tenable if she has a friend who agrees with her, making it a choice rather than circumstance. The friend also reinforces Pecola’s belief that she is ignored because everyone is “jealous” and “prejudiced” against her imagined blue eyes (195, 197). Significantly, Pecola’s rationalization highlights the actual reason she is ignored, not because of her blue eyes but because she is a scapegoat of the community. If Pecola can recognize that she is being ignored for her appearance, even if she chooses to attribute that behaviour to her imagined blue eyes, then she is aware—to a limited extent—of the role of colourism and racism in her social rejection within different contexts. Furthermore, by believing she has blue eyes, Pecola rationalizes why everyone, including Mrs. Breedlove, “look[s] away from [her] all of the



time,” without acknowledging her sexual trauma (195). Moreover, the friend confirms for Pecola that she now has the “prettiest” and “bluest eyes,” as Pecola recognizes, just as Buddy knows that Junior will never be thin enough or white enough for the psychiatric hospital, that her eyes can never be blue enough (201, 204): “But suppose my eyes aren’t blue enough? *Blue enough for what?* Blue enough for ... I don’t know. Blue enough for something” (203). This recognition that her eyes may never be “Blue enough” highlights Pecola’s awareness that even if she were popular and “half-white” like Maureen Peel, she would still be Black and, thus, not considered capable of achieving white conceptions of beauty (196). Caminero-Santangelo asserts that in *The Bluest Eye* “madness consists not of subversion but rather of surrender to the representations of others; madness constitutes the inability to construct a counternarrative of any sort” (1998: 132). However, Pecola does not grow up like Claudia and Freida in a house with “Love, thick and dark as Alaga syrup,” rather Pecola “[d]on’t seem to have no people” (12, 189). As a result, Pecola chooses to turn inward for self-validation, as her imaginary friend primarily functions to reassure Pecola, in the absence of family members who could provide that comfort because of their own trauma. Even if Pecola’s fantasy is premised on a trope of white beauty, she nevertheless relies on herself and her imaginative capacities to create an alternative rational world that makes sense of her experiences and allows her to feel content without forcing her to live in the memories of her trauma.

Whereas Pecola’s imaginary friend is a comforting construct, in *Junior Brown* the relative appears to conform to African oral traditions of a trickster figure, suggesting how Hamilton relies on non-Western literary traditions and fantasy to undermine the presumed logic and rationality of white supremacy. Other children’s books by Hamilton are recognized for their use of trickster figures, based on the African oral traditions of Anansi (see Young and Ferguson

492; Hampton and Brooks 73-4). However, literary critics have not considered how the character of the relative in *The Planet of Junior Brown* similarly relies on the trickster figure, emphasizing how Hamilton uses specifically African American tropes in her speculative fiction to undermine the centrality of white literary traditions. Junior trusts his piano teacher Miss Peebs because she never “bothered him about his fat,” and, as a result, he shares his “most private dreams” with her (Hamilton 50, 43). When Miss Peebs refuses to allow Junior to play the piano during their lessons, they communally construct the trickster figure of the relative to blame. Junior offers the excuse that “It’s all right if you’ve got someone come to visit with you,” which Miss Peebs builds on by claiming to have “someone here visiting” (47, 49). As Felicity Wood notes, a trickster figure is “a person of borderlands [...] he cannot be contained, controlled or pinned down” (Wood 73). Along similar lines, Miss Peebs claims that her sick relative “has slipped out of the apartment” to “infect” other people, but that he could be “hiding again” in the apartment so Junior cannot stay or he will also “catch a serious infection” (Hamilton 50, 54). Like a trickster, the relative is presented as being beyond control and always present, but out of sight. In Junior’s fantasy, the relative wears “filthy silk socks,” “the stench of the man was unspeakable,” and the man’s pants were “caked with filth” (56). Paradoxically, the filthy relative is hidden in Miss Peebs’ apartment under a “patch of white, like a hospital bed with nothing at all in it but cleanliness” (176). The imagery suggests that underneath supposedly clean and white surfaces lies veiled filth and infection. While the relative seems to embody “Junior’s experience of degradation, loneliness, and poverty,” (Lesley 139) that does not account for the insidiousness of “that square patch of white that had so terrified Junior,” which he “peel[s] back [...] to expose a wound” (Hamilton 178, 176). There is a woundedness of degraded and sickly figures, like the relative, Miss Peebs, and Junior, which is covered up by white systems of power.

Junior creates an imaginary villain, a trickster figure, that allows him to save Miss Peebs and become a hero, which turns his fear of the relative into triumph: “Junior was afraid but he was smiling [...] No longer afraid, Junior was telling the thing to stay quiet, that it would be over soon [...] He seemed happy” (179, 181-3). Junior feels happy and fulfilled when he overcomes an obstacle in his life and saves someone he cares about. Even if it is only a fantasy, he becomes a hero in his own mind. Like a trickster figure, the relative is a “bundle of contradictions, for [he is] simultaneously powerful, foolish, mischievous, and kind,” because while the relative is seemingly repulsive and undesirable, he prompts Junior’s development by providing an obstacle that he can overcome through perseverance (Wood 82). Like Pecola, Junior wishes for “somebody to talk to,” and while the relative alleviates that desire for a time, he ultimately relinquishes this fantasy when he is taken in by Buddy’s homeless boys’ network (135). As Lesley (144) and Trites (67-68) have noted, the fantasy of the relative dissipates once Junior finds community. When the relative accuses Junior of lying and making things up, Junior retorts “Like I made you up?” after which the relative becomes “fuzzy” and “disappear[s] part way into the wall” (Hamilton 210). However, Junior is aware much earlier in the novel that the relative is a fantasy: “Abruptly Junior stopped when he realized, like an explosion in his head, that the man he described to Buddy had been someone he had imagined” (60). As a result, while Trites claims that “Junior takes ‘the relative’ on as his own personal paranoid delusion,” I argue that Junior is aware of the fantasy but uses the relative to create an alternative rationality, like Pecola’s blue eyes (Trites 67). Instead of acknowledging that his trusted music teacher has let him down, Junior prefers to believe that there is a trickster figure impeding them and, further, that he can save her from this ominous threat. Moreover, Miss Peebs states “I don’t know if he’ll [the relative] ever be well,” just as Buddy worries that the mental hospital will never make Junior

well (50, 187-8). Consequently, overcoming the relative, a symbol of disease and infection, symbolically suggests that Junior alleviates his trauma himself through fantasy. The parallels in *Junior Brown* between the relative and the trickster figure suggest that Hamilton uses fantasy and non-Western oral traditions to undermine the supposed rationality and logic of Western psychiatry and suggest the alternative possibilities of imagination for healing, including narrative.

*Junior Brown* and *The Bluest Eye* consider the psychological impact of racism and intergenerational trauma on Black adolescents who are ostracized within their Black communities for being fat and ugly, which is caused by the rigidity of middle-class black respectability politics. Trapped within social communities and families that reject Junior as fat and Pecola as ugly, Junior and Pecola must rely on their creativity and imagination to see and believe that they can be otherwise. In this way, the narratives loosely foreshadow conventions of the yet-to-emerge Black speculative fiction genre to critique white supremacy. The imaginary trickster figure of the relative enables Junior to become a masculine hero who saves his beloved piano teacher Miss Peebs and ultimately leads to him being accepted into Buddy's homeless boy network by "people who care" (Hamilton 188). Likewise, Pecola's imaginary friend and fantasy of blue eyes allows her to feel beautiful, even if it is a white construction of beauty, and to re-frame her social rejection as a poor Black girl as well as avoid confronting the reality of her sexual abuse. While Junior's and Pecola's experiences of seeing and hearing things that others do not have been frequently read as symptoms of schizophrenia or mental illness, I argue that reading Junior and Pecola in terms of psychiatric labels problematically pathologizes imagination in children based on adult standards of diagnostics and risks individualizing and pathologizing intergenerational trauma rooted in white supremacy, as well as reifying

problematic associations between blackness and madness. Rather, I rely on a trauma-informed approach that reconceptualizes Junior's and Pecola's unusual fantasies and imaginary friends as subversive acts of self-protection for children who have experienced forced family separations, sexual abuse, and systemic racism. Literary criticism that reads Pecola and Junior as mentally ill problematically privileges how others perceive Pecola and Junior over how they see themselves. In developing this account of the novels' representations of adolescent fantasy as a means of coping with racialized trauma, I do not mean to deny that the characters experience mental distress. Rather, I take seriously the contexts in which this distress occurs. Indeed, because both texts are published in the wake of the 1960s rise in systematic misdiagnosis of African Americans, particularly men, it is also relevant to consider how *Junior Brown* and *The Bluest Eye*, in their refusal of diagnostic labels, suggest how black trauma and black political resistance might be de-pathologized or understood outside the narrative of biomedical psychiatry. The novels interrogate sanity as a stable objective standard, rather than a socially constructed norm reinforced through punitive practices, such as involuntary hospitalization. Further, the tropes of fantasy and experimentation with the yet-to-emerge speculative fiction genre allow Hamilton and Morrison to question the presumed logic and rationality of Western psychiatric discourse, in order to expose how imagination and literature can subvert white supremacy by allowing Black children and adults to see and believe otherwise. In the next chapter, I turn to a refugee narrative that similarly subverts the presumed authority of Western hegemonic discourse, enforced by psychiatry, through its critique of Canadian national paranoia around racialized Others.

## Chapter 4

### “Only the paranoid survive, my friend”: Paranoia and Xenophobic Racism in *Cockroach*

Rawi Hage’s *Cockroach* (2008) features a seemingly paranoid protagonist, an impoverished refugee from an unnamed middle Eastern country, who lives in Montreal, Quebec.<sup>50</sup> After an unsuccessful suicide attempt, he attends court-ordered sessions once a week with his therapist, Genevieve (Hage 5). He dismisses his therapist’s diagnosis that when he becomes “alarmed” this feeling is indicative of “paranoia” (Hage 11). From the start, the novel prompts readers to adopt Genevieve’s perspective, that is, a biomedical lens of paranoia to interpret the narrator’s behaviour. Yet the narrator swiftly rejects this perspective, insisting that his perception of the past, present, and prognosis of foreclosed futures are realistic assessments of an inhospitable—and uncaring—state. What are the implications of this rejection of the diagnosis of paranoia? How might we broaden paranoia from an assessment of individual delusion to consider its potential in revealing political and national illusions?

Based on its ancient Greek roots, paranoia means “a mind that goes beyond the usual field of thought,” but since its popularization in the nineteenth century by Germany psychiatry it is affiliated with “a delusional manner of thinking” (Zoja 9). In psychiatry, paranoia typically refers to “systematized delusions, especially of persecution or grandeur” as well as “an extreme, irrational distrust of others” (10). When considered according to this framework, *Cockroach* prompts the question of who defines what constitutes an “irrational distrust of others” (10), particularly in the context of a racialized refugee living in a Western country whom the state

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<sup>50</sup> The unnamed narrator is likely displaced from Lebanon during the civil war (1975-1990). While the narrator does not explicitly state his country of origin, there are several allusions to Lebanon in the novel (Hout 338).

compels to undergo treatment by a white therapist.

The framework of paranoia as an irrational distrust of others is especially important considering that *Cockroach* is set during the Global War on Terror. (Though it is unclear where the narrator is from, because the novel is often seen as an unofficial sequel to Hage's award-winning *De Niro's Game*, which is set during and in the aftermath of the Civil War in Lebanon, many readers assume that the titular cockroach is Lebanese.) While the Cold War is usually viewed as marking the apex of U.S. paranoia, Douglas Field further suggests that, after the events of September 11, 2001, there has been a "startling return to the rhetoric of anxiety" associated with Cold War conspiracy and a "renewed concern to fortify national boundaries" because of an inability to make "rigid distinctions between 'Us' and 'Them'" to identify the "real enemy" (2, 4). Indeed, in the wake of 9/11, the U.S. *Patriot Act* (October 2001) "dramatically expanded the police powers of the U.S. law enforcement agencies to enact sweeping measures of surveillance and incarceration targeting the racial stranger, the possible terrorist" (Mimi Thi Nguyen 134). These developments have made paranoia all the more pronounced at a national level.

It is also important to highlight that during these periods of increased U.S. surveillance and anxiety around so-called covert enemies, either communist spies or undercover terrorists, there is also a dramatic increase in racialized refugees displaced to the U.S. and Canada, a theme that forms the subtext for *Cockroach*. Brenda Boyle underscores the parallels between U.S. involvement in Vietnam, which led to the displacement of millions of Vietnamese refugees, many of whom relocated to the U.S. and Canada, and the 2003-2011 U.S. occupation of Iraq, which "displaced millions while compelling nearly 200,000 Iraqis to request refugee status in the United States" (164). Thus, the surge of refugees during the Cold War and the War on Terror is

inextricably tied to a pattern of Western dispossession rather than liberation. Similarly, in Canada, since 9/11 there has been an “increased focus on national security and prevention of terrorism [... by] strengthen[ing] border enforcement and decreas[ing] the number of refugees and asylum seekers” admitted to Canada (Molnar 2). For instance, Stephen Harper’s Conservative government (2006-2015) attempted to limit Syrian refugees “on the grounds of suspicions of terrorism” and “unsubstantiated reports that Islamic State fighters were ‘actively’ trying to infiltrate the flood of migrants and make their way to western countries” (Molnar 2-3). This context shapes the experiences of the unnamed narrator of *Cockroach*, who is representative of refugees forced to leave their homeland by the same Western nation that then offers them refuge. This predicament suggests how Western imperialism leads to domestic xenophobia, as the same citizens of a country under siege by the U.S. are transported to the U.S. and Canada for so-called salvation and yet are held suspect as potential enemies of the state.

Accordingly, though the U.S. was the specific target of 9/11, this event had broader ramifications, particularly when it comes to efforts to securitize the border along the forty-ninth parallel that is shared with Canada, which has correspondingly led to an increase in national paranoia around racialized others crossing borders. Sheema Khan argues that after 9/11 the Canadian government engaged in a “pattern of human rights abuses of Muslims in Canada [... including] collusion with foreign security services in the detention and torture of Canadians travelling abroad” (114).<sup>51</sup> Under pressure from the U.S. government, Canada implemented the *Anti-Terrorism Act* (December 2001), based on “[t]he conventional argument [...] that there can

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<sup>51</sup> The *Immigration and Refugee Protection Act* (2001) “permits the detention without due process of non-citizens suspected of involvement in terrorism, and, more significantly, those considered to have the *potential* to commit terrorist acts” (Razack 4, emphasis original). Significantly, these increased surveillance practices continue in 2020, most notably with rising tensions between the U.S. and Iran, 200 Iranian Americans were “heled by U.S. immigration agents at the Canadian border [...] some for as long as 12 hours” (see Rose).



be no freedom without security, and that draconian laws are needed at this historical moment to protect our way of life and life itself” (Maureen Webb 53-4). This law set the legal precedent for the Islamophobic racial, ethnic, and religious profiling of Muslims and Arab Canadians (56-7, 70-1). Other noteworthy examples include the forced rendition and torture of Canadian citizen Maher Arar<sup>52</sup> in 2002 and the ten-year detention (2002 – 2012) and torture of alleged child soldier Omar Khadr at Guantanamo Bay<sup>53</sup> (Hamdon 14; Khan 117-125). More recently, on January 29, 2017, the Quebec City mosque mass shooting resulted in six deaths and nineteen severe injuries<sup>54</sup> (Molnar 3; Wilkins-Laflamme 87). That same year, the Quebec provincial government controversially adopted Bill 94,<sup>55</sup> which prohibits “veiling and face covering,” such as with a niqab or burka, in order to access public institutions and government services (Hamdon 87; Zine 9-11). The Canadian government response to 9/11 validated the mistreatment and suspicion of racialized immigrants and refugees on the grounds that they could be terrorists. A pervasive paranoia about the threat of terror thus arose (Hamdon 14; Patel 272). This legal precedent has been taken up by the Canadian media to “deny racialized immigrants and refugees a sense of belonging to the nation” as explored in *Cockroach* (Flatt 245).

I consider the representation of the narrator of *Cockroach* through the lens of Orientalist stereotypes and Islamophobia, because the distinct identities of Arab and Muslim have been

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<sup>52</sup> In 2002, Canadian citizen Maher Arar was forcibly deported to Syria, based on “false information” from the CIA that he was associated with al-Qaeda with the “full cooperation” of the Royal Canadian Mounted Police, and while in Syria, Mr. Arar was “beaten and tortured” (Hamdon 14).

<sup>53</sup> Fifteen-year-old Canadian Omar Khadr was tortured and detained by U.S. and Canadian forces in Guantanamo Bay for ten years because of his family’s alleged connections to Al-Qaeda in Afghanistan and his alleged involvement in the death of U.S. soldier Christopher Speer (Khan 114, 117-125).

<sup>54</sup> There have been numerous instances of Islamophobic hate crimes in Canada in recent years. For instance, a mosque was burnt down in Peterborough, Ontario in 2015 and a mosque has been repeatedly defaced in Cold Lake, Alberta in 2014, 2015, and 2018 (Molnar 3; Wilkins-Laflamme 87).

<sup>55</sup> The Muslim Council of Montreal estimates that there are only “twenty-five women in all of Quebec who actually wear the niqab,” suggesting that Bill 94 has problematically targeted a small minority of Muslim women’s ability to express religious freedom under the guise of a provincial-wide concern (Zine 11).

problematically collapsed as synonymous and are now generally associated with “dark or brown skin” in post-9/11 Canadian public discourse (Hamdon 32). Although this narrator is more concerned with Christianity than Islam, these lenses are still relevant precisely because he operates within them. In particular, *Cockroach* explores how xenophobia and Islamophobia are rooted in conspiracy around racialized others that is often coded in Christian apocalyptic discourse, as seen through the Jehovah’s Witnesses in the novel. Islamophobia, by definition, is prejudice directed at practitioners of the religion of Islam, not a “specific ethnic or racial group” (Wilkins-Laflamme 89). Yet terms like Arab and Muslim are often used interchangeably, despite being a dismissal of the diversity of the Middle East and the Muslim community (Hamdon 16).<sup>56</sup> Islamophobia is thus closely tied to anti-Arab racism, which is not necessarily restricted to practitioners of Islam but to any racialized person who is suspected of being Muslim.<sup>57</sup> As Sedef Arat-Koc articulates, “Since 11 September 2001 the category [Arab and Muslim], as a concept of racialization has been raised to the status of ‘common sense’ in depictions of ‘the enemy,’ resulting in attacks on many non-Arab and non-Muslim people of South Asian background, who are thought to ‘look like Muslims’” (218).<sup>58</sup> Accordingly, while the narrator does not affiliate himself with Islam, he nevertheless experiences Islamophobia and anti-Arab racism, which are often problematically collapsed in post-9/11 Canadian discourse.

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<sup>56</sup> The most common regions of origins for Muslim immigrants coming to Canada are “Northern and Eastern Africa, West Central Asia, and the Middle East as well as India, Pakistan, and South Asia,” suggesting the range of racial and ethnic diversity of Canadian Muslims (88). Furthermore, there is pluralism within the Muslim Canadian community, with Sunni, Shia, Ismaili, Druze, and Sufi practitioners, as well as ideological and political divides within and across these sects (Zine 6, 13). Thus, the Muslim Canadian community is not a “singular entity” or hegemonic group (13).

<sup>57</sup> The association between “Muslim minorities within Western societies” and “Muslim/Islamic States outside of the West,” most notably the Islamic extremist group ISIS, nevertheless creates a misleading association between racialized immigrants from the Middle East and the religion of Islam (Ahmed 89).

<sup>58</sup> A notable example is the treatment of NDP party leader Jagmeet Singh, who is a Canadian of Indian descent and a practicing Sikh. Nevertheless, he experienced multiple instances of Islamophobic heckling or disruptions during the Canadian federal campaign trail since his appointment in 2017, such as a white woman interrupting him to claim “We know you’re in bed with Shar’ia. We know you’re about the Muslim brotherhood” (see Bhandar).

Just as importantly, as a Middle Eastern refugee, the protagonist does not fit neatly into a binary categorization of race, even as he is unmistakably racialized. Joanna Kadi describes Arab Americans and Arab Canadians as “the Most Invisible of the Invisibles” (xix). Arab Americans and Arab Canadians have a “contradictory position” in race relations because “[t]hey have been designated by the government as categorically white,” yet they experience “anti-Arab and anti-Muslim racism,” which has exponentially increased post 9/11 (Alimahomed 382-3). As Keith Feldman notes, “[s]ince the mid-1970s, acts of discrimination and violence against Arab and Muslim communities in the US have increased sharply [...] especially [for] those who could not or would not ‘pass’ as white—[who] became targets for racialized violence” (35). Further, Jinny Huh argues that the post-9/11 contemporary moment is defined by its “ongoing national terror of and distress about racial indecipherability” that places us “on high alert, examining faces, behaviors, affiliations, and beliefs to determine if someone is a potential terrorist” (145). Accordingly, the narrator’s positionality as an ambiguous Middle Eastern refugee—who is called a “dirty Arab” and “filthy Turk” in the novel—draws attention to anti-Arab racism, despite the relative invisibility of Arabic people in Canadian racial politics (Hage 15, 37).

This chapter examines the ways in which *Cockroach* invokes Orientalist stereotypes and suspicions of Middle Eastern refugees as terrorists in disguise to critique a personal biomedical narrative by bringing to light a broader politicalized context of Canadian paranoid nationalism built on xenophobia and Islamophobia. In pursuing this issue, I draw on the work of Himani Bannerji, who argues that, “[b]y constantly signifying the White population as ‘Canadians’ and immigrants of color as ‘Others,’ by constantly stereotyping Third World immigrants as criminals, terrorists, and fundamentalists, the state manages to both manipulate and cancel its alleged dedication to multiculturalism” (77-8). Similarly, Eva Mackey argues that white

Canadians are positioned as “ordinary Canadians [...] as opposed to ‘ethnic’ or ‘multicultural’ Canadians [...] and] claim the final authority to define inclusions and exclusions in the nation” (Mackey qtd. in Flatt 40). In this context, conspiracy theories of domestic terrorism, steeped in Islamophobia and suspicions of foreign invasion by racial Others masquerading as refugees and asylum-seekers, pervades the contemporary Canadian context in which the narrator of *Cockroach* finds himself.

One of the earliest social scientists publishing on paranoia, Richard Hofstadter argued in 1979 that “there is a vital difference between the paranoid spokesman in politics and the clinical paranoid [...] the clinical paranoid sees the hostile and conspiratorial world [...] as directed specifically *against him*; whereas the spokesman of the paranoid style finds it directed against a nation, a culture and a way of life” (4). In this chapter, I argue that, contrary to Hofstadter’s distinction, pathological paranoia and political paranoia are resoundingly similar and interrelated. Through a trauma-informed approach, which emphasizes how seeming symptoms of mental illness are often coping mechanisms for trauma, I demonstrate how Genevieve, a white psychiatric authority figure, invokes the discourse of pathological paranoia to dismiss the narrator’s legitimate experiences of xenophobia and racism as unreliable. Thus, while the narrator’s so-called paranoia is a response to trauma, this diagnosis serves to justify Genevieve’s belief that the narrator is potentially dangerous and needs to be forcibly institutionalized and medicated.

In contrast, the paranoid nationalism of Canada is based on conspiracy theories of refugees—as bogus, as thieves, as could-be-terrorists, and as apocalyptic. This political paranoia parallels definitions of psychological paranoia of “systematized delusions, especially of persecution or grandeur” and “an extreme, irrational distrust of others” (Zoja 10). I contend,

through my analysis of the tropes of the cockroach and the sun, the narrator's invocation of Christian discourse and apocalyptic metaphors, the novel's representation of misogyny, and establishment of parallels between biomedical and nationalistic discourse, that it is not refugees who are paranoid. Instead, I argue that the white settler nation of Canada is paranoid. Canada has been nationally recognized as a saviour nation, a place of refuge, and a multicultural haven, such as with the Nansen Medal by the United Nations High Commissioner for Refugees in 1986 for their resettlement of 60,000 Vietnamese refugees between 1978 and 1980—the only nation to have received this award (Molnar 2). Nevertheless, Canada has practiced “ethnically exclusionary practices” around immigration and refugees, such as Canada's “Chinese ‘head tax’” and their refusal of Sikh refugees in 1914 and Jewish refugees in 1939 (Molnar 2). Moreover, Canada has an extensive history of arms trade deals with “human-rights abusing buyers,” under both Conservative and Liberal governments, despite the current Trudeau government's “feminist foreign policy” turn, which did not prohibit a \$15-billion sale to Saudi Arabia in 2016 (Vucetic 503-5). There is a contradiction, then, between Canada's self-proclaimed multiculturalism, feminism, and peacekeeping and the reality of Canadian war profiteering on civil unrest and human rights abuses in the Middle East. As a result, Canadian nationalist paranoia—or fear of the racialized Other—is a kind of conspiracy theory intended to vindicate domestic racism and global imperialism. Similarly, *Cockroach* undermines Genevieve's over-abundant faith in biomedicalism by demonstrating how psychiatry relies on epistemic violence to invalidate the situated knowledge and socio-political context of the narrator. Given Genevieve's flawed premise and ignorant assumptions, it is no wonder that the narrator's treatment is doomed to fail. In my reading of *Cockroach*, I consider how the novel reveals a relationship between psychological paranoia and political paranoia. By considering the significance of this revelation,

I demonstrate that the institutional apparatuses of the state and biomedical regimes displace their own paranoia onto the experiences of the narrator, in a process that pathologizes him as mentally ill. This label, I further argue, effectively disqualifies the narrator's legitimate anxieties and distrust of Canada, as a nation that propagates conspiracy theories about racialized refugees as a means to justify domestic racism and global imperialism.

### **“I was the insect beneath them”: Cockroaches and Colonialism**

Literary critics have often read the extended metaphor of the cockroach in Hage's *Cockroach* as a hallucination and sign of mental illness. While the novel evokes the narrator's fancifulness, often describing him “grow[ing] wings and many legs” like a cockroach, nevertheless such a reading is reductive (Hage 18-9). To construe the figure of the cockroach as simply a hallucination is problematic because it obfuscates how this figure represents the narrator's feelings of xenophobic and racist ostracization. Critics like Wisam Abdul-Jabbar pathologize the narrator as a “delusional Arab immigrant” who “introjects the cockroach” as a symbol of “internalized anxieties” because of his “dire need to daydream” to escape his reality, as well as describing the narrator's hybridity as “schizophrenic” (168, 172, 176). Similarly, Ewa Urbaniak-Rybicka describes the narrator as a “traumatized, impoverished and psychotic immigrant” who is “suffering from delusions and psychiatric problems” (454, 459). Both readings support Genevieve's assessment that the narrator exhibits “paranoia” (Hage 11), which the *DSM-V* categorizes as a symptom of the following mental illnesses: bi-polar disorder, dissociative identity disorder, and schizophrenia (APA 152, 294, 527). Significantly, the narrator's therapist Genevieve represents a biomedical model, because she insists that the figure of the cockroach is a “hallucination,” likely caused by recreational “drugs,” and tells the narrator

“[w]e have medicines now that can help you,” thus proposing the use of psychopharmaceuticals (Hage 208, 130). Genevieve also specifically asks the narrator if he has experienced “[e]pisodes of delusion or delirium,” to which the narrator replies, “No, I’ve never had that happen,” but Genevieve expresses her disbelief “You’re sure?” (166). Thus, a biomedical reading of the narrator treats the cockroach metaphor as a “hallucination,” “delusion,” or symptom of mental illness that requires biomedical intervention, which the narrator staunchly rejects (Abdul-Jabbar 168; Urbaniak-Rybicka 459).

Although the biomedical model is pervasive, it is not the only way in which to understand trauma. Psychological studies by Daniel Freeman and Roderick Kramer have demonstrated that “mild paranoia is common” and its associated caution and prudence “can be a highly intelligent and appropriate strategy to adopt” (qtd. in Brotherton 112). While these studies distinguish “mild paranoia” from “pathological paranoia,” “severe paranoia,” or “debilitating paranoia,” it is less clear where the exact distinction lies if one third of the students surveyed in Freeman’s study “admitted to having paranoid thoughts even more frequently [than one or more per week]” (108-9). Given that paranoia is a common human experience, it is unclear why the narrator’s seeming paranoia should be pathologized, rather than construed as a “highly intelligent and appropriate strategy” for navigating racism and xenophobia (Brotherton 112). A trauma-informed approach, then, emphasizes how so-called symptoms of mental illness are often coping mechanisms for trauma. The narrator’s fear and distrust of white institutional systems of power is endemic to legacies of colonialism and imperialism. However, his therapist Genevieve, who operates within a Western biomedical and individualizing framework, instead pathologizes this distrust of white institutions as pathological paranoia and a symptom of mental illness.

In contrast to a biomedical reading, a trauma-informed approach, then, seeks to uncover

the social, political, and interpersonal contexts of so-called symptoms of mental distress. Adapting such an approach to *Cockroach* entails asking a different set of questions, namely “*what happened to* [the narrator]” rather than “*what is wrong with* [him]” (Filson 21, emphasis original). Although *Cockroach* seems to evoke symptoms of paranoia—irrational fear and distrust of others—the novel undermines, even as it appears initially to invite, a biomedical reading. The imaginary cockroach dares the audience to pathologize the narrator as mentally ill—a bait that literary critics have too readily taken. Instead, it elucidates how the narrator’s negative feelings are reasonable based on his traumatic experiences of forced displacement, xenophobia, and racism. Rather than focusing on the extended metaphor of the cockroach or feelings of paranoia as a symptom of what is wrong with the narrator, a trauma-informed approach asks us to consider what happened to provoke these methods of survival.<sup>59</sup> Similarly, while the figure of the cockroach is necessarily fantastical and symbolic, it is realistic in the sense that it captures the narrator’s feelings of social ostracization based on xenophobic racism. In so doing, the novel ends up thwarting expectations that the racialized refugee is in need of a white saviour (in the form of Western medicine)—precisely by exposing that Western imperialism is in fact the root of the narrator’s seeming symptoms of mental illness.

While the narrator’s description of himself with “two antennae,” “wings and many legs”

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<sup>59</sup> For instance, research on “conspiracism and race” found that Black people who have experienced racial discrimination, police harassment, or who “feel excluded from the [political] process are more accepting of conspiracy theories,” particularly those who are aware of past human rights abuses, such as the Tuskegee study (Brotherton 114-5). The “Tuskegee Study of Untreated Syphilis in the Negro Male” began in the late 1920s when there was no cure for syphilis, but when a safe treatment (penicillin) was introduced in 1943, Black patients were denied treatment because researchers wanted them to reach “end point” (or death) to further study the disease on human trials, until a whistleblower in 1972 revealed the inhumane practice (Brotherton 115-7). Studies have found that African Americans who know about the Tuskegee study “are more likely to believe AIDS conspiracy theories” and that more so than other demographics, Black people “feel that they could be used as guinea pigs without consent and to doubt that physicians fully explain research participation information” (117). This research highlights that distrust of institutions and institutional figures, like doctors, makes paranoia and belief in conspiracy reasonable, because it is based on systemic racism and injustice.



is physically impossible (Hage 3, 19), his claims that “I am poor, I am vermin, a bug, I am at the bottom of the scale” points to the validity of the cockroach as a metaphor for his social exile as an impoverished racialized refugee in Canada (122). In this sense, the novel’s description of this condition resonates with Frantz Fanon’s discussion of the way in which colonial discourse “dehumanizes the native” through invocation of “zoological terms” or “bestiary” (9). Wendy Brown similarly examines how the construction of national borders causes migrants such as refugees and immigrants to lose “the political markers of humanness” and become “animal-like” when they cross boundary lines (96). Significantly, then, in the novel, a white couple complains about the narrator watching them eat inside an expensive restaurant, claiming that “St-Laurent Street is becoming [...] crowded with all kinds of people” and a police officer asks him to provide “papers” (88, 86). The scene implies that the narrator, having crossed a border, must now justify his humanness and right to exist in this space through documentation. As a result, the narrator astutely observes that he was “the insect beneath them,” thus tying his seeming obsession with cockroaches to a political critique (89). Moreover, as noted earlier, the narrator is called a “dirty Arab” and “filthy Turk” (15, 37). Both insults suggest that a specific geographic origin taints the narrator as unclean, rendering him unfit for humanity. Thus, the figure of the cockroach is both imaginary and an insightful critique of xenophobic discourse, which categorizes the racialized immigrant as non-human or animal.

In this context, the narrator’s fear of the sun acquires special resonance, given that Genevieve, the therapist, believes that this is a symptom of paranoia. During his sessions with Genevieve, the narrator tries many times to explain that, “my suicide attempt was only my way of trying to escape the permanence of the sun” (4). In fact, however, the novel invokes the sun as a metaphor for colonialism. In invoking the symbol of the sun, the novel faintly echoes John

Wilson's well-known phrase "His Majesty's dominions, on which the sun never sets," more colloquially remembered as "the sun never sets on the British Empire."<sup>60</sup> From the seventeenth century to the early twentieth century, the British, French, Italian, and Russian empires vied to usurp the Ottoman Empire from dominating the Middle East, and post-WWI "France reorganized and colonized Syria and Lebanon" (Al-Deen 39). Although Lebanon became independent from French rule in 1946, the French empire "designed the systems in Syria and Lebanon to facilitate their rule, not to assist their wards towards self-government" (Winslow 75). Lebanese independence amounted to the changing of hands of "a colonial apparatus," which was not designed to promote democracy or nationalism (75-6). As a result, the tensions of the Lebanese Civil War (1975-1990) were sown during French occupation. Likely escaping from this conflict, the narrator finds himself in Montreal, Canada surrounded again by the infrastructure and legacy of French colonialism. Given this fraught history, the narrator's thwarted desire to "escape the permanence of the sun" (4) can be interpreted as his inability to liberate himself from French influence, or colonial rule in general.

Moreover, the rays of the light from the sun suggest the pervasiveness of colonialism in the narrator's everyday life. The narrator firmly detaches his suicide attempt from a biomedical narrative, insisting that it is "not deceit, depression, [...] a large tragedy, [...] or] voices" that motivated his actions (32). Rather, it is the "bright light that came in [his] window and landed on [his] bed and [his] face," because it encompasses his feelings of being "neglected" by life (32-3). The sun touches him and every aspect of his life, so that even when he draws the curtains he "could feel the ray of light there waiting for [him]," signaling the inescapability of the systemic structures of postcolonial reality which, despite its monumental impact on his life, remains

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<sup>60</sup> *Cockroach* also has numerous parallels with existentialist philosopher Albert Camus' *The Stranger* examined in more detail by Gillian Bright (2018), including the motif of the sun.

“oblivious” to his existence (32-3). The sun represents a force that is far-reaching and inevitable, yet that cannot be contacted or controlled. The narrator cannot destroy or match these systems of power because they are as dispersed as rays of light. He believes he can only escape it by “ceas[ing] to exist” (Hage 33). The drastic nature of his attempt to end his life suggests the fraught reality for racialized refugees. Even in a postcolonial era, imperial influence asserts itself. Even when offered refuge, refugees are subject to the whims of countries directly or indirectly implicated in their displacement. While the narrator manages to avoid the sun in a physical sense by closing his blinds and shutting himself in his apartment (33), he refutes Genevieve’s assessment that these feelings are “paranoia,” insisting that “it was just my need again to hide from the sun and not see anyone” (11). So, while Genevieve insists on pathologizing the narrator’s seemingly irrational fear of the sun as paranoia, a trauma-informed approach illustrates how the image of the rays of light symbolizes the socio-political context of colonialism that shape the narrator’s life and forced displacement to Canada.

The image of the sun is also associated with racial difference, suggesting how the narrator’s mental distress is rooted in systemic racism and xenophobia in Canada. The narrator works at a high-end French restaurant as a dishwasher, but the Maître, Pierre, refuses to promote him to a waiter, claiming that: “*Tu es un peu trop cuit pour ça* (you are a little too well done for that)! *Le soleil t’a brulé ta face un peu trop* (the sun has burned your face a bit too much)” (29). This scene implies that Canadian society deems individuals with too much sun, or too brown skin, unfit for public spaces. The association between the sun and racialization seems to paradoxically infer the arbitrariness of racial categorizations, because skin colour can change from exposure to the sun. This racialization of the sun’s effects also reinforces global hierarchies between imperial centers in the Global North and colonized Global South.

While the dehumanizing figure of the cockroach and the inescapability of the sun makes the narrator's future appear bleak, the narrator inverts these two symbols by re-telling apocalyptic and Christian discourse. Jehovah's Witnesses believe in a fiery apocalypse that will kill everyone leaving "only the cockroaches [...] to rule the earth" (7). While the Jehovah's Witnesses imagine this as the end of civilization, for the narrator, this apocalyptic prophecy demonstrates the potential of the cockroach. The maligned creature is, for him, abject but also indestructible (7). He asserts that the "burning rays of the sun," or the violence of colonialism, cannot destroy the narrator if he is part cockroach (7). The figure of the cockroach symbolizes, then, both the dehumanization of racialized foreigners by their Western hosts/countries of refuge, as well as the freedom of being "invisible [...] to everything, to the light" (207). This reasoning allows the narrator and others to undermine white supremacy and ultimately survive. Significantly, the narrator evokes Christianity in his re-telling of the apocalypse in which "only the cockroaches and their earthly kingdom shall survive that last deluge of fire," meaning that cockroaches "shall inherit the earth," which the narrator frames as a new beginning rather than the end of civilization (31, 53). This re-telling of a well-known Biblical beatitude given during the Sermon on the Mount aligns racialized refugees with the figure of Jesus Christ, undermining the problematic collapsing of the Middle East with Islam and subtly reminding readers that Jerusalem—the center of Judeo-Christian religions—neighbors Lebanon. Further, at the end of the novel the narrator is no longer afraid of the sun: "The sun hit me in the face, and I wondered what had happened to those days when all I had wanted was to escape the sun. Now the sun did not seem that bad" (298). The narrator's initial paranoia of the sun ultimately dissolves, not through therapy, but instead through his empowering inversion of the role of the cockroach and

re-telling of Christian doctrine,<sup>61</sup> making him both invisible and impervious to the destructive rays of the sun that signify colonial and racist violence.

In *Cockroach*, the narrator's seeming symptoms of mental illness, including his alleged paranoia and hallucinations of cockroaches, symbolically function as political critiques of colonialism, imperialism, and racism. Significantly, the novel presents Genevieve's biomedical reading of the narrator as "need[ing] [psychiatric] help," but the reader can decide whether to trust the veracity of Genevieve's claims, just as readers might question an unreliable narrator (49). Because even if the narrator is paranoid and/or hallucinating, Genevieve does not explain what happened to the narrator to produce these feelings or symptoms. Significantly, the "professor" offers an alternative explanation (116). The professor is a refugee who "escape[d] from the Algerian government and the religious 'fundies' [fundamentalists] [...] because he exposed the Algerian dictatorship for what it was" (116). He survives "the executioner's bullet and the fanatics' knives" because of his "paranoiac tendencies" (117). As a result, he repeatedly tells the narrator "Only the paranoid survive, my friend" (117). Thus, the professor reframes paranoia as a survival strategy, rather than pathology. The narrator has similarly left a country where "[v]iolence was everywhere" (168). However, the fact that both the professor and narrator continue to utilize paranoia as a survival strategy in the seemingly "happy, romantic city" of Montreal reveals that this so-called place of refuge is not as welcoming or safe as it might be believed (281).<sup>62</sup> Consequently, a trauma-informed approach to *Cockroach* highlights how

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<sup>61</sup> The narrator's relationship with Christianity is complicated. While he invokes Biblical allusions to empower the figure of the cockroach, he also criticizes a Christian street preacher, calling him a "charlatan" who sells "magazines full of promising images like opium" to bring "poor citizens into [his] fantastical imaginary world" (284). Nevertheless, the narrator explicitly engages with Christianity, rather than Islam, which will be further addressed later in the chapter.

<sup>62</sup> Significantly, the narrator frequently antagonizes and fights with the professor, who he sees as a "cocky intellect[ual]" who "dismiss[es] what [the narrator] ha[s] to say" (117). The narrator hates the professor—who like him is an impoverished refugee—because the professor refuses to accept his positionality as a so-called cockroach, such as when he lies about being at the welfare office for a "business meeting, a consultation job for the

seemingly pathological experiences, such as paranoia, hallucinations, or delusions, can be reframed as reasonable survival strategies for otherwise unliveable conditions. The Western biomedical model represented by Genevieve cannot account for the narrator's experiences because she is only concerned with what is allegedly wrong with him, rather than what is fundamentally wrong with Canadian society for racialized refugees fleeing violence rooted in colonialism and imperialism.

### **Paranoid Nationalism and Refugee Conspiracy Theories**

In *Cockroach*, Canadian nationalist discourse holds the figure of the racialized refugee suspect, which is the source of the narrator's seeming paranoia because he knows he is unwelcome. The narrator claims that he "show[s] up" at the Artista Café even though he is "unwelcome," because it has "become a habit of [his] to choose unwelcoming places," implying that Canada is one of these unwelcoming places (Hage 144). As a result, his intense distrust of others and feelings of "doom" and "alarm" are in fact reasonable (9, 11). In contrast, paranoid nationalism, which invokes conspiracy theories around racialized refugees, is rooted in unsubstantiated fears. Ghassan Hage argues that "paranoid nationalism" and its "affective expression, 'worrying about one's nation,' such as defending the nation against refugees, 'has become such a dominant cultural trend in most Western societies that it is sometimes uncritically equated with what it means to be attached to the nation'" (21-22). *Cockroach* illustrates the ways that Canadian paranoid nationalism leads to conspiracy theories of the refugee as a "burglar [...] 'stealing' something from the nation" (Ahmed 123). In order to deter this imagined theft, paranoid nationalist discourse seeks to differentiate alleged "genuine and bogus asylum seekers"

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government" (121). While the professor's façade of superiority divides the two characters, nevertheless, through the lens of paranoia, they can be read as doubles rather than foils, suggesting a pattern beyond the narrator.

(122). Significantly, *Cockroach* invokes this problematic discourse of refugees as a threat to national security, as well as stereotypes of Arabic and Muslim misogyny, in order to highlight how xenophobia is a kind of conspiracy theory based on irrational fears of racialized Others and political anxiety about borders, which is often coded in religious apocalyptic diction. Thus, there is an interdependent relationship between the narrator's feelings of extreme distrust, which is pathologized by Genevieve as paranoia, and the prevalence of paranoid nationalism and conspiracy theories in Canada around refugees—as burglars, invaders, could-be terrorists, bogus, or apocalyptic—rooted in nationalism, Christianity, biomedicalism, and white supremacy.

In *Cockroach*, the narrator's therapist Genevieve repeatedly reminds him of her duty to the “taxpayers,” implying that his emotional distress is a financial burden for Canadians, and he is figuratively stealing from taxpayers if he does not “improve” (Hage 59-60, 65, 208). The invocation of government funding around the figure of the refugee invokes the discourse of the refugee as a “burglar,” who places an undue financial burden on citizens (Ahmed 123). The first time Genevieve claims she has a “responsibility towards the taxpayers,” the narrator asks, “Tax prayers?” to which she responds, “No *taxpayers*, people who actually pay taxes. Some of us do” (60, emphasis original). The tone of her response suggests an undue burden on herself and the other “people who actually pay taxes,” because these “[p]eople are paying taxes for [the narrator] to be here [therapy],” even though these therapy sessions are imposed on the narrator by the “court” (60, 208, 5). As a racialized refugee living on “welfare,” Genevieve's urgency for him to get a “job” in order to “reintegrate into society” suggests that the narrator cannot be a part of Canadian society—only a burden—until he becomes economically productive (19, 76). Further, Genevieve claims that if the narrator gets a job it “will be a good step, a very good step in [his] assessment,” implying that his therapy sessions are not primarily concerned with his mental

health but whether he is a legitimate asylum seeker who is not attempting to “steal” from the nation (76; Ahmed 123).

Significantly, the narrator is a thief, but his extreme poverty suggests that what he is really being accused of stealing is Canadian citizenship, not actual material goods. He most frequently steals food, emphasizing his food insecurity living on “welfare” in Canada with a “kitchen [that] had only rice and leftovers and crawling insects” (19).<sup>63</sup> While eating a stolen chocolate bar, the narrator thinks “I take more than I give, indeed it is true. But if I had access to some wealth, I would contribute my share” (65). This scene underscores the irony of expecting the narrator to pay taxes if he cannot even feed himself. Further, the narrator demonstrates that he is left out of a system that provides “a job and a nice house, a big TV screen, a fridge full of ham and cheese, and [...] nice resorts in sunny places” to people like Genevieve (99). However, that same system treats “unfortunate exiles” and refugees like the “scum of the earth in this capitalist endeavour” (11, 123). The narrator’s petty theft of food exacerbates the hollowness of accusations of refugees stealing from the nation, given they are living “hungry [and] impoverished” lives. Such accusations ring especially hollow considering that they are lobbed by “rich and secure” middle-class people like Genevieve, Sophie and her vapid friends, who have a “job and a house” (9, 99). Moreover, the narrator’s food insecurity allows him to be exploited for cheap labour. The narrator desperately vies to work as a busboy for “part of the tips and three dollars an hour,” and he sardonically celebrates this below minimum wage job as “[a]nother immigrant landing a career!,” suggesting that this exploitation is the norm (94, 107).

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<sup>63</sup> Justyna Poray-Wybranowska highlights the importance of “analyz[ing] the physical materiality of hunger, or the anxieties related to it, in their own right,” in contrast to “approaches to eating [that] stress the symbolic and cultural significance of human appetite and consumption” (200). The narrator’s hunger and the scarcity of food signals “how one’s position in the social hierarchy dictates one’s access to basic subsistence needs” and the entire novel “can be read as a prolonged quest for food” (Poray-Wybranowska 198, 200).



Additionally, refugees are underemployed in the novel, such as Majeed who was a “journalist” in Iran, but in Canada is a “taxi driver” and does not “bother” trying to be anything else because he knows his credentials will not be recognized (146).<sup>64</sup> Genevieve’s supposed concern about the narrator stealing from taxpayers might more accurately be seen, then, as a product of the “rich hat[ing] the poor” (85). Just as importantly, at the core of this overt concern is fear that the narrator might have cheated his way into Canadian citizenship as an alleged “unlawful intruder into the nation” (Ahmed 135-6).

The narrator emphasizes that Montrealers only consider refugees genuine and “good citizens” if they do not question or critique the nation; otherwise they are seen as “ungrateful guests’ who [...] refuse to adapt to the local norms and customs” (Hage 65; Zine 24). He recognizes that the only way for him to “improve” and “be saved,” is if he “sit[s], wait[s], behave[s], confess[es], and show[s] [...] forgiveness and remorse” (59-60, 231). Under these circumstances, a cure for his malaise is possible only when he behaves in expected ways, when he conforms to the ideal refugee, who is passive and grateful.

And yet the narrator mocks this model by imagining himself bringing Genevieve a bottle of his tears from eating spicy food and asking her: “Here—is this what you want? Here—these are my tears. Does that make me sane, normal, cured?” (142). The bottled tears perform according to type to satisfy the appetites of a puerile audience without exposing the refugee’s vulnerabilities in their rawness. In other words, the bottled tears suggest a semblance of emotional depth without substance. Writing on U.S. militarism and humanitarianism, Mimi Thi Nguyen contends that the figure of the “refugee patriot, in lending to empire a living memory of

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<sup>64</sup> Rawi Hage also worked as a taxi driver in Canada after his displacement from Lebanon during the civil war (Taras 17).

failure, reminds every citizen to be grateful for freedom” (180). Similarly, Genevieve expects the narrator to behave as a refugee patriot to validate her faith in Canada’s munificence. Genevieve positions the narrator as being ungrateful for the “gift of freedom,” to invoke Mimi Thi Nguyen’s evocative phrasing (2012: 4). At the same time, Nguyen demonstrates how this discourse of the “gift of freedom” enables the self-interested continued involvement of the U.S. and Canada in the Middle East (4, 49). The taxi driver Majeed also ridicules the so-called gift of freedom, asking rhetorically: “And you know what I do now because of democracy? I drive a car for twelve hours a day” (224). In his musings about bottling his tears for Genevieve’s consumption, then, the narrator demonstrates his awareness that she—and other Canadians—must act in particular ways to be deemed genuine, are required to perform emotional labour, as the crying grateful refugee. This labour, moreover, serves an important function, as Nguyen has shown in the case of U.S. empire. Gratitude—and the tears that evince this feeling—reinforces Canada’s façade as a charitable nation gifting racialized people with so-called freedom even as it profits from continued civil war in their homeland.

When the narrator does not conform to expectations of refugees, most notably by not being “grateful for what [the] nation” gives him, including court-ordered therapy sessions, Genevieve threatens him with institutionalization, suggesting how a narrative of crisis legitimizes the removal of rights and surveillance (Hage 65). As Sara Ahmed argues, the “narrative of asylum seekers ‘swamping’ the nation [...] works to create a sense of being overwhelmed” in order to create a “crisis in security” that justifies “new forms of security, border policing, and surveillance” (124, 132). Similarly, when the narrator refuses to talk to Genevieve, she threatens to have him institutionalized again, as he was initially after his suicide attempt, so that he would be put under constant surveillance so they can “monitor [his]

behaviour” (286): “If we do not move forward, if we do not improve, I might have to recommend that you go back to the institution. Frankly, you do not give me much choice with your silence” (59-60). Genevieve collapses the narrator’s so-called psychological improvement with him becoming less of a financial burden to taxpayers and his performance as a grateful refugee. Significantly, the threat of “going back to the madhouse and watching robotic people move between iron beds [...] lost between the borders of barbed wired on the windows” forces the narrator to “tell her stories” (60). *Cockroach* exposes how refugees are always already held suspect as being bogus, and, as a result, the narrator must prove not only his sanity, but also that he will conform to a model of a grateful refugee. Otherwise, he will be deemed psychologically unfit and forcibly institutionalized, illustrating how biomedical authority functions to reinforce a nationalist agenda, since sanity in this context is premised on gratitude towards the nation.

Paranoid nationalism about refugees is also racialized, which is underscored through the novel’s invocation of Orientalist stereotypes of Arabs and Muslims. Genevieve’s focus on the narrator’s “intimacy problem” with women invokes the “Orientalist notion of the Muslim man as a misogynist from whom the voiceless Muslim woman requires rescue” (Hage 59; Hamdon 31). Orientalism essentializes “Muslims/Arabs [as] intellectually and emotionally inferior to western peoples and cultures,” by portraying them as “savage, backward, and hostile to the West” in order to justify Western imperialism (Hamdon 28, 16). So, just as Genevieve believes that the narrator is in “need [of her] help,” Western nations, like Canada, see themselves as “liberators, as freeing Muslims/Arabs from [...] misogynistic male domination” (Hage 49; Hamdon 15). Nationalist discourse in the U.S. and Canada associates itself with “respect for women” and “religious tolerance,” which justifies foreign interventions and domestic suspicion of Muslims and Arab men because of the supposedly righteous aim of “saving women from religious

fundamentalism” (Ahmed 134). Jasmin Zine critiques this model of “[l]ocating gender-based violence as a foreign cultural import being brought into the benevolent Canadian state by ‘barbaric cultures’ [because it] renders invisible the reality of violence against women in Canada” (19). The narrator’s rejection of Genevieve, as a white saviour figure, parallels the critique made by the novel that racialized Others do not need white saviour nations, but rather, that Western imperialism “under the guise of multicultural ‘tolerance’ and liberalization” causes the forcible dislocation of Middle Eastern peoples from their homeland (Zine 20).

And yet *Cockroach* purposely invokes these Orientalist stereotypes. The novel begins with the narrator wondering about his “need to seduce and possess every female of the species that comes [his] way,” suggesting both sexual aggression and the objectification of women as possessions (Hage 3). Throughout the novel, the narrator evinces problems with boundary and consent in his interactions with women. Notably, he breaks into his therapist’s Genevieve’s home (80). He also asks teenager Sehar to masturbate in front of him (180), blocks the path of an unknown woman leaving a bar restroom, and “seize[s] her wrists” (73). Shortly afterwards, when walking his lover Shohreh home, he “crucifie[s] her wrists,” holding on even as she protests for him to “Let go. Let go,” until she defends herself (74). The narrator’s behaviours are unquestionably problematic. However, it is precisely because the narrator fits an Orientalist model of Arab misogyny so perfectly, that we can discern this set-up as a narrative trap. In portraying the narrator thus, the novel, in effect, caricatures the biomedical interpretation of the narrator’s symptoms so as to expose the reader’s biases. Significantly, as John Michael observes, “the Arab as individual barely exists at all in the Western imagination and the Arab as type remains linked to irrational or religious violence, opulence, sensuality, and evil” (706). Orientalist images of Arabs and Muslims portray them as “exotic, mysterious, and perhaps

slightly dangerous,” which is precisely how Sylvie, and her rich white friends, view the narrator (Hamdon 17) For them, he is as a “noble savage” and the “fuckable, exotic, dangerous foreigner” (Hage 183, 199). *Cockroach* invokes Orientalist stereotypes, including Arab misogyny, to illuminate how they are used to justify Western notions of superiority and imperialist projects, both abroad and domestically.

At the same time that *Cockroach* invokes Orientalist stereotypes of misogyny, as Mark Libin argues, the novel defies conventions of postcolonial and diasporic literature by disrupting the binary of the Western knowledgeable expert in contrast to the “passive, inarticulate victim” (76). Indeed, the fact that Hage’s protagonist is “both victim and victimizer” disturbs the anticipated relationship of the empathetic Western host and the diasporic guest (81).

Nevertheless, *Cockroach* indicts misogyny but in a manner that carefully positions the narrator within a broader framework of systemic and global gendered violence. This violence, moreover, is shown to be perpetrated and enforced primarily through high-ranking state officials, represented by the Canadian arms dealer and the Iranian diplomat.<sup>65</sup> In the climactic conclusion of the novel, the narrator murders his girlfriend’s Shohreh’s jailer and rapist Mr. Shaheed, who is an Iranian diplomat conducting a trade deal with a Canadian official for “[l]ight arms for boy soldiers” made in Canada (282). Syrine Hout claims that murdering Mr. Shaheed “assuage[s] his guilt about having indirectly caused the death of his older sister Souad by failing to pull the

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<sup>65</sup> The novel also critiques the premise that homophobia is distinct to Islam and the Middle East, as articulated by Genevieve when she rhetorically asks the narrator if someone is murdered “Because people where you come from do not accept gays?” (131). The narrator’s friend Farhoud recounts being imprisoned in Iran for being gay, during which time he is repeatedly “flogged” and “raped” by a “bearded mullah” in control of the prison (108-9). After his escape, Farhoud meets a “Canadian diplomat” in India, and while they have a consensual relationship, after returning to Canada with Farhoud, the diplomat—who is closeted and married to a woman—“turned into a monster” who reveals himself to be “xenophobic,” such as when he instructs Farhoud to “clean yourself [after sex ...] You are not in your own country anymore” (110-111). The parallelism of the two relationships with state officials, both of whom struggle with internalized homophobia and physically or emotionally abuse Farhoud as a result, suggests that applauding Canada as a universal homosexual safe haven, what Puar terms “homonationalism,” obfuscates how the gay and lesbian rights movements primarily benefits the white middle-class (Puar 23).

trigger on her thuggish husband Tony” (338). Indeed, Shohreh tells the narrator, “My torturer and your brother-in-law are the same kind,” to which he responds, “You and my sister are the same kind” (Hage 248). *Cockroach* clearly draws parallels between these characters, potentially leading to a reading of Shaheed as a second chance for the narrator to protect a beloved woman from her abuser. And yet, this interpretation also risks framing the murder as a kind of cathartic breakthrough or act of redemption, problematically suggesting that the narrator is healed through his compulsory therapy sessions with Genevieve. Such a reading would reinforce Genevieve’s biased assumptions—namely that the narrator as a racialized refugee is potentially dangerous and violent, thus laying bare the emptiness of any perceived progress and exposing the superficiality of any healing from these therapy sessions. In this way, construing the narrator’s killing of Shaheed as a redemptive breakthrough—which confirms stereotypes of Arab misogyny—constitutes a potential trap that exposes readers’ covert biases and alignment with biomedical discourses of normalcy and pathology. Indeed, while the novel concludes immediately after this event, it is possible to interpret the narrator’s murder of Shaheed as a terrorist attack on diplomatic figures, thereby validating Genevieve’s underlying suspicions of the narrator.

In contrast to the biomedical interpretation of the narrator’s violence, I argue that this climactic scene encapsulates the novel’s critique of toxic masculinity and misogyny, particularly as it is enacted through state structures of power and veiled through codes of civility. Shaheed and the Canadian arms dealer (as well as his proxy of the Canadian bodyguard) appear outwardly civil. This civility is ominous, however, for it masks their deployment of political power to systemically victimize women—particularly racialized women in the Middle East—for their personal gain, including the women whom the narrator most cherishes, his sister, Souad, and lover, Shohreh. The unnamed Canadian arms dealer wears an “impeccable suit and tie,” and the

narrator states that “[h]e seemed to me like a gentle, well-mannered man” who is “thankful and a little apologetic for the tea” the narrator serves him (264, 267). The blonde Canadian has a “respectable exterior and manners,” yet he sells and manufactures light weapons designed for child soldiers to Iran (270). Thus, this nameless archetype of gentlemanly masculinity profits from continued civil unrest in the Middle East, which enables men like Tony and Shaheed to abuse women like Souad and Shohreh. As Nirmala Erevelles observes, “the war on terror has had violent, oppressive consequences for both poor nondisabled and disabled women in both the first and third worlds” (131). Thus, while the Canadian diplomat hides behind a veneer of polite conviviality, he is responsible for systemic gendered and imperialist violence.

Similarly, Shaheed appears civil and well-mannered. Indeed, he is even “composed, calm, with an air of indifference” when Shohreh points a gun at him, intending to kill him (303). The restaurant owner treats him with reverence, by “bow[ing] his head” and “look[ing] so pathetic in front of this mysterious man” (213, 215). Shaheed is also treated respectfully by the Canadian arms dealer, who inquires, “Is your stay here okay? Is the place to your taste?” (267). Significantly, Shohreh recognizes that Majeed’s plan to expose Shaheed to the media would be ineffectual because “He obviously has money. He has power. He probably has some kind of diplomatic immunity. He is connected here” (248). Canada is, in this way, directly responsible for sheltering a systemic abuser of women and giving him a platform of respect. As a result, *Cockroach* reveals the incredible hypocrisy of Canadian critiques of Arab misogyny, as Shaheed is protected from political and even legal repercussions, for his role in buying Canadian weapons in a deal that greatly benefits the state and confers full impunity. Further, the narrator associates Shaheed and his Canadian bodyguard with toxic masculinity, grounding their human rights abuses with a systemic global misogyny. The narrator claims that they remind him of a man in a

bar who “pushed” the narrator off his chair when he said he “did not give a damn about sports or chasing an invisible puck” (304). The reference to hockey makes this moment a distinct critique of Canadian hypermasculinity, which the narrator reveals to be problematic even as he is caught up in misogyny. However, the fact that the Canadian arms dealer and Shaheed wield more power over women than the narrator, power that is proffered by the Canadian government and shielded from critique through codes of civility, suggests a more insidious and systemic threat than the narrator’s overt androcentrism that reads as a parody of Arab stereotypes.

The Muslim and Arab refugee and immigrant are also held suspect under the “narrative of the ‘could be’ terrorist, in which the terrorist is the one who ‘hides in the shadows’” (Ahmed 135). Sara Ahmed examines how “the word *terrorist* sticks to some bodies” creating broad associations based on the War on Terror in Afghanistan and Iraq, such as “*fundamentalism, Islam, Arab, repressive, primitive*” (131, emphasis original). While Rawi Hage claims that “[m]y characters are all secular, if not atheist,” he also acknowledges that his novels are always in “dialogue” with religion (qtd. in Taras 14). Interestingly, though, the primary religion invoked in *Cockroach* is Christianity. In doing so, Hage highlights the pervasiveness of Christian doctrine in Western culture, which claims to be secular, in contrast to criticisms of Middle Eastern Islamic theocracy, despite Lebanon being one of the “earliest collisions and coexistences between Islam and Christianity” (qtd. in Taras 14). Because, as Ahmed argues, “the figure of the international terrorist has been mobilized in close proximity to the figure of the asylum seeker” (135-6), *Cockroach* reveals the ways in which the narrative of racialized refugees as potential terrorists is intimately tied to both Christianity and white supremacy rooted in preserving the myth of Canada as a white Judeo-Christian nation (Patel 274). Thus, the novel subverts the presumption that the Middle East is committed to religious zealotry while Western nations, such as Canada, are



secularized. As a Middle Eastern refugee in Canada, this paranoid narrative of the narrator as a potential, “could be” terrorist looms under the surface of the text (Ahmed 135). Significantly, *Cockroach* illustrates a relationship between nationalist paranoia over racialized Others as dangerous and Christianity, because Genevieve’s talk therapy sessions imitate Christian confessionals and the Jehovah’s Witnesses in the novel articulate apocalyptic discourse rooted in the loss of white supremacy.

Although the narrator is never directly accused of terrorism, he calls Genevieve his “confessor” and describes himself as going to the “public health clinic and sit[ting] in my interrogation chair,” which also invokes a Christian confessional (97, 47). The narrator’s therapy sessions in which he is prompted to confess “anything and everything” parallels the treatment of Arab and Muslim Canadian citizens who are deported or interrogated without evidence on suspicion of terrorism (Hage 50; Hamdon 14). Moreover, the narrator compares Genevieve to the “priests in the confession booth” instructing him to “mumble a few prayers,” which directly associates her with Christianity and, yet, mirrors Farhoud’s story of being captured “[a]fter Kohemini won the [Iranian] revolution” (Hage 77). Significantly, Farhoud is interrogated for being homosexual and his accusers demand a “confession” so he can “become [a] good, decent believer” (108). The parallel between the narrator and Farhoud suggests a similar zeal that lies behind Genevieve’s interrogation, which promises salvation but “[t]he redemption part was bogus” (108). It follows that, while Canada critiques the so-called religious zealotry of Middle Eastern countries, ironically, the narrator’s experiences in Canada under Genevieve’s puerile questioning has indirect links with Christian interrogation. The narrator even goes so far as pointing out Genevieve’s affinity with Christianity, when he describes her as having a “pious smile, as if she were on the verge of a spiritual orgasm, like that nun married to Jesus” (165).

Through this comparison, the narrator suggests that the government-sanctioned psychologist Genevieve represents the convergence of state authority and biomedical intervention—a convergence that rests upon Christian principles. Further, the narrator recognizes that the point of his therapy sessions is to make him “confess [...] something evil that [he] did” (231). Genevieve insists repeatedly to the narrator that their sessions are “confidential,” suggesting that the impetus of revealing these sins is purely to help him cathartically absolve himself (165). Nevertheless, she consistently attempts to evoke a criminal or spiritual confession, particularly with respect to whether he killed his brother-in-law Tony (239-43). As a result, Genevieve appears to probe for evidence that the narrator might be violent, which may be used as justification for classifying him as a “potential threat” that needs to be “weeded out” (Flatt 255). Indeed, the novel concludes with an act of violence, that seemingly invites the reader to vindicate Genevieve’s anxiety. Thus, the narrative of the could-be terrorist is used to justify paranoid nationalism around the “dangerous newcomer” or “dangerous immigrant,” who may be a terrorist in disguise, in order to justify “heightened security measures” and interrogation practices, like Genevieve’s “assessment” of the narrator that mirrors both terrorist interrogation methods and Christian confessionals (Flatt 266, 261; Hage 5).

The motif of apocalyptic discourse in the novel illustrates how paranoid nationalism about racialized Others overrunning the nation is founded on white supremacist beliefs of racial superiority. *Cockroach* invokes Canadian associations between refugees and apocalyptic discourse, in order to critique the hypocrisy of a settler nation that disparages the forced migration of racialized peoples to Canada despite ongoing colonialism that disenfranchises Indigenous peoples. For instance, the narrator claims that the Québécois want to attract Parisians in order to “balance the number of their own kind against the herd of brownies and darkies

coming from every old French colony” (27-8). Thus, it is not immigration, but the movement of racialized people to Quebec that is unwelcome. Ghassan Hage describes this anxiety around racialized Others as “colonial paranoia, [which] is the fear of loss of Europeanness or Whiteness and the lifestyle and privileges that are seen to emanate directly from that” (49). Anxieties concerning racialized immigrants and refugees are rooted in fears about the collapse of white supremacy. Like the “herd of brownies” invoked by the narrator (27-8), Canadian media frequently depict refugees as a “flood” coming in “waves,” or as a “crisis,” all of which invoke an apocalyptic framework (Molnar 4). The apocalyptic narrative is that the “seemingly uncontrollable masses of migrants” are inherently “dangerous precisely because they are difficult to control and must therefore be appropriately managed” (4). Apocalyptic narratives of refugees imply that they are overrunning or overwhelming white-settler countries, which in turn suggests that these national and geographic spaces are not meant for them because Canada has already been “invaded” and “conquer[ed]” by English and French colonizers (Hage 27).

*Cockroach* inverts this invader-apocalypse discourse by invoking a supposedly “Native Indian[’s]” creation story, which represents white colonizers as the original apocalyptic invaders: “Then, one day, the coyote came to this land on a large ship [...] The coyote stole the drum and [...] this woke up the sun [...] And the land was covered with bugs, and the bugs grew more and more numerous. They covered the land and ate everything” (293). This narrative underscores how English and French colonizers, symbolized by the stealing coyote, cause pestilence when they upset the world order, represented by the bugs that were previously “kept in good numbers” by birds, who leave because of the sun. Through this imagined invocation of an Indigenous perspective, the sun—which, as explained earlier, symbolizes European colonialism, takes on further symbolic meaning in this context as the sun, coyote, and bugs together all enact colonial

violence (293). While English and French colonizers imagine racialized immigrants as cockroaches, in this origin story, it is white settlers who are the source of pestilence. In other words, *Cockroach* invokes the prevalence of apocalyptic language around the mass movement of racialized refugees and immigrants to demonstrate the irony of settler-national fears of being overrun, in this manner obscuring the fact that it was English and French colonizers—the settler state itself—that did the overrunning.

Significantly, white supremacists frequently rely on conspiracy theories and apocalyptic narratives to justify racial hierarchies and increased border security, with the implicit fear being that white people will become a minority or non-existent.<sup>66</sup> In *Cockroach*, the narrator at one point encounters The Jehovah's Witness preachers, who echo this fear, when they espouse an "apocalyptic prophecy" that the hole in the ozone will let in the "burning rays of the sun" and cause a fiery catastrophe that will kill everyone, leaving "only the cockroaches [...] to rule the earth" (Hage 7). This apocalyptic vision further suggests how Christianity in a Canadian context is tied to other projects of state power, namely white supremacy. Because the narrator identifies with cockroaches, he associates this fiery apocalypse with fears of racialized refugees overrunning Canada. Later in the novel, the narrator tells the racist French restaurant Maître Pierre that "one day he would be serving only giant cockroaches on his velvet chairs" and that Canada is as "doomed as [it is] infested with newcomers!" (27-8, 30). Moreover, the narrator

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<sup>66</sup> Andrew Fergus Wilson argues that white nationalists frequently invoke apocalyptic discourse "that situate the white nationalist community in the heroic role of countering the civilization-threatening plots of the conspirators" (426). These white supremacist conspiracy theorists invariably demonize racialized persons as covert conspirators, but they are also deeply anti-Semitic and Islamophobic. For instance, in the wake of the 2015 Paris terrorist attacks, a popular white nationalist website *Stormfront.org*—with more than 2.25 unique visitors in 2015—had multiple posts denouncing "*brown and black and muslim invaders*," as well as claims that "*Jews wont stop flooding us with non-Europeans until we are a tiny minority*" and encouraging that "*refugee housing centers [be] burned down*" (413, 425, 427-9, emphasis original). The apocalyptic language of a "flood" of racialized migrants and refugees used in Canadian news coverage is now more explicitly invoked to justify a paranoid nationalist conspiracy theory of racialized "invaders" seeking to commit so-called "*White Genocide*" (Molnar 4; Wilson 427-8, emphasis original).

explicitly connects the fiery apocalypse of the sun with the proliferation of racialized migrants: “No one can escape the sun on their faces and no one can barricade against the powerful, fleeting semen of the hungry and the oppressed” (30). The narrator’s post-apocalyptic vision appears to be the end of de facto white colonial rule through an overrunning of diminishing white populations, suggesting how the once oppressed will eventually “rule the earth” (7). *Cockroach* collapses religious fiery apocalypse with conspiracy theories of racialized invaders who will eradicate white people to demonstrate how apocalyptic discourse functions to justify the dehumanization of racialized refugees as cockroaches. Although Genevieve diagnoses the narrator of *Cockroach* as pathologically paranoid, the representation of racialized refugees in the novel exposes the political paranoid nationalism of Canada that relies on conspiracy and apocalyptic discourses, which dehumanize racialized refugees as cockroaches. In particular, *Cockroach* reveals how Genevieve, who represents an average white Canadian settler, sees the narrator through a xenophobic suspicion of refugees—as burglar, as bogus, as ungrateful, as requiring surveillance—as well as Orientalist stereotypes of Muslims and Arabs as misogynist and requiring a white saviour figure/nation.

### **Psychiatry, Biomedicalism, and Conspiracy**

Numerous critics have grappled with the representation of therapy in *Cockroach*, focusing in particular on the narrator’s clever manipulation of talk therapy. However, few of these commentaries dwell on the larger significance of this manipulation, not to mention the narrator’s motivation in playing to his therapist’s xenophobic and dismissive assumptions about the causes of his mental distress. Indeed, these commentaries overlook the larger political framework that shapes his distress. Notably, in her reading of *Cockroach*, Ewa Urbaniak-Rybicka argues that “the protagonist misunderstands the therapy procedure” and that his “self-

imposed isolation” prevents “the efforts of the external world to shatter the bell jar which conceals [him]” (454, 459). In contrast to this reading of the narrator as naïve foreigner, Mark Libin (80), Smaro Kamboureli (71-2), and Lisa Marchi (56) all examine how the narrator strategically manipulates his therapist through his narratives of trauma devised to appease her, implying that he consciously subverts and derails his psychotherapy. Libin claims that the novel exposes “how soliciting personal narratives of an other is an invasion, an infiltration, an infestation, and indeed an invitation to rewrite the narrative in one’s own narcissistic image” (80). Similarly, Kamboureli claims that the narrator uses “veiling” and a “string of hybrid memories consisting of counter-memories” to resist Genevieve’s belief that he can retrieve his traumatic memories “on demand” and “uncontaminated,” suggesting that the “difference between his past and present is rendered non-representable” (72). Marchi argues that the protagonist “exploits the therapist’s sessions to subvert the power that was meant to discipline and convert him to the norms of the multicultural, neoliberal state” (56). Thus, Libin, Kamboureli, and Marchi suggest, for different reasons, that the role of therapy in *Cockroach* is to critique its motives and presumed usefulness, particularly with respect to the telling of traumatic memories. My trauma-informed approach to *Cockroach* aligns with these critiques; however, I focus on how *Cockroach* seemingly portrays the narrator as paranoid in order to expose the underlying paranoid nationalism of Canada and Western biomedicalism that attempts to silence and delegitimize the narrator through epistemic violence. What is the relationship between the narrator’s diagnosis of paranoia and the politically paranoid nationalism of Canada, which arises in pronounced ways in response to the figure of the refugee?

The narrator’s psychotherapy sessions with Genevieve are doomed to fail because the scope of their talk therapy is limited to the narrator’s family background. Although this

background is shaped by broader socio-political factors, like war, colonialism, and xenophobia, Genevieve dismisses how fundamentally formative these factors are for the narrator, instead treating them almost as colorful backdrop (140). Indeed, Genevieve constantly frustrates the narrator by insisting on talking about his family in their sessions (48, 60, 168, 232), particularly his mother: “I dragged myself to see Genevieve again [...] Talking about your mother when she is gone is not a decent thing to do” (231). The narrator does not find it cathartic to speak about his mother, and he suggests the importance of individual agency and autonomy when he invokes his mother’s lack of voice. Significantly, the narrator does not attribute this failing to Genevieve specifically, but generalizes that “[t]he shrinks are all big on mothers in this land,” suggesting a systemic and consistent problem within the structure of Western psychoanalysis (48). From the beginning of the novel, the narrator considers Genevieve, and Western psychiatric discourse more broadly, as inadequate to and incapable of understanding what has caused him to feel mental distress and attempt to kill himself: “She did not understand. For her, everything was about my relations with women, but for me, everything was about defying the oppressive power in the world that I can neither participate in nor control” (5). By narrowing her focus only on the narrator’s misogynistic and aggressive behaviour towards women Genevieve obfuscates the impact of broader socio-political forces on his mental state that contributed to constructing his masculinity.

In contrast to Genevieve’s belief that the narrator has an “intimacy problem,” (59) he politicizes affect by claiming that feelings “depend on class” because the poor “compromise our loved ones” (139-140). The narrator emphasizes that he cannot experience the world, or his relationships with his family, beyond this socio-political context. Genevieve asks him if there was “violence in the family,” and he responds, “violence was everywhere” (168). She clarifies

that “Right. Well, I’m not interested in the war for now. I am interested in your family’s genealogy” (168). This statement suggests that the violence of the war is somehow distinct and separate from the violence within his family, such as the fact that his “grandfather beat [his] grandmother when he got drunk” (168). As a result, the narrator implicitly questions Genevieve’s ability to assess violence within his family because of her inability to think beyond the personal, her refusal to take account of the context in which that violence took place, namely during civil war in a post-colonial Middle Eastern country. Moreover, after stating his grandfather’s abuse, Genevieve asks him “And what did you do?” to which he replies, “Nothing, I froze. I was a kid. What could I do?” (169). As a result, the narrator underscores how his positionality as a child effectively rendered him powerless to stop the abuse—a fact which Genevieve seems to ignore. In another instance, the narrator recounts speaking with a young man from his homeland and asking him “Would you kidnap?” and his response is simply “I am hungry,” highlighting that dictates of survival can supersede the ability to make ethical choices (129). Just as the narrator claims that “pacifism is a luxury,” that only the “rich or secure” can afford, the narrator implies that the ability to preserve emotional bonds is a luxury the impoverished often cannot afford, who have to endure the suffering of loved ones because they do not have the social or political capital to change their circumstances of war and poverty (98).

Because Genevieve works with harmful assumptions and prejudices, while remaining willfully ignorant of larger contexts even though the narrator attempts to bring them to her attention, she ends up arriving at insufficient and unsatisfying conclusions: “Perhaps you think by committing suicide you can rectify what you did. You do not understand anything, I said” (258). These rare moments in which Genevieve reveals her perception of the narrator’s actions only solidify for the narrator her inability to understand him. Donna Haraway’s concept of



“situated knowledges” rejects health care providers’ and scientists’ belief that their knowledge can be truly objective by arguing that all knowledge is situated, or contextualized, by the knower’s perspective (581). Following this logic, medical or psychiatric authorities lack privileged access to certain experiences that may be relevant to the mental health user/refuser (581). Similarly, the narrator often derogatorily suggests that Genevieve is so “naïve and innocent” with no idea “what [he is] capable of” and that she is living in “la-la land” (50, 79). For the narrator, Genevieve’s privilege as a white upper-class doctor affords a perspective of the world that his life experiences would shatter. By playing to and mocking Genevieve’s perspective, the narrator in *Cockroach* critiques the practices of Western psychiatric discourse. As his experiences in therapy show, this discourse is predicated on a privileged elite making assessments on subjects about which they have no knowledge and conferring treatment in a manner that depoliticizes affect and, worse yet, overrides structural, situated understandings of mental distress.

*Cockroach* inverts the power dynamic between patient and therapist to suggest that an unnamed mental health refuser has a more nuanced understanding of the limitations of biomedicalism in comparison to Genevieve’s overly abundant faith in a biomedical model.<sup>67</sup> Genevieve eventually recommends that the narrator “stay in the hospital ward for a short while” to have a “medical approach” and be “put on pills” by a psychiatrist, advocating that “[t]hey might do [him] some good” (286). Her decision invokes a common narrative in mental health care: talk therapy is not working (or not working fast enough), therefore medication (and institutionalization) must be the only alternative answer. Genevieve’s acceptance of this narrative

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<sup>67</sup> In order to reaffirm the agency of so-called mental health patients, which implies passivity, Mad Studies scholars and activists often use alternative language, such as mental health user/refuser, to further emphasize the individual’s relationship with psychiatry, either as an active recipient or an active rejector of psychiatry, who nonetheless may have it foisted upon them, as this character does.

and her validation of the medical model, despite the operative word being that the pills “might” help, contrasts with the lived reality of the woman the narrator met in the psychiatric ward who is only “better” after “six pills a day and consultations three times a month” (286, 148).

Significantly, this unnamed woman advises the narrator not to accept psychiatric medication, but the tone of her warning evokes a conspiracy theory:

Never take them. They will transform you into what you are not. They will make you fat, and sick, and green like vegetables, and yellow like the sun. And if you complain they will just pull something off the rack with a designer’s name on it and give you another size, another colour to try, and that will make you happy and slow, and you will believe that you don’t exist unless you look at yourself in the mirror. You will disappear, and the only thing you will be able to see is your clothes. (153)

Her use of polysyndeton to list multiple symptoms of her medication, which she describes using simple monosyllabic language, such as “fat,” “sick,” “green,” and “sun,” gives her a child-like tone of complaint, rather than a voice of sophisticated critique of medical side-effects (153). Similarly, she uses the deceptively simple analogy of clothes, which she earlier describes as “[h]eavy and oppressive,” to emphasize how the medical model functions as a self-fulfilling prophecy of success because it will insist on patients trying every pill until they stop rejecting pills, rather than seeing an alternative to pills that are not working (153). Her claim that “[y]ou will disappear, and the only thing you will be able to see is your clothes” suggests that psychiatric medication can eliminate all sense of selfhood and transform one’s personality into medication side-effects (153). Whereas Genevieve’s discussion of psychiatric medication has the tone of authority, in contrast the woman taking six pills a day sounds paranoid in her mistrust of “little colourful things” that the people “wearing white aprons” offer you (153). Yet, the novel

suggests that the unnamed woman provides a more accurate description of the real risks of psychiatric medication, in contrast to Genevieve, who represents an excessive, naïve faith in the medical model.

Just as the unnamed woman speaks of the medical model as a conspiracy theory, the narrator deconstructs the national discourse of Canada as a conspiracy. Significantly, the narrator invokes the language of paranoia and conspiracy in his description of Canadian nationalism: “[T]here is no queen, there are no seals, no dancing bears, moose, cabins, high trees, bonfires. Descriptions of these are all a ploy, an illusion, a conspiracy. There is nothing but that which freezes” (250). The narrator relies on traditional images of Canadian nationhood, including symbols included on Canadian currency, to undermine the discourse of Canada as a false perception. He inverts this image of Canada as a colonial paradise with abundant nature and animals, invoking the fur-trading origins of British and French settlements, by describing it as a frozen wasteland instead. However, this critique is only valid if the reader does not construct the narrator as unreliable, as Genevieve does. If the narrator, as Genevieve believes, is paranoid, then these criticisms of Canadian multiculturalism would likewise be discounted as unfounded, and, as a result, readers much recognize the limitations of Genevieve’s biomedical model in order to also accept the validity of the narrator’s concerns.

Multiculturalism emerged as a federal policy in Canada with the Multiculturalism Act in 1988 and is widely heralded for instituting official tolerance of racial and cultural difference (Zine 21). However, Sunera Thobani contends that multiculturalism arose for different reasons. According to Thomani, there was an “international crisis of whiteness” in the aftermath of WWII, and, as a result, “whiteness needed to be recuperated from its ties to racism, fascism, violence, and Aboriginal genocide [...] and multiculturalism became a way to recast whiteness

as part of a more benevolent process of national identity formation” (qtd. in Zine 21-22). While the transition from a “culturally assimilationist approach” to a “multicultural conception of integration” beginning in the 1960s is often still regarded as a national attempt to accommodate and celebrate cultural differences within Canada, this narrative obfuscates the nation’s covert redemption of white supremacy (Banting and Kymlicka 49). This context helps in considering the narrator’s reflections on the genuineness of multiculturalism in Canada. As he notes, because of its history of genocide of Indigenous peoples and theft of Indigenous land, Canada can only be construed as a multicultural haven for white European immigrants. At one point, he even asks rhetorically, “And what high culture did not steal, borrow, claim, or pay very little? [...] what land is not stolen, what seat is not claimed, what container is not the product of theft and destruction? We are all coyotes in this land” (41, 272). The ambiguous “we” implicates readers as settlers complicit in colonial violence and the dispossession of Indigenous peoples, a fact obscured by metanarratives of Canada as a multicultural peace-keeping nation (272). While the narrator’s psychiatric label as paranoid suggests that his critiques of Canada are perhaps a symptom of his mental illness, a trauma-informed approach demonstrates that psychiatric epistemic violence silences and thereby invalidates critiques of multiculturalism.

The narrator further critiques the idea that Canada promotes democracy and peace, by highlighting the reality of its war-industrial complex, in order to further emphasize how Canadian national discourse is founded on conspiracy: “You know, these countries we live in talk about democracy, but they do not want democracy. They want only dictators. It is easier for them to deal with dictators than to have democracy in these countries we come from” (223-4). *Cockroach* undermines the justification often given for Western interference and imperialism, namely, the introduction of democracy—gift of freedom—by underscoring the ways that

Western nations profit through the rampant militarism of a dictatorship. In her analysis of U.S. empire and militarism, Mimi Thi Nguyen analyzes how the “gift of freedom” is used to “marshal its forces for and against others” for “self-interest and security” against “fundamentalism and global terrorism” (36, 4). Her incisive critique is also relevant in the Canadian context. In *Cockroach*, Hage accuses Canada, the supposedly peace-keeping neighbour of the U.S., of the same self-interested foreign influence, wherein the Canadian government to “want only dictators” when it is “easier” than democracy (Hage 223-4). Indeed, the character Majeed reveals to the narrator that “Montreal, this happy, romantic city, has an ugly side” because it is “[o]ne of the largest military-industrial complexes in North America” (281). The narrator discovers that the Canadian government manufactures and sells “lighter weapons” to Iran, which are made for “boy soldiers [...] who are forced to join the armies” (281-2). Thus, the narrative that Canada promotes global democracy and is a peace-keeping nation is, ironically, bogus, a label that is foisted onto the narrator as a racialized refugee. The reality of Canada is that it financially profits from continued political unrest and war in the Middle East: “You know, we come to these countries for refuge and to find better lives, but it is these countries that made us leave our homes in the first place” (223). Rather than positioning Canada as a place of refuge or a multicultural haven outside the horrors of war, the narrator directly implicates Canada in the production of war, both as a facilitator of weapons for child soldiers and as supporting dictators for continued financial gain. *Cockroach* plays with expectations of conspiracy by suggesting that what is often taken to be paranoid, such as fears of the side-effects of psychotropic drugs, are accurate, while what is taken to be fact, such as the depiction of Canada as a multicultural, democratic, peace-keeping nation, is revealed to be delusion.

*Cockroach* reveals how seemingly distinct branches of state authority, most notably

psychiatry and border surveillance, are deeply interwoven with mutual interests of covertly reinforcing white supremacy and de-politicizing the trauma of racialized refugees forcibly displaced by Canadian imperialism and military manufacturing. The novel appears to invite its audience to read the narrator as living up to multiple problematic stereotypes, including Arab and Muslim misogyny and the racialized mentally ill refugee as violent and, thus, in need of medical surveillance as a would-be terrorist. Yet, this simplistic narrative is more persuasively read as a parody meant to divest readers of their commitment to the legitimacy of biomedical and nationalistic discourse. In short, the novel implicates readers as co-conspirators. The narrator's mental illness diagnosis as suffering from paranoia is a symptom of trauma rooted in xenophobia and racism, symbolized through the omnipresent rays of sunlight and the metaphor of the cockroach as dehumanized refugee. National paranoia of refugees projects a pathological diagnosis onto the narrator, obscuring the legitimacy of his concerns and fears. As a result, within the context of the novel, political and pathological paranoia are inextricably linked. A trauma-informed approach, then, illustrates how to take seriously the narrator's mental distress rooted in xenophobia and racism, without pathologizing it as a biomedical mental illness. Further, *Cockroach* interrogates other nationalist myths—such as that Canada is secular and promotes gender equality—by exposing how Genevieve's therapy and apocalyptic discourse around refugees is rooted in Christian discourse and by revealing how the Canadian government's military industrial complex depends on ignoring systemic violence against women. Because of Canada's continued involvement in the ongoing War on Terror, it remains relevant to critique the relationship between pathological paranoia and paranoid nationalism and its impact on racialized refugees and asylum seekers forcibly displaced by legacies of Western imperialism to Western nations.

## Conclusion

“‘Replace the cops with mental health workers!’ is a really well-intentioned statement, but the current mental health system is also a white-dominated, violent, coercive, and unaccountable structure that disproportionately harms people of color.” – Morgan M. Page

On May 27, 2020, 29-year-old Black-First Nations Regis Korchinski-Paquet fatally fell from her Toronto apartment balcony while police officers were in her home (*The Canadian Press*). Her mother called police officers to “take her daughter to a mental health facility” (Ibid.). The case remains under investigation by the Special Investigations Unit, amidst protests and calls for further evidence to be released (Nasser). In the context of the current, unprecedented COVID-19 pandemic, which has exemplified pre-existing structural health disparities for Indigenous, Black, and racialized communities in the U.S. and Canada (Akee; Bowden and Cain), egregious police violence has catalyzed public demand to defund police in favor of broader public social services, including mental health care.

The tragic death of Regis Korchinski-Paquet lays bare systemic police bias and is only one example of a recent fatality after a police mental wellness check in Canada.<sup>68</sup> Only 8.8% of the Toronto population is Black, yet they account for 28.8% of police use of force cases, and, similarly, 29.6% of all force cases “involved people exhibiting mental health issues” (Mendelsohn Aviv). A smaller study of 461 police deaths in Canada between 2000 and 2017 found that “70 percent of people who died during encounters with police suffered from mental health or substance abuse problems. It also found Black and Indigenous people were over-

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<sup>68</sup> The following are all Black, Indigenous, or racialized individuals killed by police during a mental health wellness check in Canada in the past few months: D’Andre Campbell (April 6<sup>th</sup>, 2020 in Brampton, Ontario), Chantel Moore (June 4<sup>th</sup>, 2020 in Edmundson, New Brunswick), and Ejaz Ahmed Choundry (June 20<sup>th</sup>, 2020 in Mississauga, Ontario) (Cooke).

represented in these deaths” (Cooke). This disproportionate exertion of police violence on Black individuals and communities is even more pronounced in the U.S., where “mentally ill/mad, Disabled, neurodivergent, and Deaf BIPOC account for over 50% of police deaths and [...] are 16 times more likely to die in an encounter with police” (Kaufman-Mthimkhulu). While these statistics clearly highlight an intersectional systemic bias within policing in both Canada and the U.S., calls for police officers to be replaced with mental health workers problematically assumes—as Morgan Page so well articulates—that psychiatric services are race-neutral, when, in fact, they are similarly invested in upholding structures of white supremacy.

While the current political climate has brought to the fore important concerns about police brutality in Canada and the U.S. and offered meaningful ways to dramatically shift social services, it also exemplifies how white supremacy continues to remain predominately unchallenged in psychiatric services, which are publicly exalted as a compassionate alternative to police intervention. Indeed, while police officers are not appropriately trained on crisis intervention or mental health, replacing a systemically racist institution with another one amounts to a superficial change that makes no substantive difference for Black, Indigenous, and people of colour. Moreover, the push for mental health workers to replace police officers fails to take account of the fact that psychiatric hospitals are one of the most high risk institutions for the spread of COVID-19 in the U.S. and Canada, alongside long-term care facilities and prisons, with claims that these facilities are “death trap[s] waiting to happen” (Burnim; Harris). Effectively, then, there is no current system of mental health support for Black, Indigenous, or people of colour in the U.S. or Canada that ensures their safety, even as the pandemic in turn disproportionately affects racialized people.

The unfolding of COVID-19 and Black Lives Matter protests in the wake of police



violence, thus, lends itself as an extension of the themes addressed in this dissertation and highlights how literature and film produced in different socio-political contexts still carry important resonances with the contemporary moment. The murder of George Floyd by four white police officers on May 25, 2020, and the highly publicized video in which he pleads “I can’t breathe,” (Murphy) echoes the shell shocked African American veteran-doctor of *Invisible Man*, who lives in the segregated South threatened by lynching and forcible institutionalization.<sup>69</sup> Additionally, in *Frankie & Alice* the protagonist is threatened with criminal charges if she does not voluntarily commit herself to a psychiatric hospital, an eerie parallel to the ultimatum given to Regis Korchinski-Paquet. The xenophobia and anti-Asian racism exhibited in Okada’s *No-No Boy* because of Japanese involvement in WWII is mirrored in the rise of anti-Chinese rhetoric and violence against Asian Americans, in part because of the problematic framing of COVID-19 as a so-called “Chinese virus” by U.S. President Donald Trump (*Human Rights Watch*). The explosive rate of COVID-19 infection on Indigenous reservations in the U.S., as Mineo points out, can be linked to a longer history in which Indigenous peoples have been made vulnerable to disease as a consequence of settler contact, such as smallpox, which forms the backdrop of Silko’s *Ceremony* (Mineo). The story offered by this dissertation, then, is that there is continuity between how institutions established in the twentieth century remain embedded in their original problematic commitments to gendered, racial, and heteronormative ideals.

A Black Lives Matter protest sign reading, “That’s Not a Chip On My Shoulder, It’s 400 Years of Oppression and Racial Injustice,” succinctly captures the difficulty of addressing the contemporary mental strain and justifiable anger of Black people in the wake of police brutality

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<sup>69</sup> Two separate deaths by hanging of African American men—24-year-old Robert Fuller and 38-year-old Malcolm Harsch—are also currently under investigation in California as suspected lynchings after public outcry when these deaths were initially deemed suicides, a conclusion that ignores the history of lynching in the U.S. (*VOA News*).

without recognizing how it is a legacy of ongoing white supremacy (fig. 23).



Figure 23: A Black Lives Matter 2020 protest sign referencing the history of racism in the U.S. [rd.com/culture/black-lives-matter-signs](https://www.ard.com/culture/black-lives-matter-signs)

Further, the contemporary Black Lives Matter slogan in many ways reverberates the impetus of the Black Power and Black is Beautiful mottos of the 1960s and 1970s that is taken up in *The Planet of Junior Brown* and *The Bluest Eye*. Consequently, for mental health services to meaningfully become anti-racist, anti-colonialist, anti-imperialist, and anti-misogynist—and a legitimate space for healing—it is imperative for us to reconsider how psychiatric discourse is thoroughly implicated in these projects. Yet, this assessment is not new, as Rawi Hage’s *Cockroach* similarly comes to the same conclusions in its parody of rampant xenophobia and Islamophobia in Canada through the discourse of paranoia. While I am not disparaging meaningful changes to racial inequalities since the post-WWII era, the current political moment nevertheless demands reflection of how much has problematically remained the same, particularly in psychiatric services. A common thread in all the texts is that psychiatric

institutions, which focus on symptom naming and diagnostic categorization like shell shock, multiple personality, schizophrenia, and paranoia, do not adequately address gender- and race-based trauma. As my thesis shows, literature and film provide vital and provocative resources for challenging the normalizing—and thus pathologizing—elements of psychiatric discourse by offering alternative modes of narrating trauma that does not rely on biomedical discourse.

As communities grieve the traumatic losses of both COVID-19 and police violence that have fundamentally shaped the 2020 socio-political landscape, the artful memes, visual culture, and protest signs of 2020 offer critiques of how state structures have failed Black, Indigenous, and people of colour. It is particularly interesting to note how Black Lives Matters protesters invoke epidemiological discourse in their critiques of systemic racism, such as a sign held by a Black woman wearing a face mask that reads “RACISM IS A DISEASE REVOLUTION IS THE CURE” (fig. 24). Amid a pandemic that alters the parameters of protesting to conform with social distancing protocols, this protestor subverts and co-opts the language of disease, although it also problematically relies on ableist ideas of disease and cure. The disease, then, that we have neglected is racism in favour of COVID-19. However, the sign also illustrates how discourse around racism only addresses the symptoms, i.e. police brutality, rather than the cause, i.e. white supremacy, that can only be addressed or ‘cured’ through revolution or social restructuring. Similarly, the focus in biomedical psychiatric discourse on symptoms and diagnostic labels, rather than the underlying causes of systemic mental distress in BIPOC, including race- and gender- based violence, is part of the problem. This protestor is suggesting how to invert the current narrative of disease. Racism is what needs to be cured, rather than the mental distress it causes; the cure is political rather than individual or biomedical. Again, while this figurative language depends on an ableist and sanist rhetoric of curing illness/disease, it self-consciously

engages with the epidemiological outbreak narrative of the present COVID-19 context to simultaneously address recent BLM activism. While the underlying ableist premise is problematic, it draws attention to the linkages between discourses of illness and racialization, which as this dissertation has explored, have been historically connected in order to maintain structures of white supremacy.

Although public outcry about police violence during wellness checks has prompted calls for police officers to be replaced by mental health workers, a Mad Studies approach instead highlights the need to re-examine the practice of wellness checks. How does a mental health wellness check potentially undermine the agency of individuals with a diagnostic label by putting them under institutional surveillance? Are there community-based alternatives to wellness checks? These interventions are made possible by the critiques of BIPOC individuals of systemic inequalities within both the criminal justice and psychiatric systems to imagine alternative possibilities other than replacing one biased institution for another. As this thesis has demonstrated, the narratives of trauma offered by Black, Indigenous, and people of colour illustrates that institutional structures, including psychiatry, need to be fundamentally reconceived to better align with social justice aims and fully recognize their current complicity with white supremacy in order to meaningfully address and alleviate mental distress in oppressed communities.



Figure 24: A Black Lives Matter 2020 protest sign reading “RACISM IS A DISEASE REVOLUTION IS THE CURE.” [rd.com/culture/black-lives-matter-signs](https://rd.com/culture/black-lives-matter-signs)

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