

INVISIBLE WOUNDS: RETHINKING RECOGNITION IN DECOLONIAL
NARRATIVES OF ILLNESS AND DISABILITY

By

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ABSTRACT OF THE DISSERTATION

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and Disability

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Dissertation Director:
Ann Jurecic

Working at the interface of literary studies, decolonial theory, and disability studies, my dissertation draws on literature and film across a variety of genres, including fiction by Ralph Ellison, Gabriel García Márquez, Toni Morrison, and Junot Díaz, to demonstrate how literary narratives about illness and disability contribute to understanding racial formations and ameliorating colonial wounds. The dissertation develops a critical framework for understanding the ways in which a sustained encounter between critical race studies, disability studies, and the medical humanities can generate new conceptions of health and healing. I accomplish this through a reassessment of the writings of decolonial theorist Frantz Fanon, a physician who used narrative case studies and ethnography to illuminate the imbrication of race, illness, and disability. By introducing a decolonial perspective to the study of narratives of illness and disability, this project not only challenges the medical humanities and disability studies to consider the experience of race and the effects of colonialism, but also foregrounds questions of disability and illness within the fields of race theory and postcolonial studies, where they have until now received minimal scholarly attention.

Chapter one argues that Fanon's clinical and philosophical perspective offers the medical humanities critical tools with which to dismantle binaries at the center of Western hegemonic thought and which serve to perpetuate Eurocentrism. As I build a theory of decolonial embodiment in chapter two, I work with Fanon's and Ralph Ellison's scathing critiques of Mark Robson's 1949 *Home of the Brave*, a Hollywood film that problematically conflates blackness and disability. Read against the grain, the film also illuminates the limits of Eurocentric psychiatry's understanding of the black subject. In chapter three I perform a comparative reading of Toni Morrison's iconic neo-slave narrative *Beloved* and Gabriel García Márquez's underexplored *Of Love and Other Demons* to examine the healing power of love in a decolonial context. My final chapter examines ethnographies of illness by medical anthropologists Paul Farmer and Cheryl Mattingly in light of Fanon's *The Wretched of the Earth*, which itself can be understood as a radical form of ethnography, to argue that beyond recognizing the suffering of people of color it is essential to take seriously the need to create a new narrative of the human that is not defined by European standards.

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INTRODUCTION

There comes a time when silence becomes dishonesty.

The ruling intentions of personal existence are not in accord with the permanent assaults on the most commonplace values.

For many months my conscience has been the seat of unpardonable debates. And their conclusion is the determination not to despair of man, in other words, of myself.

The decision I have reached is that I cannot continue to bear a responsibility at no matter what cost, on the false pretext that there is nothing else to be done.

For all these reasons I have the honor, Monsieur le Ministre, to ask you to be good enough to accept my resignation and to put an end to my mission in Algeria. (Fanon, "Letter to the Resident Minister (1956)" 54)

In 1956, after nearly three years as *Médecin-Chef de service* at the Psychiatric Hospital of Blida-Joinville in war-torn, French-occupied Algeria, Frantz Fanon effectively put an end to what he considered the impossible mission of practicing medicine in a country where the "absolute depersonalization" and "multi-daily murder of man" had been naturalized by anti-black and anti-Arab racism (Fanon, "Letter to the Resident Minister" 53). In the face of the systemic dehumanization and violence "steeping Algeria in blood" (53), Fanon had nevertheless given everything in the service of his patients, pouring his heart and soul into "the unanimously hoped-for emergence of a better world" (52). "But what can a man's...devotion achieve," he asks the Resident Minister in his impassioned letter of resignation, when "everyday reality is a tissue of lies, of cowardice, of contempt for man?" (52). For Fanon, nowhere near enough, for "there comes a moment when tenacity becomes morbid perseverance. Hope is no longer an open door to the future but the illogical maintenance of a subjective attitude in organized contradiction with reality" (53). Unwilling to live this contradictory existence, he turned instead to revolution, to setting his efforts on dismantling what he considered

“a non-viable society, a society to be replaced” (53).

Fanon would be dead within just five years. Although he had been the target of several French right-wing assassins given his open support of the Algerian *Front de Libération Nationale* (FLN), in the end, it would be “the cells of his blood, and the micro-assassins of bacteria and viruses that prevailed” (Gordon, *What Fanon Said* 142). A twice-decorated World War II veteran who, after his expulsion from Algeria, risked his life providing medical treatment and training to members of the FLN while stationed in Tunis, the nationalist movement’s “capital in exile” (Macey 301), Fanon died far from the Algerian liberation struggle at the hands of leukemia in Bethesda, Maryland. Having exhausted the medical treatments available in North Africa and the Soviet Union, and with Europe far too dangerous given the multiple attempts on his life staged there (Gordon, *What Fanon Said* 110), he reluctantly traveled to what he considered the “land of lynch mobs” only to meet his own death to double pneumonia at the National Institutes of Health (Macey 488-489).

And yet, perhaps more remarkable than his demise taking place at the heart of U.S. biomedical research is the fact that even as he knew he was dying, Fanon worked tirelessly over the course of his last few months to complete the book for which he is best known, his controversial statement on decolonization *Les damnés de la terre* (*The Wretched of the Earth*).¹ This indelible link between Fanon’s concurrent struggles—to live and to forge the conditions that would make living possible for the oppressed, to heal the wounds of coloniality and to be himself healed—haunts Fanon’s final work and demands a reconsideration of the

¹ As biographer David Macey writes, “On the day the news of Fanon’s death reached Paris, the French police began to seize copies of *Les Damnés de la terre* from the bookshops” (Macey 492).

revolutionary thinker in light of his efforts as a doctor and his experiences as a patient.

As a clinician and philosopher who combined phenomenology, psychiatry, and psychoanalysis in his work, Fanon draws our attention to the importance of healing the physical, affective, and epistemological wounds of anti-black racism by attending to the social relations that produce them. Originally submitted—and rejected—as his medical thesis, Fanon’s first book *Peau noire, masques blancs* (*Black Skin, White Masks*) represents for Fanon a “clinical study” in which he proposes “to liberate the black man from himself” by exposing the psychological and phenomenological injury produced by the colonial structure (Gordon, *What Fanon Said* 15; Fanon, *Black Skin* xii).² That Fanon’s work, which he understood as a contribution to medical knowledge, was rejected for exceeding the perceived boundaries of the discipline begs the question of what other kinds of knowledge about health and illness are likewise excluded from the conversation due to our current classification systems. With this in mind, the goal of my project is twofold. As a contribution to decolonial studies and the health humanities, I address the lack of critical attention paid to how Fanon’s clinical training and practice influence his theories on ethical interrelation, and how these in turn are essential to the nuanced, anti-hegemonic, and anti-racist study of health, illness, and disability. As a comparative literature project, my work demonstrates how Fanon’s ideas shed light on colonial and decolonial wounds in literature, as well as how this literature transforms decolonial theory for the late-twentieth- and early-twenty-first centuries.

² Unless otherwise noted, I will be referring to Richard Philcox’s 2008 translation of Fanon’s *Black Skin, White Masks*.

Invisible Wounds: Rethinking Recognition in Decolonial Narratives of Illness and Disability explores the links and bridges the gaps between the medical humanities, disability studies, and the lived experience of race and coloniality. In recent decades, disability studies and the medical humanities have garnered increasing attention from U.S. academics interested in challenging modern, biological understandings of health and illness that dehumanize and alienate the disabled and the ill.³ While these discourses have much to contribute to the understanding of human diversity, including the study of race and ethnicity, the risk of conflating illness, disability, and historical forms of systemic discrimination remains a point of concern.⁴ By working across disciplinary boundaries and bringing together literature, film, philosophy, anthropology, and medicine, I explore different kinds of knowledge and also engage in the defining project of comparative literature, which is to foment discussion between seemingly disparate fields, even as it continues to question its own coherence as a discipline.

Working at the interface of literary studies, decolonial theory, and disability studies, I bring Fanon's racial-phenomenology into conversation with U.S. and Caribbean narratives of illness and disability to challenge contemporary conceptions of health, illness, and disability. As I engage literary texts and films across a variety of genres (including fiction, autobiography, and ethnography), I focus on narratives about the wounds and the embodied forms of knowledge that are the dual legacies of

³ Some of these most influential studies include Rosemarie Garland-Thomson's *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* and *Staring: How We Look*; Lennard Davis's *Enforcing Normalcy: Disability, Deafness, and the Body*; and Rita Charon's *Narrative Medicine: Honoring the Stories of Illness*.

⁴ See, for example, Nirmala Erevelles and Andrea Minear's "Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality," and the collection of essays in Christopher Bell's *Blackness and Disability: Critical Examinations and Cultural Interventions*.

transatlantic slavery and colonialism in the Americas. Grounded in the study of narrative as a locus of alternative discourses on health and illness, my interdisciplinary project works to increase medicine's awareness of the complexity of patients' stories, both of which are central to the goals of disability studies and the medical humanities.

Drawing on Fanon's theory of embodiment, which stresses the central role of the body as a boundless source of questions, I argue that a sustained encounter between critical race studies, disability studies, and the medical humanities is essential to seriously engaging how we come to define what kinds of lives are worth living in the Americas. Attending to Fanon's ability to shift his perspective between that of the colonial medical professional and that of the colonized patient enables me to produce a nuanced critique of medicine by modeling new ways to engage with texts about illness and disability in colonial and decolonial settings. This new approach requires thinking about a different kind of pain and suffering not captured by the biomedical model but to which we, in the twenty-first century, must nevertheless attend.

While many have written about Fanon's contributions to postcolonial theory, few have taken seriously the way his clinical experiences informed his understanding of health, illness, and suffering within the colonial setting.⁵ These experiences, I argue, enabled him to develop his theory of sociogeny, which draws our attention to the human-made social sphere's impact on the embodied subject, and links the self to society as a way to understand the kind of transformation needed in order to heal the wounds inflicted by the "long-standing patterns of power

⁵ One notable exception is Bulhan's *Frantz Fanon and the Psychology of Oppression*, which explores Fanon's contributions to psychiatry.

that emerged as a result of colonialism, but that define culture, labor, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations” (Maldonado-Torres, “On the Coloniality of Being” 243). Defined in this way, coloniality remains co-constitutive of modernity, even into the present postcolonial era. As I argue, the invisible wounds of colonialism cannot be healed without radical changes in politics, in medical institutions, and in narratives about the full humanity of oppressed people. As such, undoing the oppressive systems that are the legacy of the colonial conquest of the Americas remains the ongoing and unfinished task of decoloniality.

Decoloniality is a project that takes seriously the mission of healing the psychological, affective, and epistemic wounds occasioned by the hierarchical division of the world into colonizers and colonized, a split implicit in the concept of modernity/coloniality. The very concept of modernity/coloniality is itself a conduit for the creation and naturalization of multiple forms of domination across racial, gender, and economic lines, all of which are premised on binary thinking. Essential to overcoming modernity/coloniality is an epistemic decolonization process centered on critically interrogating binary thinking across various fields. The decolonial project thus entails identifying the structures that perpetuate oppression while also working to shed light on those perspectives that have been devalued by hegemonic systems of knowledge and power. As an affirmative project then, decoloniality serves to promote the revaluation of unrecognized subjective and embodied knowledge. Fanon’s theoretical contributions to the study of health and healing are therefore essential to the construction of a more just world.

Fanon is not alone in seeking to create new knowledge by interrogating the terms against which bodies are judged to be whole or lacking. As the first full-length

critical examination of literary and cultural representations of disability, Rosemarie Garland-Thomson's *Extraordinary Bodies* sets the stage for the same concern within disability studies. Garland-Thomson repositions disability as a minority discourse rather than a medical one and emphasizes the importance of "[n]aming the figure of the normate" as a

conceptual strategy that will allow us to press our analyses beyond the simple dichotomies of male/female, white/black, straight/gay, or able-bodied/disabled so that we can examine the subtle interrelations among social identities that are anchored to physical difference. (*Extraordinary Bodies* 8)

By highlighting the social construction of disability, Garland-Thomson situates her work as a disability theorist and literary critic in the realm of the political, and by aligning herself with disability activism she seeks to highlight the ways cultural representations of disability actually challenge the individualist narrative that remains a core value in U.S. social discourse (*Extraordinary Bodies* 15). Ultimately Garland-Thomson's is a critique of "ideologies of self-reliance, autonomy, progress, and work" and of the modern, capitalist subject itself (*Extraordinary Bodies* 16).

Here it is important to note that the social constructionist model of disability, in which bodily difference operates on a spectrum rather than a binary that defines impaired bodies as problems to be fixed, can pose particular challenges when discussing the topic of healing, which is often aligned with the notion of a cure within the biomedical model. However, rather than imply a total erasure of past wounds the way that "transformation" or "cure" might, decolonial healing relentlessly underscores the ethical dimension of this necessarily ongoing practice. Decolonial healing is a process that need not even be realized in order to remain a worthwhile venture. It will be the subject of a subsequent chapter. Significantly, Garland-Thomson acknowledges, "although this constructionist perspective does the

vital cultural work of destigmatizing the differences we call gender, race, or disability, the logic of constructionism threatens to erase the very social categories we analyze and claim as significant” (*Extraordinary Bodies* 22). “The poststructuralist logic” she continues, has both the power to “free marginalized people from the narrative of essential inadequacy, but at the same time it risks denying the particularity of their experiences” (*Extraordinary Bodies* 22-23). A decolonial perspective that values lived experience can serve here as a failsafe against precisely this risk.⁶

Where disability studies are rooted in disability rights activism, the medical humanities, on the other hand, have traditionally served to infuse medical education with instruction in the humanities, leading some to consider the field as limited in its ability to promote radical change. Due to the absence of the political activist component so central to disability studies, as Diane Price Herndl argues, the medical humanities seem at times more concerned with avoiding alienating the medical professionals to whom they must cater. According to Herndl, this works against posing a true challenge to the discourse of normalcy imposed on human bodies by modern medicine.⁷ Although such claims against the medical humanities run the risk of attempting to depict a relatively fragmented discipline with excessively broad strokes, the fact that the institutional concerns of the medical humanities have for the most part remained distanced from political activism

⁶ For a more philosophically grounded argument in a similar vein, Lewis Gordon makes a stronger point in *Fanon and the Crisis of European Man*, in which he extends this line of thinking, calling poststructuralism “anti-humanist discourse.”

⁷ For more on the perceived antagonism between the medical humanities and disability studies, see Diane Price Herndl’s *PMLA* article “Disease versus Disability: The Medical Humanities and Disability Studies.”

remains problematic. I argue that an interdisciplinary decolonial approach grounded in Fanon's racial phenomenology and attentive to moments that challenge the epistemological bases of coloniality offers a valuable set of critical tools and concepts through which to engage the challenge of redefining health and healing while avoiding the elision of difference. This Fanonian approach to the health humanities, which I call a theory of decolonial embodiment, stresses the role of the body as a boundless source of questions and offers a nuanced perspective on health and illness that accounts for the ongoing effects of colonialism and coloniality. Ultimately, I argue, a decolonial approach that promotes a sustained encounter between critical race studies, disability studies, and the medical humanities is essential to seriously engaging what it means to be human.

Invisible Wounds is comprised of four chapters in which I analyze U.S. and Caribbean literature and film in French, Spanish, and English. In chapter one, **"Decolonial Embodiment: A Fanonian Epistemology of the Body,"** I offer a reassessment of Fanon's medical writings to highlight the ways he used narrative case studies and ethnography to illuminate the imbrication of race, illness, and disability, a constellation that remains understudied in the current discourse on health and disease. There I lay the theoretical framework for my project and argue that Fanon's clinical and philosophical perspective offers the medical humanities critical tools with which to dismantle binaries at the center of Western hegemonic thought and which serve to perpetuate Eurocentrism.⁸ These are: health/illness, mind/body, and body/world. Dismantling these binaries, I argue, is essential to

⁸ See, for example, Lewis R. Gordon, *Existential Africana: Understanding Africana Existential Thought* and Linda Martín Alcoff, "Towards a Phenomenology of Racial Embodiment."

healing the colonial wound, an embodied, affective, and epistemological injury that functions as a central concept in decolonial thought and serves as an essential bridge between health studies and decoloniality.⁹ As both a literal and metaphorical concept, it highlights the pain and suffering of those oppressed by the legacy of coloniality, while also emphasizing the valuable knowledge these subjects produce by virtue and in spite of their very woundedness. Following Fanon, whose own sociogenic analysis included examples drawn from clinical practice, film, and literature, I conclude the chapter with a close literary analysis of Pulitzer Prize winning Dominican-American author Junot Díaz's "Monstro," a post-apocalyptic short story set on the Caribbean island of Hispaniola that provocatively engages the trope of blackness as disease by suggesting that the embodied experiences of the world's most marginalized subjects can both threaten the destruction of the globe and help to bring about its rebirth.¹⁰

Building a theory of decolonial embodiment, in chapter two, **"Invisible Wounds: Redefining Health and Illness in Ellison, Fanon, and *Home of the Brave*,"** I then move to a close analysis of Fanon's and Ralph Ellison's scathing critiques of Mark Robson's 1949 *Home of the Brave*, a Hollywood film that problematically conflates blackness and disability while also, when read against the grain, illuminating the limits of turning to Eurocentric psychiatry to understand the black male subject. I argue that by engaging tropes of invisibility, disability, and alienation, Ellison and Fanon create new narratives that give expression to

⁹ For more on the colonial wound see Anzaldúa, *Borderlands/ La Frontera: The New Mestiza* and Walter Mignolo, *The Darker Side of Modernity: Global Futures, Decolonial Options*.

¹⁰ For more on Díaz's work as particularly decolonial, see *Junot Díaz and the Decolonial Imagination*.

embodied black existence in ways that had been previously unwritten. That Fanon and Ellison also published their groundbreaking works *Peau noire, masques blancs* and *Invisible Man* in the same year (1952) provides an opportunity to consider how two important thinkers on the social ramifications of anti-black racism engage the failings of both art and medicine.

In chapter three, **“Decolonial Love and Healing: Loving from Below in Morrison and García Márquez,”** I read Fanon’s reflections on love as an extension of his concerns with healing the colonial wound, and argue that the practice of an anti-hegemonic form of love is at the heart of the process of decolonial healing. Specifically, I build on decolonial feminist Chela Sandoval’s concept of “decolonial love” and compare Toni Morrison’s iconic neo-slave narrative *Beloved* and Gabriel García Márquez’s underexplored *Del amor y otros demonios* (*Of Love and Other Demons*) to examine the healing power of love in a decolonial context. Further, I consider what decolonial healing might mean in and beyond the context of these narratives. Exploring the imbrication of illness, blackness, and the irrational in these texts, I argue that by foregrounding black lived experience and knowledge over and against the Eurocentric, both novels challenge the terms upon which we define the human and demonstrate how literature can advance the decolonial project.¹¹

Taking as a point of departure Fanon’s use of clinical diagnosis and phenomenological narrative to promote liberation from oppression, my final chapter, **“Fanon at the Clinical Borderlands: Rethinking Recognition in Farmer, Mattingly, and Fanon,”** examines two U.S. American ethnographies of illness centered on communities of color—medical anthropologist Paul Farmer’s *Pathologies of Power*

¹¹ As Mignolo argues, “Eurocentrism becomes... a metaphor to describe the colonality of power from the perspective of subalternity” (*Local Histories* 17).

and anthropologist Cheryl Mattingly's *The Paradox of Hope*. Reading these ethnographies in light of Fanon's *Les damnés de la terre*, which itself can be understood as a radical form of ethnography, I argue that beyond recognizing the suffering of people of color it is essential to take seriously the need to create a new narrative of the human that is not defined by European standards. In his emphasis on the larger societal forces that impact subject formation, as well his gesture towards institutional narratives that ensnare society's most marginalized subjects, I argue that Fanon stands as a precursor to contemporary ethnographers who focus on the clinical experiences of black subjects in the U.S. and the Global South.

By engaging in interdisciplinary research that is nevertheless grounded in the study of narrative, I affirm the significance of literature to the project of promoting social justice, as does Fanon himself. Whether it be in the form of dramatic vignettes and phenomenological description, as in *Peau noire, masques blancs*, or the detailed and impassioned clinical case studies of his later work, Fanon communicates his conviction that the critical first step in enacting social change is recognizing and understanding the roles in which individuals are cast. By working with and drawing from fields across disciplinary divides, I aim to foster coalition with the potential to create alternative futures, ones written by those who have previously been rendered voiceless.

CHAPTER ONE | DECOLONIAL EMBODIMENT: A FANONIAN EPISTEMOLOGY OF THE BODY

Supériorité ? Infériorité ?

Pourquoi tout simplement ne pas essayer de toucher l'autre, de sentir l'autre, de me révéler l'autre ?

Ma liberté ne m'est-elle donc pas donnée pour édifier le monde du Toi ?

A la fin de cet ouvrage, nous aimerions que l'on sente comme nous la dimension ouverte de toute conscience.

Mon ultime prière :

O mon corps, fais de moi toujours un homme qui interroge!

(Fanon, *Peau noire, masques blancs* 188)¹²

In the final lines of his groundbreaking exploration of the psychological impact of French colonialism, *Peau noire, masques blancs*, black Martinican psychiatrist and theorist Frantz Fanon briefly but forcefully turns away from the world of clinical diagnosis and offers a poignant call to remain an embodied, questioning subject in search of human connection. Momentarily setting aside concerns about the inferiority and superiority complexes he has been discussing throughout his text, he asks instead whether it is possible to focus our attention on touching, feeling, and discovering each other. In this turn toward the phenomenological, Fanon asks his readers “to feel” with him “the open dimension of every consciousness” before directing this call back to himself and to his own body, thereby recognizing embodiment as an essential source of knowledge for those in need of a guiding light in a world stricken by violence and alienation. By posing for

¹² “Superiority? Inferiority?

Why not simply try to touch the other, feel the other, discover each other?

Was my freedom not given me to build the world of *you*, man?

At the end of this book we would like the reader to feel with us the open dimension of every consciousness.

My final prayer:

O my body, always make me a man who questions!” (*Black Skin* 205-206)

readers the kinds of questions he deems most valuable, Fanon highlights the importance of nurturing relationships that are not rendered pathological by oppressive hierarchical systems of power premised on dehumanizing those he would later call *les damnés de la terre*, the damned of the earth.

To be clear, for Fanon *Black Skins, White Masks* is “a clinical study” as evidenced not only by his analysis of “The So-Called Dependency Complex of the Colonized” and “The Black Man and Psychopathology” (Fanon, *Black Skin* xvi), but also by his attempt to submit the work as his medical thesis.¹³ Yet, given the kinds of analyses Fanon performs in the text—discussions of Caribbean and U.S. literature and film alongside psychological studies—it is no surprise it was rejected for not conforming to the generic expectations of medicine. By purposefully transgressing disciplinary boundaries, Fanon affirms the significance of looking beyond the traditional markers of pathology to effectively explore the underlying traumas and wounds occasioned by the lived experience of coloniality. These wounds extend past the temporal limits of colonialism, for as Fanon himself presciently wrote, “the war goes on. And for many years to come we shall be bandaging the countless and sometimes indelible wounds inflicted on our people by the colonialist onslaught” (Fanon, *The Wretched of the Earth* 181).

In what follows, I offer a reassessment of Fanon’s medical writings to highlight the ways he used narrative case studies and ethnography to illuminate the imbrication of race, illness, and disability, a constellation that remains understudied in the current discourse on health and disease. By introducing a decolonial perspective to the study of narratives of illness and disability, this project not only

¹³ In the original French these are “Du prétendu complexe de dépendance du colonisé” and “Le Nègre et la psychopathologie.”

challenges the medical humanities and disability studies to consider the experience of race and the effects of colonialism, but also foregrounds questions of disability and illness within the fields of race theory and postcolonial studies, where they have until now received minimal scholarly attention. Fanon's specific emphasis on narrative, I argue, allows him to develop what I call a theory of decolonial embodiment, which stresses the central role of the body as a boundless source of questions and suggests the possibility that critical race studies, disability studies, and the medical humanities can together generate new conceptions of health and healing that make central the invisible wounds of coloniality.

Decolonial embodiment offers a global perspective on local injustice that accounts not only for the historical consequences of colonialism and coloniality, but also the very real and embodied suffering of those subjects who bear these wounds. Inhabiting this perspective invites the rejection of dualist thinking, in particular the false binaries of health/illness, mind/body, and body/world that form the heart of Western hegemonic thought and which serve to perpetuate Eurocentric notions of health and healing. In so doing, the study of decolonial embodiment draws our attention to the stigmatized, dehumanized body as an important source of devalued or otherwise overlooked knowledge regarding both coloniality and its effects, as well as strategies to dismantle it.

Reading narratives of illness and disability *with Fanon* allows us to read the wounds of coloniality as expressed across genre and discipline. Beyond Fanon's writing, decolonial narratives of bodily disruption offer particularly rich terrain for exploring questions of identity and subjectivity through a phenomenological lens. Therefore, following Fanon, whose own sociogenic analysis included examples drawn from clinical practice, film, and literature, I conclude this chapter with a close

literary analysis of Junot Díaz’s “Monstro,” a post-apocalyptic short story set on the Caribbean island of Hispaniola that provocatively engages the trope of blackness as disease by suggesting that the embodied experiences of the world’s most marginalized subjects can both threaten the destruction of the globe and help to bring about its rebirth. From a Fanonian perspective, Díaz participates in the construction of a new narrative of the human, one that sheds light on the colonial wound as well as the knowledge produced by the *damnés de la terre*. In attending to the importance of the stories we tell, Fanon challenged master narratives that perpetuated the pathologization of human relationships and suggested new ways to relate to vulnerability and interdependence, upon which I elaborate below.

FANON’S ENGAGEMENT WITH NARRATIVE

In *Black Skin, White Masks*, Fanon proposes “to liberate the black man from himself” by exposing the psychological and phenomenological injury produced by the colonial structure (*Black Skin* xii).¹⁴ While the text is well-known for its emphasis on the detrimental effects of French colonialism on the black subject, attending to its emphasis on embodied and affective suffering allows for a more nuanced understanding of Fanon’s development of a theory of decolonial embodiment. Engaging directly with European psychoanalytic and philosophical theory from the perspective of the colonial black subject, Fanon suggests that in order to overcome the damaging, dehumanizing effects of colonial society, he must both understand and fight against the dominant narrative of racism that he has internalized and which casts him as an “object among other objects” (*Black Skin* 89). His primary

¹⁴ As Fanon writes, “Cet ouvrage est une étude clinique” (*Peau noire* 10).

argument is that “the juxtaposition of the black and white races”—indeed, the close proximity of their bodies— “has resulted in a massive psycho-existential complex,” and it is “by analyzing it”—the complex as well as the narratives that it reproduces—that “we aim to destroy it” (*Black Skin* xvi). By destroying the complex, Fanon the physician aims to heal the wounds of colonialism by reinterpreting racist narratives and rewriting the case study to serve those it has excluded. While Fanon’s new narratives are the focal point of a subsequent chapter, it is worth providing a brief overview of the narrative work he performs in *Black Skin, White Masks* before delving into his theory of sociogeny.

Fanon presents various narratives that govern the lives of both the colonizer and the colonized, narratives that prescribe pathological relationships between the black man and his family, interracial romantic partners, and ultimately, the black man and himself.¹⁵ These social relationships imposed upon the black subject by colonialism bear a concrete impact on the physical embodiment and phenomenology of the oppressed, and it is through a radical form of psychology and psychiatry that Fanon seeks to liberate the black subject from this plight. Indeed, at the heart of psychoanalysis is storytelling, and in a very real way Fanon argues from his earliest work that the first step in correcting the pathology, of indeed healing it, is to revise the narratives that structure the dramas governing the relationships between whites and blacks.

What Fanon does here is expose the toxicity of the colonialist narrative in order to draw attention to the need to rewrite it by offering a new narrative of

¹⁵ This forms a rough outline for *Black Skin, White Masks*, referring to the chapters “The Black Man and Language,” “The Woman of Color and the White Man,” “The Man of Color and the White Woman,” and “The Lived Experience of the Black Man.”

experience and developing a decolonial epistemology of the black body. In the chapter “*L’expérience vécue du Noir*” (“The Lived Experience of the Black Man”), Fanon comes up against the limits to his subjectivity imposed on him when a white child calls out “Look! A *nègre*!”—a term with a particular colonial background and which “means ‘Negro’ and ‘nigger’ depending on the context” (Gordon, *What Fanon Said* 22). Given the particular colonial context of the word “*nègre*,” which is often lost in the translation to “Negro,” I have kept the French word. Illuminating the problem of the black subject’s body (in particular his epidermis) as the site of both physical and psychological suffering, Fanon engages in a critique of universalizing Eurocentric discourses that claim to understand the lived experience of the black man.

When Fanon goes on to engage in phenomenological description, his references to the black body—specifically his own—take on a distinct concreteness that encourages a serious reconsideration of how we define healing within the decolonial context. While “the white gaze, the only valid one, is already dissecting” him, Fanon seeks “a genuine dialectic between [his] body and the world” (*Black Skin* 95, 91). This phenomenological engagement with the world is denied him, for “in the white world, the man of color encounters difficulties in elaborating his body schema. The image of one’s body is solely negative. It’s an image in the third person” (*Black Skin* 90). In this tension between what his body has been turned into (a static object, a symbol of the *nègre*) and what he strives for it to become (in dynamic relationship with the world), one can observe Fanon grappling with the notion of the body as, in the words of Teresa de Lauretis, “the material ground of one’s social and subjective existence, and, at the same time, as a locus of excess” (56).

In these ways, Fanon's embodied experiences as a clinician, psychiatrist, and black Martinican endow him with an especially valuable subject position from which to expose the limits of hegemonic epistemologies of the body that devalue perspectives of color. For Fanon, the clinic itself is the space from which he develops his revolutionary thought, including his sociogenic theory.

THE COLONIAL CLINIC

Fanon's sociogenic analysis emerges from his practice of critically analyzing—that is, writing and reading—clinical case narratives, and his critical analysis in turn informs his approach to health and healing. Writing as a physician treating patients in French-occupied Algeria, Fanon describes an “enormous wound” (“*cette énorme plaie*”) that remains unseen and unfelt by the colonial powers even though they are the very cause of it (Fanon, “Letter to a Frenchman” 48). In a letter to an unnamed French doctor who is leaving Algeria to return to France, which he wrote before resigning from his post as head of the psychiatric hospital at Blida-Joinville, Fanon bitterly confronts his former friend, exposing the latter's indifference to the suffering of the colonized. Although this letter comes much later in Fanon's oeuvre, it is worth beginning here to highlight the consistent and increasingly dominant role of the colonial wound in Fanon's theory.

Published posthumously, it is unclear whether Fanon ever actually sent his “Letter to a Frenchman,” which straddles the line between poetry and prose.¹⁶ While it garners little more than a passing mention in most scholarly studies of Fanon, it remains significant and worthy of special attention for a few reasons.

¹⁶ As biographer David Macey notes, it remains unclear whether Fanon intended to send the letter or whether it was a note to himself (Macey 273).

First, the strikingly literary quality of the letter serves to expose Fanon's concern with healing in a way that is representative of his larger project of rehumanizing the medical encounter. Second, it demonstrates Fanon's great insight into French occupation as a wound, while highlighting his colleague's inability to see the same. For Fanon, this lack of vision leads to a silence that is ultimately deadly, and his emphasis on the recurring questions that emerge from the colonial situation represents an ever-present concern with investigating, analyzing, and exposing the wounding nature of coloniality.

As Fanon makes clear in both this letter and elsewhere, the European doctor in the colonized territory is himself necessarily an extension of colonialism. For Fanon, this is true whether the doctor is a white European (as are Fanon's colleagues) or an official representative of the European colonial power (as is Fanon). "In the colonies," Fanon writes, "the doctor is an integral part of colonization, of domination, of exploitation" ("Medicine and Colonialism" 134). In the case of Algeria, not only were French doctors landowners and therefore settlers "economically interested in the maintenance of colonial oppression" ("Medicine and Colonialism" 134); the expected doctor-patient confidentiality and trust was thwarted at every turn.¹⁷ For the Algerian to accept colonial medicine would be to tacitly accept the "superiority" of Western medicine and thereby sanction the occupation. Given that French doctors were obligated by law to report any and all suspicious injuries to the colonial authorities, their role in healing remained superficial at best. As Fanon

¹⁷ As Fanon continues, "Every doctor has his vineyards.... He is likewise the owner of mills, wine cellars, or orange groves, and he coyly speaks of his medicine as simply a supplementary source of income" ("Medicine and Colonialism" 134).

summarizes, “Science depoliticized, science in the service of man is often non-existent in the colonies” (“Medicine and Colonialism” 140).

In the letter, Fanon recounts how the friend laughingly explains that he and his wife must leave Algeria due to the deteriorating political situation, which the Frenchman tellingly represents by alluding to the brutal sexual violence that is sure to come (“The women will be raped. Men will have their testicles cut off and rammed between their teeth” (“Letter to a Frenchman” 47)). When Fanon asks him what he will say when the people back home ask about Algeria, he sees in the Frenchman’s laughter his “essential ignorance of [Algeria] and its ways” (47). “Perhaps you will leave,” Fanon writes,

but tell me, when you are asked, “What is going on in Algeria?” what will you answer?

When your brothers ask you: “What has happened in Algeria?” what will you answer them?

More precisely, when people will want to know why you left this country, what will you do to stifle the shame that already burdens you?

The shame of not having understood, of not having wanted to understand what has happened around you every day. (“Letter to a Frenchman” 47-48)

As if in response, Fanon provides an answer in the aforementioned letter of resignation: “What is the status of Algeria? A systematized de-humanization” (Fanon, “Letter to the Resident Minister” 53). This lack of desire to understand is representative of the colonial administration’s attitude toward the colonized, and the remainder of his “Letter to a Frenchman” serves as a powerful denunciation of this attitude and the silence it produces.

Eight years the friend has been in the country,

And no part of this enormous wound has held you back in any way.

And no part of this enormous wound has pushed you in any way.

You have been free to discover yourself at last such as you really are. (“Letter to a Frenchman” 48)

The repetition in this passage—the first of many such instances of anaphora throughout the letter—serves to emphasize not only how clearly injurious the French presence has been in Algeria, but also the magnitude of his friend’s oversight. That is, because Fanon does not provide further explanation for the etiology of the wound, the letter’s audience must conclude that “this enormous wound” refers to the as yet unnamed, and unspoken, events that happen and have happened in Algeria. These events should be clear to the letter’s addressee—who is a stand-in for the entire colonial presence in Algeria as well as its supporters—yet they remain elusive because of his unwillingness to confront his own complicity in producing that wound. To be sure, Fanon later offers a powerful and piercing list of the events that have remained invisible to those in colonial power, “For there is not a European who is not revolted, indignant, alarmed at everything, except at the fate to which the Arab is subjected” (“Letter to a Frenchman” 48).

And yet, in his letter Fanon never presumes to hold all of the answers to the situation. Returning to the issue of his colleague’s departure and the perpetual, deadly silence that follows, Fanon writes,

You will leave. But all these questions, these questions without answer. The collective silence of 800,000 Frenchmen, this ignorant silence, this innocent silence.

And 9,000,000 men under this winding-sheet [*linceul*] of silence.

I offer you this dossier so that no one will die, neither yesterday’s dead, nor the resuscitated of today. (“Letter to a Frenchman” 49)

The ignorant and falsely innocent silence becomes for Fanon a burial shroud (translated as “winding-sheet” above) to cover over the deaths produced by the French occupation, but in defiance of death and destruction Fanon speaks truth to power in an effort to bring the dead back to life; to tell the truth of what is

happening is to take a stand against the silencing erasure of the colonized. In a powerful burst of anger and emotion, Fanon demonstrates the evident control of language and rhetoric he displays throughout the letter:¹⁸

I want my voice to be harsh, I don't want it to be beautiful, I don't want it to be pure, I don't want it to have all dimensions.

I want it to be torn through and through, I don't want it to be enticing, for I am speaking of man and his refusal, of the day-to-day rottenness of man, of his dreadful failure.

I want you to tell. ("Letter to a Frenchman" 49)

Fanon's desire to break the silence of the wound urges him to protest this indifference and ultimately to resign his position as chief doctor because of the contradiction inherent in his work as a healer and his work as an extension of the colonial administration.¹⁹

Where in the "Letter to a Frenchman" Fanon speaks of silence, in "The 'North African Syndrome'" he turns his attention to the "pain without lesion" (7), in other words, the invisible wounds of coloniality. In this article, which he wrote and published as a medical student in 1952, Fanon passionately rails against the impossibility of genuine communication between Algerian patients living in France and the French doctors who are unable and unwilling to make sense of their "pain without lesion" because it fails to conform to the "rules of the game. Especially the rule, known to be inflexible, which says: any symptom presupposes a lesion" ("The 'North African Syndrome'" 8).²⁰ In this scenario, which Fanon describes in a way

¹⁸ Indeed, Fanon's poetic cadence is reminiscent of Aimé Césaire's *Cahier d'un retour au pays natal*. Fanon was at one point a student of Césaire.

¹⁹ For more on the colonial doctor as an extension of colonialism, see Fanon's "Medicine and Colonialism" in *A Dying Colonialism*.

²⁰ "The 'North African Syndrome'" was first published in *L'Esprit* in February 1952, the same year as *Peau noire, masques blancs*.

that foreshadows Foucault's later observations in both *Discipline and Punish* and *The Birth of the Clinic*, the doctor "will find the *patient* at fault—an indocile, undisciplined patient" because, as Fanon argues, "*the attitude of medical personnel is very often an a priori attitude [....] [T]he North African, spontaneously, by the very fact of appearing on the scene, enters into a pre-existing framework*" (italics in original 7). This pre-existing framework is representative of a hegemonic epistemology of the body, what Fanon characterizes quite simply as "medical thinking" and which "proceeds from the symptom to the lesion" but remains incapable of considering the possibility that the injury may not visibly mark the body in the expected ways, even as the pain itself is experienced *in* the body. From this perspective, this indifference, what Fanon calls a "theory of inhumanity," is already "finding its laws and corollaries" ("The 'North African Syndrome'" 3), for

In the face of this pain without lesion, this illness distributed in and over the whole body [of the North African], this continuous suffering, the easiest attitude, to which one comes more or less rapidly, is the negation of any morbidity. When you come down to it, the North African is a simulator, a liar, a malingerer, a sluggard, a thief. ("The 'North African Syndrome'" 7)

In short, it is easier for those in power to ignore the diseased state of the colonized, to mislabel him a malingerer, and to overlook the prevalence of the colonial wound than to acknowledge their own complicity in creating this suffering.²¹ And while his colleagues insist that notwithstanding all of the problems faced by the North Africans in France "you can't say it's our fault," Fanon insists, "But that's just it, it *is*

²¹ However, as Césaire powerfully declares in his *Discourse on Colonialism*, this willful blindness is only a symptom of coloniality's own affliction, for

"A civilization that proves incapable of solving the problems it creates is a decadent civilization.

A civilization that chooses to close its eyes to its most crucial problems is a stricken civilization.

A civilization that uses its principles for trickery and deceit is a dying civilization" (31).

our fault. It so happens that the fault is YOUR fault” (“The ‘North African Syndrome” 14, emphasis in original). This assertion, which emphasizes his understanding of the doctor as a colonial agent, reverberates throughout Fanon’s work.

When the North African’s wounds are not addressed, he does not give up, but instead, according to Fanon, “He proceeds on the assumption that in order to get satisfaction he has to knock at every door and he knocks. He knocks persistently. Gently. Naïvely. Furiously” (“The ‘North African Syndrome” 5). But his persistence leads only to a wall of miscommunication.

He knocks. The door is opened. The door is always opened. And he tells about *his pain*. Which becomes increasingly his own. He now talks about it volubly. He takes hold of it in space and puts it before the doctor’s nose. He takes it, touches it with his ten fingers, develops it, exposes it. It grows as one watches it. He gathers it over the whole surface of his body and after fifteen minutes of gestured explanations the interpreter (appropriately baffling) translates for us: he says he has a belly-ache. (“The ‘North African Syndrome” 5, emphasis in original)

Here, it is Fanon that “takes hold” of the pain of the colonized and places it before his readers as he develops and exposes the reality of that suffering, and in so doing demonstrates the tremendous rift that impedes genuine communication—and thereby healing—from taking place. In this way, the translator’s abridged interpretation of the “voluble” description offered by the patient reproduces the silence against which Fanon writes in his letter to the Frenchman. As such, the attention to and critique of narratives that govern human relation—both the ones we tell ourselves and the ones we tell each other—come to form the backbone of Fanon’s healing practice.

FANON'S SOCIOGENIC APPROACH TO HEALING

These experiences in the clinic provide Fanon with the foundation from which to develop the theoretical framework of sociogenesis, which links the self to society as a way to understand the kind of transformation needed to heal these wounds. Significantly, Fanon's interest in healing the wounds of coloniality is part of an important and ongoing conversation taking place within decolonial theory about the production of new knowledge founded in the body, beginning with the work of Chicana feminist theorist Gloria Anzaldúa.

Decoloniality and the Colonial Wound

Anzaldúa's concept of the colonial wound first appears in her groundbreaking consciousness raising *Borderlands/La Frontera* and continues to be developed by decolonial theorists such as Walter Mignolo as well as Anzaldúa herself in her posthumously published *Light in the Dark/Luz en lo Oscuro*. In this chapter and beyond, I argue that by elaborating on and exposing the colonial wound, narratives of decolonial embodiment urge a departure from the kind of binary thinking that undergirds hierarchical interrelation (such as master/slave, colonizer/colonized, and doctor/patient, among many others) and which produce the attendant monopolization of knowledge and knowledge production. Therefore, understanding the colonial wound as well as its relationship to decolonial thought is essential for the creation of new conceptions of health and healing that take into account devalued perspectives from the underside of modernity.

The colonial wound, which can be understood as the epistemic rupture enacted by the European encounter in the Americas, and which resulted in the devaluing of non-European—that is, indigenous and Afro-descendant—forms of

The borderland is thus embodied by Anzaldúa, whose experience of split flesh is both a painful reminder of the hegemonically enforced separations of her two selves, as well as a place she has come to recognize as her home. Later continuing in prose she writes, “The U.S.-Mexican border *es una herida abierta*,” an open wound, “where the Third World grates against the first and bleeds,” never able to close or fully heal (Anzaldúa 25). And yet, rather than remain a reminder of the separation of two worlds, the wound instead marks the birth of a new territory, as “the lifeblood of two worlds merging to form a third country—a border country” (Anzaldúa 25). There resides the possibility of change, of newness in this space, for even as Anzaldúa acknowledges that the border is “set up to define the places that are safe and unsafe, to distinguish *us* from *them*,” it is also “a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition” that prevents stagnation, which is itself a form of death (Anzaldúa 25). Those who live at the border, at this open wound, are “*Los atravesados*... the squint-eyed, the perverse, the queer, the troublesome, the mongrel, the mulato, the half-breed, the half-dead; in short, those who cross over, pass over, or go through the confines of the ‘normal’” (Anzaldúa 25). In line with disability studies’ concern with examining the limits of normalcy, then, Anzaldúa theorizes where and how those rendered “abnormal,” broadly defined, live, feel, and exist. In this way, she provides categories and approaches to decolonizing knowledge in an effort to promote the healing of the “human” that is so often lost in the humanities by reframing her

fractured existence as a source of power and knowledge, thereby encouraging a sense of self-coherence that combats feelings of rejection and worthlessness.²³

Anzaldúa finds her home in that open wound, the *herida abierta*, in the space between English and Spanish, poetry and prose, the U.S. and Mexico, and even normal and abnormal. It is from here that she theorizes the emergence of *la facultad*, “the capacity to see in surface phenomena the meaning of deeper realities, to see the deep structure below the surface,” for it is “[t]hose who are pushed out of the tribe for being different.... Those who do not feel psychologically or physically safe in the world [who] are more apt to develop this sense” (Anzaldúa 60). In short, Anzaldúa argues, the wound caused by living at the border, of not falling on either side of the hegemonic binary system, while painful, endows the wounded subject with a kind of “second sight” tied not only to blackness as in W.E.B. Du Bois’s formulation, but also to the experience of social rejection and stigmatization.²⁴ These tactics form part of this new vision of healing because they provide protection against further social injury. As Anzaldúa writes, “[t]hose who are pounced on the most have it the strongest—the females, the homosexuals of all races, the darkskinned, the outcast, the persecuted, the marginalized, the foreign” (Anzaldúa 60). The border, then, represents both literal, geopolitical boundaries as well as the

²³ In his analysis of the concepts of “anthropos” and “humanitas,” Nishitani Osamu explains the bifurcation of human beings into those to be studied who have not yet attained full humanity (anthropos), and those who do the studying and have thus attained full humanity (humanitas). The former group is comprised of people of color and colonized populations, whereas the latter is primarily composed of the descendants of white, European colonizers. For more on Western conceptions of the human, see Nishitani Osamu, “Anthropos and Humanitas: Two Western Concepts of ‘Human Being.’”

²⁴ As Du Bois argues, living in an anti-black racist world results in black people not only being aware of how they see themselves but also how they are perceived by whites, the latter of which he calls “second sight.” See Du Bois’s essay “Our Spiritual Strivings” in *The Souls of Black Folk*, Modern Library Edition, 2003. 5.

limiting ideologies that impose binary understandings of gender orientation, biological sex, and socially constructed racial configurations, among other categories of oppression, and which limit and silence those who fail to conform.²⁵

Given her interest in and embodied relationship to living at the border of Chicana experience, Anzaldúa locates the origin of the wound in the Spanish conquest of what would become Mexico. However, the power of *la herida abierta* is that it lends itself to adaptation, which is precisely what decolonial theorist Walter Dignolo does when he develops the colonial wound in relation to the European conquest of the Americas more broadly. Foregrounding Peruvian sociologist Aníbal Quijano's understanding that "hidden behind modernity [is] the agenda of coloniality," in Dignolo's adaptation "Anzaldúa's epistemic construction... encounter[s] the concept of 'coloniality'" such that "two additional concepts appear to describe *la herida abierta* in its global dimension: colonial and imperial differences" (Dignolo, *Darker Side* xxi).²⁶ This wound becomes "the slash between modernity/coloniality" (Dignolo, *Darker Side* xxi), which goes "hand in hand with classification and ranking of people (for example, civilized/barbarians, humanitas/Anthropos; black, yellow, brown, white; heterosexual/gay and man/woman in the First, Second, or Third Worlds, etc.)" (Dignolo, *Darker Side* xxi-

²⁵ While the fluidity of gender constructions has been explored and disseminated widely by gender studies programs since the 1980s, only recently has mainstream scientific discourse acknowledged that biological sex—once deemed fixed—must also be understood along a spectrum, wherein sex chromosomes do not always produce the expected secondary sex characteristics. Intersex and transgender individuals are among the most vocal (and thereby increasingly visible) proponents of this spectrum. However, as evidenced by a February 2015 feature article in the international journal of science *Nature*, there is a much broader range of variations that are not immediately apparent to the naked eye. See Claire Ainsworth, "Sex Redefined."

²⁶ Colonial and imperial differences are therefore key concepts in the decolonization of knowledge and the disciplines.

xxii). In this way it becomes clear that modernity/coloniality and the colonial wound both originate and depend upon the persistence of hegemonic binary thinking.

Mignolo thus widens the scope of Anzaldúa's wound to a global scale while also further developing the notion that a "new kind of knowledge" emerges from this wound, one that "responds to the needs of the *damnés* (the wretched of the earth in the expression of Frantz Fanon). They are the subjects who are formed by today's colonial wound," Mignolo argues, "the dominant conception of life in which a growing sector of humanity become commodities (like slaves in the sixteenth and seventeenth centuries), or, in the worst possible condition, expendable lives" ("After 'Latin' America" 97). However, by attending to the power of subjective knowledge derived from lived experience, Mignolo redefines the wound as a source of epistemological transformation and healing. It is important to note, however, that in this context, decolonial healing does not imply a total erasure of past wounds the way that "transformation" or "cure" might. Instead, I argue, the concept of decolonial healing urges us to relentlessly underscore the ethical dimension of the necessarily ongoing practice of healing, a process which need not even be realized in order to remain a worthwhile venture. As Fanon's final prayer reminds us, the ultimate goal is to remain ever-questioning, never fully satisfied, and always attentive to the demands and inquiries generated by the body.

Sociogenic Healing

In his theoretical work, Fanon's efforts to heal are simultaneous with his resistance to the self/society dichotomy, which he performs by reinventing the genre of the clinical study and by producing revolutionary revisions of Eurocentric medical practice and philosophy, both of which evince his interest in transforming structures

of knowledge. Fanon's choice to use rhetorical and narrative techniques in his case studies, as well as his focus on the subjects of coloniality, distinguish his work from that of the colleagues he describes in "The 'North African Syndrome,'" who remain unable to think outside of their Eurocentric definition of illness. In this way, Fanon's essay emerges from the perspective of one attuned to the suffering of the wretched of the earth.

In *Black Skin, White Masks*, Fanon insists on the value of his subjective experience when he writes in response to being called a *nègre*,

I transported myself on that particular day far, very far, from my self, and gave myself up as an object. What did this mean for me? Peeling, stripping my skin, causing a hemorrhage that left congealed black blood all over my body. Yet this reconsideration of myself, this thematization, was not my idea. I wanted simply to be a man among men. I would have liked to enter our world young and sleek, a world we could build together. (*Black Skin* 92)

The relationship to his body he wishes to have comes up against the body he is presented with by the colonial gaze, and this discrepancy results in the psychological damage wrought by colonialism.

Fanon strives for interrelation but the white gaze denies him the opportunity to build a new world with the rest of its inhabitants, and this occurs primarily due to the irrational nature of racism, which masquerades as reason. Using the language of medicine and science Fanon describes his dissection by the white gaze: "I am *fixed*. Once their microtomes are sharpened, the Whites objectively cut sections of my reality. I have been betrayed. I sense, I see in this white gaze that it's the arrival not of a new man, but of a new type of man, a new species. A [*nègre*], in fact!" (Fanon, *Black Skin* 95). Here Fanon is dismayed to find that the trappings of microscopy, the very tools he learned to use as a doctor in training, serve to express the absurd

“rationality” used to justify racist attitudes against him.²⁷ In effect, he is betrayed by the very system that promised his ascent: in contrast to British colonialism, French colonialism perpetuated an assimilationist ideology, whereby colonized subjects were encouraged to learn “proper French” and gain a colonial education *in order to* attain their humanity. However, as Fanon himself experienced, no amount of education or professional development would ever erase the fact of his blackness.

As he continues, again relying on medical terminology in order to highlight the painful absurdity of anti-black racism, he describes the way that “Scientists reluctantly admitted that the Negro was a human being; in vivo and in vitro the Negro was identical to the white man: same morphology, same histology. Reason was assured of victory on every level. I reintegrated the brotherhood of man. But I was soon disillusioned” (Fanon, *Black Skin* 99). Even under medical and scientific scrutiny, the black man cannot become “a man, and nothing but a man” (Fanon, *Black Skin* 92).

In the face of Eurocentric rationalism, Fanon “had rationalized the world, and the world had rejected me in the name of color prejudice. Since there was no way we could agree on the basis of reason, I resorted to irrationality. It was up to the white man to be more irrational than I” (*Black Skin* 102). This reaction is strikingly similar to his one-time teacher Aimé Césaire’s in the *Cahier d’un retour au pays natal* (*Notebook of a Return to the Native Land*), a portion of which Fanon cites soon after the aforementioned passage, when Césaire writes, “Because we hate you and your reason, we claim kinship with dementia praecox [premature dementia] with the flaming madness of persistent cannibalism” (Césaire, *Notebook* 17). In this sense

²⁷ Microtomes are especially sharp blades used to cut samples, called “sections,” for view and analysis under a microscope.

both Césaire and Fanon argue against a Cartesian rationalism that does not, cannot, and will not take into account their lived experience. This does not, however, signal a rejection of all reason, for phenomenology, and in particular a phenomenology informed by a decolonial epistemology of the body, presents itself as a different kind of reason, one that acknowledges the blurring of boundaries between self and other rather than reinforce them, and sees as central the human experience of intersubjectivity.

What Césaire and Fanon do, then, is highlight the negative impact of objectifying the body and denying the relationship between the self and society. This is a kind of ontological torture, which, as Fanon asserts, is not an aberration but inherent to the relationships between colonizer and colonized, occupier and occupied (Fanon qtd. in Khalfa 433).²⁸ Put another way, as Fanon writes in his letter of resignation, “What is happening is the result neither of an accident nor of a breakdown in the mechanism,” but is rather built into the system itself (“Letter to the Resident Minister (1956)” 53).

To understand this emphasis on rethinking what is considered rational, it is important to understand the way that decolonial thinking reframes our sense of time and history. As Aníbal Quijano writes, as a result of the colonial encounter “peoples were dispossessed of their own and singularly historical identities.... [T]heir new racial identity, colonial and negative, involved the plundering of their place in the history of the cultural production of humanity” (Quijano 552). This devaluing of non-European forms of knowledge, including those stemming from the

²⁸ As Khalfa reproduces, citing Fanon, “La torture en Algérie n’est pas un accident, ou un erreur, ou un faute. Le colonialisme ne se comprend sans la possibilité de torturer, de violer ou de massacrer. La torture est une modalité des relations occupants-occupé” (Fanon, *Pour la révolution africaine*).

body, is a direct consequence of the epistemic rupture enacted by the European conquest of the Americas in 1492. The result was a “model of power based on coloniality [which] also involved a cognitive model, a new perspective of knowledge within which non-Europe was the past, and because of that inferior, if not always primitive” (Quijano 552).

That this newfound intersubjective relation between Europe and the Americas could alter what would become mainstream conceptions of time and history is a testament to the transformative power of the colonial encounter. For the entirety of “non-Europe” to be relegated to a “pre-European” temporal landscape also means its displacement on “a certain historical chain from the primitive to the civilized, from the irrational to the rational, from the traditional to the modern, from the magic-mythic to the scientific” (Quijano 556). By refiguring modernity as intimately linked as well as still reverberating from the effects of this intersubjective meeting, decolonial thinking understands modernity as the visible face of coloniality. The “de” in decolonial emphasizes the ever-present need to detach or delink the two.²⁹ The first step, then, in shifting the balance of power away from the Eurocentric perspective and towards that of the marginalized and oppressed, is to expose this underside by working to recover and revalue its epistemological claims, in particular with regards to questions of being.

²⁹ As Walter D. Mignolo writes on the concept of delinking, “Therein lies the colonial epistemic difference: Indigenous scholars and intellectuals who do not want to submit to the Western standards of knowledge must delink from a concept of knowledge that is taken for granted as the only way in which world history can be known. Delinking means, among other things, that thinking other-wise is possible (and necessary) and that the best solutions are not necessarily found in the actual order of things under neoliberal globalization, and it also means *knowing* that thinking otherwise is not only possible but very necessary” (“After ‘Latin’ America” 117).

A key way in which decolonial theory articulates a focus on knowledge is by challenging the contemporary meanings of Cartesian dualism, which not only postulate the separation of the mind from the body but also remain the basis for distinguishing the rational from the irrational.³⁰ Under this rubric, embodied knowledge is rendered “irrational” and generally suspect, whereas knowledge allegedly centered in the mind is considered “rational”; in the medical context, this has meant prioritizing the doctor’s perspective over the patient’s.³¹ From the perspective of coloniality, the mind/body split served to underwrite the colonial difference, in which European colonizers claimed a monopoly over rationalism and labeled the colonized as irrational and in need of a guiding hand in order to attain humanity.³² The result is a standard that continues to inform the way we practice and evaluate science and medicine, while simultaneously forming the basis of gender inequality and racial injustice, among other forms of oppression. The mind/body split represents a key idea that Fanon and phenomenologists like him challenged as a barrier to embodied knowledge, the overcoming of which will be elaborated in subsequent chapters.

Fanon pushed the limits of the European psychoanalytic, phenomenological, and medical traditions, and demonstrated their inability to fully articulate the

³⁰ This is not to say that Descartes himself endorsed this presupposition; however, several trains of intellectual thought have interpreted dualism in this fashion.

³¹ This suspicion regarding the reliability of embodied knowledge extends to the present in the form of mainstream poststructuralist and postmodernist thought as well. See, for example, Foucault, *The Birth of the Clinic*.

³² As Mignolo writes in *Local Histories/Global Designs*, “the subalternization of knowledge [was] built into” the colonial difference (4). According to Mignolo, “colonial difference” is “the classification of the planet in the modern/colonial imaginary, by enacting the coloniality of power, an energy and a machinery to transform differences into values” (13). This resulted in the devaluation and delegitimation of subaltern knowledges, and as such his argument is centered on a critique of Western epistemology.

experience of the black colonized subject. Before Fanon, Freud had “demanded that the individual factor be taken into account in psychoanalysis [... and had] replaced the phylogenetic theory by an ontogenetic approach” (*Black Skin* xv). But through a radical revision of European psychology Fanon asserts that “the alienation of the black man is not an individual question. Alongside phylogeny and ontogeny, there is also sociogeny” (*Black Skin* xv). That is, beyond considerations at the level of the species or family (phylogeny) or of the individual (ontogeny), there is the impact of the human-made social sphere on the individual subject. This is a significant contribution because, as Fanon makes clear, the colonial situation pathologizes the family relationship in far-reaching ways that are not usefully explored through analysis of the individual family, which would still imply that the suffering of a particular black subject is due to his own family’s dynamic. Rather, one must look to the social sphere in order to fully grasp the extent of the damage and its true genesis. Once found, Fanon asks rhetorically, “What is the prognosis? Society, unlike biochemical processes, does not escape human influence. Man is what brings society into being. The prognosis is in the hands of those who are prepared to shake the worm-eaten foundations of the edifice” (*Black Skin* xv). In other words, only a radical reinvention of the social sphere can lead to true healing.

As he continues, “ontology does not allow us to understand the being of the black man, since it ignores the lived experience. For not only must the black man be black; he must be black in relation to the white man” (Fanon, *Black Skin* 90). This sociogenic approach marks one of Fanon’s most significant contributions to the study of health, illness, and coloniality, by redefining what constitutes medical knowledge. This approach serves to deepen a decolonial epistemology of the body concerned with

the multiple sources of suffering, which in turn can illuminate the path toward healing.

Fanon's experience of the colonial wound ultimately pushes him to become a producer of revolutionary knowledge. In the final lines of the text Fanon cries out, "O my body, always make me a man who questions!" (*Black Skin* 206). This prayer to remain an embodied subject who can engage with the world through an epistemology based in the body highlights Fanon's desire to create new knowledge founded in embodied, subjective, lived experience, a perspective that is central to a theory of decolonial embodiment that has the potential to change not only narratives of race, but also clinical encounters.

A FANONIAN EPISTEMOLOGY OF THE BODY: DISABILITY AND IDENTITY BEYOND ESSENTIALISM

Contemporary theorists of disability and the medical humanities join Fanon in his desire to rehabilitate the clinical encounter. While a number of theorists acknowledge Fanon as a potentially productive interlocutor, they tend toward emphasizing his insights into the lived experience of the black man rather than engaging and challenging his phenomenological and theoretical contributions, thereby rendering their engagement with his work troublingly incomplete. As such, one of the primary interventions of my work is to correct the tendency in theory to look to black experience as evidence to be interpreted, rather than building on the interpretive work that comes from "below."³³ For instance, I argue that Fanon's

³³ For example, in *Staring: How We Look* (2009), Rosemarie Garland-Thomson makes reference to a frequently misunderstood passage from *Black Skin, White Masks* where Fanon writes, "I was made to give and they prescribe for me the humility of the cripple" (Fanon, *Black Skin* 119). In *The Paradox of Hope: Journeys through a Clinical Borderland* (2010), medical anthropologist Cheryl Mattingly turns to Fanon's *The Wretched of the Earth* as she

decolonial thinking can inform contemporary disability theory by emphasizing the significance of narratives of identity that acknowledge the ongoing effects of coloniality, in particular through his theory of sociogeny.

Turning to Fanon in this context is essential, not least of which because he foreshadows contemporary efforts to refuse binary distinctions between mind and body, insisting instead that bodily suffering can become a source of epistemological change. Indeed, as alluded to before, his position as one in possession of the medical and scientific knowledge of an institutional insider who nevertheless remains other allows him to produce his own theory of decolonial embodiment. This theory broadens our perspective to include that of the medical establishment (a position frequently antagonized within disability studies) as well as that of the patient. Fanon's emphasis on lived experience highlights the epistemological relevance of considering the role of individual as well as socially-constructed identities in understanding the nature of wounding, and sheds light on new ways of understanding health and healing. In short, one must account for an individual's embodied experiences in light of her or his race, gender, and ability, among myriad other potentially wounding characterizations.

Given his attention to social construction, however, it is perhaps unsurprising that Fanon is frequently deployed in support of critiques *against* identity politics. One particularly egregious example of misappropriating Fanon for the purposes of disability theory comes from Lennard Davis's contribution to the 2013 edition of *The Disability Studies Reader*, of which he is editor. Here, Davis announces "the end of

analyzes the dynamic interactions between white doctors and black patients. Chapters Two and Four will engage more directly with Garland-Thomson's and Mattingly's respective engagements with Fanon.

identity politics,” arguing that “disability can be seen as the postmodern subject position” (“The End of Identity Politics” 266). In so doing, he coins the term “dismodernism,” a seeming amalgam of disability and postmodernism. For Davis, a “dismodernist mode” of subjectivity is not “organized around wounded identities; rather all humans are seen as wounded. Wounds are not the result of oppression, but rather the other way around” (“The End of Identity Politics” 267). What Davis seems to be saying in this rather confusing statement is that keeping the particularity of the wound in view is what keeps people oppressed, for as he goes on to write, “the dismodernist subject,” which he proposes as a position applicable to all, “is in fact disabled, only completed by technology and by interventions” (“The End of Identity Politics” 275). In short, acknowledging our shared woundedness and dependence on technologies to extend the scope of our abilities will lead to the empowerment of all, whereas focusing on the individual experiences of social injury will distract from this larger goal.

For Davis, drawing attention to the wound is counterproductive, and the implication is that the specificity of the wound to each politicized group results in an emphasis on difference rather than on the common experience of the pain of being human. While he acknowledges the risk of “undoing a way of knowing” by “reexamin[ing] the identity of disability... without flinching, without hesitating” as he proposes we should do (“The End of Identity Politics” 257), this threat remains worth the risk for him, so long as we build consensus around dismantling the admittedly hegemonic construct of normalcy. The problem, however, is that although there are a number of oppressed groups that have been designated abnormal to various degrees, a failure to acknowledge the human-made social contexts in which those injustices happen—in other words, a failure to engage in sociogenic analysis—

will more than likely lead to an equivalent failure to properly conceive of and implement effective reparative measures that prioritize subaltern perspectives. The risk is that we will continue to strive toward uncritical conceptions of “access” and “inclusion” premised on neoliberal notions of diversity and multiculturalism, which fail to account for embodied knowledge or effect radical change.

Indeed, Davis’s unwillingness to acknowledge the particularities of subjectivity is evidenced by his choice of epigraph for his chapter, drawn from a passage in *Black Skin, White Masks* in which Fanon cites the French existential phenomenologist Maurice Merleau-Ponty. Davis never elaborates on the meaning of the epigraph in his piece. However, taking a closer look at Davis’s decontextualized use of Fanon to support a perspective with which Fanon would have never agreed reveals the importance of avoiding facile linkages between discourses of race and disability, even as it remains essential to bring the two into conversation.

Davis’s citation reads:

“There are times when the black man is locked into his body. Now, ‘for a being who has acquired consciousness of himself and of his body, who has attained the dialectic of subject and object, the body is no longer a cause of the structure of consciousness, it has become an object of consciousness.’” —Frantz Fanon, citing Merleau-Ponty, *Black Skin, White Masks*. (255)

Given the lack of bibliographic information provided by Davis, I have turned to the most recent English translation by Richard Philcox for my analysis.

In the relevant passage from his conclusion to *Black Skin, White Masks*, Fanon writes,

At certain moments the black man is locked in his body. And yet “for a being who has acquired the consciousness of self and body, who has achieved the dialectic of subject and object, the body is no longer a cause of the structure of consciousness; it has become an object of consciousness.” (*Black Skin* 200)

While it is not entirely clear why Davis selects this as his epigraph, given his arguments about the end of identity, I suspect that he may seek to draw the reader's attention to Fanon's assertion regarding the black man's condition as locked in his body. Certainly, even for Fanon, the ontological and phenomenological limits placed upon the black man by anti-black racist society are problematic, and a close reading of the passage offers insight into why Davis believes it supports his claims.

Fanon's citation of Merleau-Ponty comes after a section of the text in which Fanon highlights the limits of looking to a black past in order to define a black future, for as Fanon puts it, "The discovery that a black civilization existed in the fifteenth century does not earn me a certificate of humanity" (*Black Skin* 199-200). In the aforementioned passage, then, Fanon cites Merleau-Ponty in order to share his aspiration for the black man: that he be able to achieve a relationship between his mind and body that will allow him to see his body not as an impediment to his perception of the world ("a cause of the structure of consciousness") but rather a part of the world to be perceived. Just as Fanon seeks elsewhere to overcome the fact that the black man must be "black in relation to the white man" (*Black Skin* 90), here he seeks to overcome the body as a limiting factor for consciousness, a reading that explains Davis's selection of the passage.

However, given the larger context of Fanon's text, Davis is wrong to assume Fanon is prepared to do away with identity once and for all. The final chapter of *Black Skin, White Masks* serves as a capstone to a work devoted to arguing for the importance of lived experience, in particular the specific effects of French colonialism on the black subject in Martinique. In the paragraph prior to the Merleau-Ponty citation, Fanon admits that in his own investigations into the psychological repercussions of colonialism, "scientific objectivity had to be ruled out,

since the alienated and the neurotic were [metaphorically] my brother, my sister, and my father” (*Black Skin* 199). For Fanon, the patients he treats may as well be members of his own family, and, as such, the experience of the black man being locked in his own body is not that of an anonymous other, but an extension of his own subjective experience as well. In other words, Fanon’s clinical study is not only an examination of others, but a self-evaluation as well. This is not to say that the significance of Fanon’s insights lies purely in the autobiographical. Rather, here I aim to highlight the fact that Fanon’s theory is informed by his phenomenological experiences as well as his theoretical and practical knowledge of philosophy, psychiatry, medicine, and social analysis. In short, Fanon’s acknowledgement of his own subjective relation to the anti-black racist structures that surround him forms part of both the structure and content of his argument, and in so doing he strives toward the dissolution of yet another binary—self/other.

To add yet another layer of complexity to the situation, Fanon (and thereby Davis) cites the wrong Merleau-Ponty text for this passage. When returning to Merleau-Ponty, whose *La structure du comportement* (*The Structure of Behavior*, 1942) is the true source of the citation rather than *Phénoménologie de la perception* (*Phenomenology of Perception*, 1945) it becomes clear that Merleau-Ponty is actually offering a critique of the transcendental subject and emphasizing that the path toward liberation is precisely through overcoming Cartesian dualism. He acknowledges that the body contributes to shaping consciousness. Although Fanon and, following him, Davis, both read the passage as offering a path toward perception of the world unhindered by the body, Merleau-Ponty suggests here that the mind and body work together in producing as well as perceiving phenomena. The

idea of the transcendental subject that can separate mind from body is an illusion.³⁴ In short, both Fanon and Davis produce the kinds of decontextualized readings my project seeks to correct. Without this context, Davis's epigraph reads more as an opportunity to cite the European existential phenomenologist via Fanon, rather than a sincere attempt to engage with the black clinician and theorist himself.

Despite Davis's more recent suspicion regarding identity politics, however, much of his earlier work in disability theory echoes some of the key precepts of decolonial theory, especially with regard to the impact of hegemonic social ideologies upon the individual body. Referring to the normate subject in his book *Enforcing Normalcy* (1995) Davis argues that a "concept with such a univalent stranglehold on meaning must contain within it a **dark side of power**, control and fear. The aim ... is to look into this **dark side**, to rend the veil from the apparently obvious object: the disabled person" (*Enforcing Normalcy* 1, emphasis added). Indeed, what Davis calls the "hegemony of normalcy" can be taken a step further if it is brought into conversation with Mignolo's emphasis on modernity/coloniality.³⁵ As Davis elaborates, "[o]ne of the tasks for a developing consciousness of disability issues is the attempt, then, to reverse the hegemony of the normal and to institute alternative ways of thinking about the abnormal" (*Enforcing Normalcy* 49). In a strikingly similar passage, after presenting coloniality as the darker side of modernity Mignolo asserts that "Decolonial thinking and options (i.e., thinking

³⁴ For the original passage, see Maurice Merleau-Ponty *La structure du comportement* 220-221. For commentary on this passage, see Eran Dorfman *Réapprendre à voir le monde: Merleau-Ponty face au miroir lacanien*, 40-41.

³⁵ For a longer discussion of the coloniality of power, upon which Mignolo builds his argument, see Aníbal Quijano's 2000 article "Coloniality of Power, Eurocentrism and Latin America."

decolonially) are nothing more than a relentless analytic effort to understand, in order to overcome, the logic of coloniality underneath the rhetoric of modernity” (*Darker Side* 10). Therefore, returning to the question of identity, whereas Davis has come to regard an emphasis on the subjective experience of woundedness as a negative aspect of his conception of identity politics, decolonial thinking acknowledges that many subjective wounds are inflicted at a structural level, thereby drawing our attention to the interrelatedness of the body and the world, the self and society. There are not simply *claims* of victimhood (or “self-victimization”), as Davis would have it, but rather, real people suffering from real oppression that must be addressed.

Not all disability theorists agree that all narratives of identity distract from the work of overcoming oppressive social systems. Tobin Siebers’s contribution to the *Reader* offers a thoughtful counterargument to Davis’s understanding of the wound by infusing disability theory with the concerns of intersectionality by way of a postpositivist realist perspective. In the face of theorists, like Davis, who claim that “identity politics cannot be justified because it is linked to pain and suffering,” Siebers argues that “[i]dentities, narratives, and experiences based on disability have the status of theory because they represent locations and forms of embodiment from which the dominant ideologies of society become visible and open to criticism” (Siebers 283). To grant experience the “status of theory” means to look beyond biographical, surface readings and instead approach these narratives of lived experience as containing knowledge that can be used to understand the world in new ways. Indeed, in a move very much aligned with decolonial theory, Siebers underlines a key flaw in the notion that identity politics thrives on “self-victimization”: he instead argues that “[i]dentity politics do not preserve the

persecuted identities created by oppressors,” and that “the knowledge claims adhering in the new identities are completely different from those embraced by the persecuting groups” (286). As Siebers continues, “[o]pponents of identity politics...are wrong because they do not accept that pain and suffering may sometimes be resources for the epistemological insights of minority identity” (286), which is precisely what decolonial theory brings to the table in asserting the epistemological value of knowledge produced by the *damnés* of the world. Siebers acknowledges that “[w]ounds received in physical attacks may pale against the suffering experienced in the idea that one is being attacked because one is unjustly thought inferior—and yet suffering may have theoretical value for the person in pain” (Siebers 287), a position that decolonial theory extends by asserting that knowledge derived from the colonial wound has epistemological value that reaches well beyond the wounded. Indeed, “Minority identities acquire the ability to make epistemological claims about the society in which they hold liminal positions, owing precisely to their liminality” (Siebers 284). In sum,

the strong focus given to the self in pain has epistemological value.... Suffering has a theoretical component because it draws attention to situations that jeopardize the future of the individual [...]. By suggesting that suffering is theory-laden—that is, a sensation evaluative of states of reality—I am trying to track how and why minority identity makes epistemological claims about society. (Siebers 283)

What is more, Siebers’s proposed theory of complex embodiment bears echoes of Fanon’s sociogeny, thereby suggesting that attending to Fanon’s engagement with decolonial embodiment will prove fruitful in the kind of coalition building across difference that both Siebers and Davis hope to achieve. Siebers’s theory of complex embodiment “views the economy between social representations and the body not as unidirectional as in the social model, or nonexistent as in the medical model, but as

reciprocal. Complex embodiment theorizes the body and its representations as mutually transformative” (290). Similarly, sociogeny serves as “a form of existential phenomenological social analysis that recognizes both the impact of the social world on the emergence of meaning and human identities and how individual situations relate to the development and preservation of social and political institutions” (Gordon, *What Fanon Said* 2). The influence between self and society, in other words, moves in both directions. Notably, Fanon himself embodies a rejection of the doctor/patient dichotomy; he is able to see from both positions. This perspective, from which sociogeny emerges, is essential to a theory and practice of decolonial embodiment that encourages a global, interdisciplinary approach to healing the colonial wound by acknowledging how subjective knowledge derived from that wound can be a source of epistemological transformation.

New narratives are necessary in order to enact this transformation. Mignolo calls these “macronarratives from the perspective of coloniality,” narratives that are “neither... revisionist narratives nor narratives that intend to tell a different truth but, rather, narratives geared toward the search for a different logic” (Mignolo, *Local Histories* 22).³⁶ As an author of both micronarratives (case studies) and macronarratives (sociogeny), Fanon is keenly attuned to this different logic in his insistence that the self is intimately linked to the social, and that without attending to the relationship between the two, no true change is possible. As such, Fanon’s is a

³⁶ As Mignolo writes, “Quijano identifies coloniality of power with capitalism and its consolidation in Europe from the fifteenth to the eighteenth centuries. Coloniality of power implies and constitutes itself, according to Quijano, through the [...] classification and reclassification of the planet population,” institutional structures, the definition of space, and “An epistemological perspective from which to articulate the meaning and profile of the new matrix of power and from which the new production of knowledge could be channeled” (*Local Histories* 17).

project consistent with a decolonial revaluation of “bio-graphic” or “body-politics of knowledge” (Mignolo, *Darker Side* xxii). As Mignolo explains, whereas

Bio-politics (or bio-power) is a concept that has served to analyze state-oriented strategies [...] to manage and control the population [...] bio-graphic or body-politics of knowledge describes instead the responses, thinking and action, of the population who do not want to be managed by the state and want to delink from the technologies of power to which they are being summated. Both concepts affirm thinking and doing in regions and bodies who were disqualified from thinking. (*Darker Side* xxii)

Fanon was an avid reader of texts across discipline and critically analyzed cultural production in order to understand the pathologies as well as the pathologization of the oppressed. Whether it be in the form of dramatic vignettes and phenomenological description, as in *Black Skin, White Masks*, or the detailed and impassioned clinical case studies of his later work, Fanon communicates his conviction that the critical first step in enacting social change is recognizing and understanding the roles in which individuals are cast.

Fanon demonstrates with his narratives—both personal anecdotes and case studies—the significance of the stories produced by those whose bodies have been historically excluded from the realm of thought and reason. These narratives of decolonial embodiment also serve to challenge hegemonic notions of self and society and offer a new vision and epistemology of the body. It remains necessary to engage in the larger critique of Western modernity that decoloniality pursues. However, it is precisely within the relatively smaller scale events such as autobiographical, fictional, and ethnographic writing about illness and disability that we can see the disruption of binary thinking at work in surprising ways, producing the kind of

knowledge needed to transform modern conceptions of health and healing.³⁷ Thus I will turn to an analysis of a key decolonial narrative of illness and disability to demonstrate the value of deploying literary criticism in the service of liberation from oppression.

DECOLONIAL EMBODIMENT IN JUNOT DÍAZ

Read through a Fanonian lens, Dominican-American author Junot Díaz's fiction illuminates the kind of knowledge that is rendered invisible by the colonial difference and born of the colonial wound. In his 2012 post-apocalyptic "Monstro" ("Monster") in particular, Díaz engages the problem of anti-black racism through the trope of blackness as disease while also provocatively suggesting that the embodied experiences of the world's most marginalized subjects can both threaten the destruction of the world and help to bring about its rebirth.

Díaz rose to national prominence in 2008 with his Pulitzer Prize-winning first novel *The Brief Wondrous Life of Oscar Wao*, which follows a socially outcast Dominican-American boy's quest for love in the aftermath of Rafael Trujillo's thirty-year dictatorship of the Dominican Republic and the regime's ongoing effects on the protagonist's family. In this work he coins the concept of the *Fukú americanus*, a neologism that captures the death, doom, and destruction set into motion by the colonial conquest, and which I argue Díaz refigures as an infectious disease in "Monstro."³⁸ Díaz's fiction is best known for his inventive use of code-switching and

³⁷ Here it is important to note that artists and producers of creative works, such as Gloria Anzaldúa, are found among the most influential contributors to decolonial theory.

³⁸ As Díaz's protagonist-writer Yunior writes in the novel's preface,

his exploration of race and gender relations in the Latino community, which Díaz draws upon in order to expose a broad readership to the experience of living in the U.S. Dominican diaspora. However, illness as a central theme in Díaz's work remains underexplored, in part because, until the publication of "Monstro," his engagement with the subject has been comparatively subtle.³⁹ One notable exception is his 2010 short story "The Pura Principle," in which Díaz's perennial narrator Yunió recounts his experience witnessing his brother's Rafa's slow decline from cancer. The brothers remain in denial to various degrees regarding the severity of Rafa's illness. Notably, Díaz has spoken in interviews about his own experience witnessing his brother undergo treatment for cancer, adding an autobiographical cast to his storytelling.⁴⁰ With the publication of "Monstro," which Díaz has said is part of a science fiction novel he is currently writing, Díaz's attention to bodily disruption becomes especially worthy of analysis here (Moya).⁴¹

Given Díaz's emphasis on world-ending throughout his work, I argue that "Monstro" specifically reframes the concept of the apocalypse in order to emphasize its ties to transformative revelation through the embodied knowledge of the *damnés*

They say it came first from Africa, carried in the screams of the enslaved; that it was the death bane of the Tainos, uttered just as one world perished and another began...*Fukú americanus*...generally a curse or doom of some kind; specifically the Curse and Doom of the New World....

No matter its name or provenance, it is believed that the arrival of Europeans on Hispaniola unleashed the fukú on the world, and we've all been in the shit ever since. (*Oscar Wao* 1)

³⁹ For an important first entry into this discussion, see Julie A. Minich's "The Decolonizer's Guide to Disability" in *Junot Díaz and the Decolonial Imagination*.

⁴⁰ See Junot Díaz, "The Pura Principle" *The New Yorker*, March 22, 2010.

⁴¹ As Yomaira C. Figueroa argues, "Literature, as bodies of work that incorporate and traverse boundaries of fiction and history, are essential spaces through which to develop decolonial strategies. Thus, reading these texts, with a decolonial attitude can challenge the boundaries of fiction and history, and create spaces for decolonial theorizing" (653).

de la terre. Elsewhere, Díaz points to the Greek etymology of “apocalypse,” “meaning to uncover and unveil.” Díaz explains that “in order to be truly apocalyptic, [an event] must in its disruptive moment clarify and illuminate ‘the true nature of what has been brought to end.’ It must be revelatory” (“Apocalypse”). One must look right into the disaster to attain this revelation, and yet as Díaz acknowledges, “this is not an easy thing to do.” However, “becoming a ruin-reader might not be so bad a thing. It could in fact save your life” (“Apocalypse”).

Set on the Caribbean island of Hispaniola, which is shared by Haiti and the Dominican Republic, the story follows a mysterious infectious disease spreading in Haiti called “La Negrura”—the Blackness—which transforms the infected into forty-foot tall monstrous cannibals and threatens to bring on the end of the world. While Díaz translates “La Negrura” as “The Darkness” in the story, my more literal translation of the word is built from “*negro*,” which is Spanish for the color “black” and also refers to a black person. In Díaz’s own words, Hispaniola is “the eschaton that divided the Old World from the New” (Moya). The eschaton is defined by the O.E.D. as “the divinely ordained climax of history,” and for Díaz to name Hispaniola the location of such a climactic event is to acknowledge the decisive break in space and time occasioned by the so-called discovery of the Americas, a moment that serves as the origin of the colonial matrix of power. Therefore, as both the first point of contact between Europe and the Americas in 1492 and home to the first black republic in 1804, Hispaniola offers an ideal backdrop for dramatizing the effects of coloniality and the legacy of transatlantic slavery in a not-too-distant future.⁴²

⁴² Indeed, this story takes on special resonance given the recent ruling by the Dominican government that those of Haitian descent, both “illegal” immigrants as well as those unable

Díaz's narrator notes that La Negrura was incomprehensible to mainstream medical and scientific logic; it was a disease that "doctor types couldn't wrap their brains around." He observes that it was initially understood through humor: "At first, Negroes thought it *funny*. A disease that could make a Haitian blacker? It was the joke of the year" (Díaz, "Monstro" 107, italics in original). His oral register invokes the semantic field of blackness, darkness, and pejoratives for race (all of which are central themes for the story), and the English word "Negro," which Díaz uses here as a sign of the narrator's use of Spanglish, is a likely stand in for "Nigger," which in this context is used as a common slang sign of familiarity between men (and women) of color. Díaz has said in an interview that he uses "nigger" exclusively in his works (as opposed to "nigga"), because "by keeping the word in its original -er formulation I do not allow the reader to escape from the horrifying traumatic bloody history of the word" (Alamo).⁴³

In this recourse to laughter in the face of racialization there is an echo of Fanon, who turns to laughter in *Black Skin, White Masks* in an attempt to combat the racist and colonialist interpellation "Look! A *nègre*!" As Fanon writes, each utterance of the slur pushes him to the brink of a breakdown: "It was a passing sting. I attempted a smile.... I was beginning to enjoy myself... Now they were beginning to be scared of me. I wanted to kill myself with laughing, but laughter had

to prove the existence of Dominican ancestor, be deported from the Dominican Republic and rendered stateless. See Danticat, "Fear of Deportation in the Dominican Republic," *The New Yorker*, 2015.

⁴³ As Díaz continues, "I suspect the reason folks don't like to see the -er word, even if it's being used positively, is because it reminds them of all that racism and horror. Well, if you're going to co-opt a cruel world, you need to be able to live with its history. From where I'm standing, nigga is a comfort word practiced by folks who want their blackness shorn of the nightmare of white supremacy. Nigga at its deepest level is a form of forgetting — nigger is not" (Alamo).

become out of the question” (*Black Skin* 91). As in Fanon’s experience, where laughter ultimately turns into weeping, in Díaz’s story the growing epidemic ultimately leaves little to joke about.

Indeed, as the epidemic begins to spread throughout Haiti, the college-age narrator initially echoes the irreverent tone of the by then proverbial “joke of the year,” regularly asking his mother after outings with friends, “How are los explotao?” to which his mother responds, “It’s not funny, hijo. She’s right, Aunt Livia said. That could be us next and then you won’t be joking” (Díaz, “Monstro” 109). The narrator and his family move to the Dominican Republic before the outbreak because of his mother’s unnamed illness. She and Aunt Livia, demonstrate empathy toward the diseased Haitians, suggesting that their own respective experiences of illness and caregiving render these women more capable of recognizing the pain and suffering of the people of Haiti. Díaz’s word choice in this passage is also significant: The Spanish word “*los explotao*” is a contraction of the word “*los explotados*” (such contractions are common in Dominican Spanish), which means in this context “the exploited ones.” However, if we return to the infinitive “*explotar*,” which means both “to exploit” as well as “to explode,” we get “the exploded ones,” which is a disturbing pun, given that later in the story the U.S. military bombs Haiti in an attempt to eradicate the disease. Indeed, the narrator’s “tíos were, like, Someone needs to drop a bomb on these people, and even though I was one of the pro-Haitian domos, at the time I was thinking it might have been a mercy” (Díaz, “Monstro” 107). Toward the end of the story we learn about the Detonation Event that “turned the entire world white.” The promising black doctor, Noni DeGraff, is half-blinded by an explosion that “burned out the optic nerve on [her] right eye. But not before she saw It. Not before she saw Them” (Díaz, “Monstro” 117). In addition to the trope of blackness as

disease, another key thematic element is cultural decadence as simultaneous with environmental decay, as when the narrator shares that the “Coral reefs might have been adios on the ocean floor, but they were alive and well on the arms and backs and heads of the infected” (Díaz, “Monstro” 107), and describes “The countryside [as] half-abandoned because of the Long Drought but still beautiful even in its decline” (Díaz, “Monstro” 114).

In the short story, the border between the Dominican Republic and Haiti, which respectively occupy the eastern and western segments of Hispaniola, is frequently set against the boundaries that exist between the Global North and the Global South. This juxtaposition does not always create a parallel between the two spaces, but rather emphasizes the complexity of cross-cultural and transnational relation. For example, it is from the relative safety of the eastern-most side of the island that the narrator learns of the mysterious disease afflicting “our poor west-coast neighbors,” a pun on both their affliction as well as Haiti’s struggle with poverty that allows the narrator to maintain his distance from the epidemic (Díaz, “Monstro” 109). One might believe that his indifference comes from the anonymity of the diseased, and yet the narrator quickly admits his inability to care for his own mother given what he identifies as a general discomfort with death and dying felt by those living in the Global North, including members of the Dominican diaspora. Admitting his inability to provide support for his mother, her illness having been little more than an excuse for the narrator to summer in the Dominican Republic, the narrator acknowledges that “family on the Island was still more reliable for heavy shit, like, say, dying, than family in the North.... I was supposed to be helping out, but really I didn’t do na for her” (Díaz, “Monstro” 107), “na” here being a contraction of “nada,” which means “nothing.” The narrator’s inability to confront

death, dying, and disease suggests that a particular Caribbean relationship to the body may hold clues to the kind of knowledge and experience needed to be able to appropriately attend to these inevitable life events.⁴⁴ At the same time, as Díaz's narrative intimates, global health economics are also an important factor, as medicine in the Dominican Republic "was cheaper, too, with the flying territory in Haina, its Chinese factories pumping out pharma...and for somebody as sick as my mother, with only rental income to live off, being there was what made sense" (Díaz, "Monstro" 107).

And yet, to be healthy but black in the Dominican Republic offers few advantages. Amid the narrator's retrospective chronicle of the first days of La Negrura are interspersed memories of time spent hanging out with Alex, the narrator's wealthy, Dominican-born friend and Brown University classmate. Although their shared Dominican heritage and love for the arts may be enough to bring the two together socially, on the island the differences between them abound.⁴⁵ When Alex introduced the narrator to his friends, they did "double takes when they saw the size of me and heard my Dark accent, but Alex introduced me as his Brown classmate" (Díaz, "Monstro" 110). Here the word play on the narrator's racialized speech is highlighted by the reminder that he is an Ivy League student, a marker of status which might offer him prestige in certain circles but certainly not among a

⁴⁴ It is worth mentioning that the Dominican Republic is not always rendered in such a positive light or in total contrast to the U.S. While it frequently serves as a stand in for the Global South, the country remains fraught by colorism in Díaz's text.

⁴⁵ As the narrator writes, "We ran in totally different circles back at Brown, him prince, me prole, but we were both from the same little Island that no one else in the world cared about, and that counted for something, even in those days" (Díaz, "Monstro" 109).

crowd that quickly labels him a “gringo,” a description that in this context pegs him as a member of the U.S.-Dominican diaspora. In contrast, Alex

looked more like an Uruguayan fútbol player than a plátano, with short curly Praetorian hair and machine-made cheekbones and about the greenest eyes you ever saw.... Never pretended he was Spanish or Italian or gringo. Always claimed dominicano and that ain’t nothing, not the way plátanos can be. (Díaz, “Monstro” 110)

A “plátano” is literally a plantain, which is slang for a person of Dominican descent. With his wealth, green eyes, and ability to pass for European or Anglo, Alex is a raced and classed foil for the narrator, offering a commentary on colorism in the Caribbean as well as the tension around discourses of authenticity between those born in the Dominican Republic and those who are born or live abroad. In this way, Díaz demonstrates a diversity of experience that counters a monolithic understanding of what it means to be Dominican. Later, when the narrator recounts his attempts to become romantically involved with Alex’s friend Mysty, he laments the fact that he is a “a nadie... un morenito” (“a nobody... a dark-skinned man”; the latter is in the diminutive and in its broad definition includes many shades of darker skin or brown-hair) who could never get the girl, “Not unless I turned myself white or got a major-league contract or hit the fucking lottery. Not unless I turned into an Alex” (Díaz, “Monstro” 115).

As a disease that afflicts the “the sickest of the sick,” La Negrura dramatizes the problem of blackness in the Caribbean and critiques global hegemonic structures that privilege so-called rationalism aligned with whiteness. The story literalizes Fanon’s theory that the black subject is made less than human through the “epidermalization of his inferiority,” the location of his worthlessness being his visibly black skin (*Black Skin* 132). While Fanon asserts that the study he pursues in *Black Skin, White Masks* is psychological, he nevertheless affirms that “the true

disalienation of the black man” is produced through a combination of “social and economic realities” that problematically compound economic oppression with a racially-inflected inferiority complex. The result is that the social construction of blackness is transformed into the lived experience of worthlessness, which can be seen in Díaz’s “Monstro” through the simultaneity of blackness, poverty, and disease in those afflicted by La Negrura. What is more, where Fanon is metaphorically dissected by the white gaze and then “fixed” as with a dye in preparation for analysis under a microscope, here, in the context of an infectious disease associated with blackness one can clearly imagine the white “medicos” growing cell cultures and preparing slides containing the biological material of the infected in the hopes of discovering a new microbe, the cure for which could be commoditized.⁴⁶ Indeed, the newness of the disease and the potential for scientific discovery, as well as the accolades and biomedical profits that would be sure to follow whoever produced a cure, initially draw international attention that is ultimately short-lived. When news of La Negrura first broke, Díaz’s narrator writes, “[t]he medicos formed a ninety-nation consortium, flooded one another with papers and hypotheses, ran every test they could afford, but not even the military enhancers could crack it.” The strangeness of the disease

got the bigheads more worked up than the disease itself.... A huge rah-rah, but when the experts determined that it wasn’t communicable in the standard ways, and that normal immune systems appeared to be at no kind of risk, the renminbi

⁴⁶ Fanon’s metaphor, however is based in fact, for as he writes in *Black Skin, White Masks*, “Dr. H. L. Gordon, physician at the Mathari psychiatric hospital in Nairobi, writes in an article for the *East African Medical Journal*: ‘A highly technical and skilled examination of a series of 100 brains of normal natives has found naked eye and microscopic facts indicative of inherent new brain inferiority.’ ‘Quantitatively,’ he adds, ‘the inferiority amounts to 14.8 percent’” (*Black Skin* 12).

and the attention and the savvy went elsewhere. And since it was just poor Haitian types getting fucked up—no real margin in that. (“Monstro” 107) ⁴⁷

While it is unclear whether the “bigheads” were more concerned with protecting white bodies or hegemonic systems of power—both of which were at this point still seemingly immune to La Negrura—what remains evident is that absent a direct threat to the colonial matrix, the authorities have no interest in attempting to understand or control the epidemic. Díaz’s reference to renminbi, the official currency of the People’s Republic of China, is an important allusion to the economic realities of disease control and prevention. The scientific and medical communities give up on La Negrura not only because it fails to conform to their a priori knowledge of infectious disease, but also because they see no economic advantage to pursuing knowledge that might lead to new therapies, given that the afflicted are “just” the black, impoverished citizens of the Caribbean nation and would be unlikely to afford medications priced for profit.⁴⁸ Sick, marginalized, and black, this first group of infected people is thus easily abstracted and rendered anonymous once initial investigations into the disease prove fruitless.

As with the broader theme of illness, the trope of stigmatized blackness illustrates the literal and metaphorical border policing at play both locally and

⁴⁷ As the narrator also says, “For six, seven months it was just a horrible Haitian disease—who fucking cared right? A couple of hundred new infections each month in the camps and around Port-au-Prince, pocket change, really, nowhere near what KRIMEA was doing to the Russian hinterlands” (Díaz, “Monstro” 108).

⁴⁸ A similar pattern of limited attention and funding emerges today in the study of malaria, a mosquito-borne infectious disease that primarily affects tropical and sub-tropical regions, predominantly in Africa. According to the 2014 World Malaria Report published by the World Health Organization, in 2013 584,000 malaria deaths occurred worldwide, with “78% occurring in children under the age of 5 years. 90% of the global total occurred in the WHO Africa Region” (xiii). From an economic perspective, “Only \$2.7 billion of the \$5.1 billion required to achieve global malaria control and elimination targets were available through international and domestic funds” (xiii).

globally, radiating outwards from Haiti, to Hispaniola, and finally, to the rest of the world. In Haiti, the index case was a four year old boy “in the relocation camps outside Port-au-Prince, in the hottest March in recorded history,” a gesture to the de facto quarantine of the camps as well as to global climate change (Díaz, “Monstro” 107).⁴⁹ *La Negrura* “almost always started epidermically and then worked its way up and in” and the first case offers an especially dramatic visual effect, for “by the time his uncle brought him in his arm looked like an enormous black pustule, so huge it had turned the boy into an appendage of the arm” (Díaz, “Monstro” 107). Within months there were thousands of cases, but as the narrator affirms, the first so-called “viktimes... had nine kinds of ill already in them. You literally had to be falling to pieces for it to grab you” (Díaz, “Monstro” 197). This characteristic made it that much easier to ignore the spread of a disease that at first seemed confined to the most marginalized. In failing to conform to the expected means of transmission,⁵⁰ “there seemed to be no logic” to *La Negrura*; it

[d]idn’t rip through the pobla like the dengues or the poxes. More of a leprous spread. A black mold-fungus-blast that came on like a splotch and then gradually started taking you over, tunneling right through you—though as it turned out it wasn’t a mold-fungus-blast at all. It was something else. It was something new. (Díaz, “Monstro” 107)

This new form of bodily harm, then, is nevertheless understood in contrast and comparison to tropical diseases like dengue or illnesses of the colonial conquest like smallpox, which is to say that it bears the echoes of the colonial wound. One can also

⁴⁹ While Díaz does not specify explicitly make these comparisons, the relocation camps not only recall the earthquake that devastated Haiti in 2010, but given the subsequent quarantine there are also echoes of WWII German concentration camps and the U.S. internment of Japanese-Americans.

⁵⁰ The theme of transmission is also explored through “The Silence” that overcomes the afflicted, who refuse to speak to their families, and which then turns into “The Chorus,” when the ill begin to emit a high pitched shriek in unison.

not help but draw a connection between this new black disease and Fanon's disdainful feigned surprised at the "discovery" of the black man as a "new species" in *Black Skin, White Masks*.

What Díaz highlights in "Monstro," however, is the way La Negrura requires a new epistemological framework in order to be understood. When La Negrura fails to conform to scientific rationalism, rather than allow the complete international brain drain to consign the population to total destruction, Díaz shines the spotlight on the black doctors and scientists who stand a chance against the disease. "One doctor from Martinique, his curiosity piqued," begins to investigate why the afflicted begin to crave physical contact with one another (Díaz, "Monstro" 108). Given Díaz's admission of Fanon's influence on his thinking, one cannot help but read this cameo as a nod to the Martinican physician's forensic sensibilities.⁵¹ Dr. Noni DeGraff, a Haitian epidemiologist who is also a budding heroine in the story, works tirelessly in an attempt to understand the disease and is described as "brilliant and pretty much fearless"; she "was called the Jet Engine by her colleagues, because of her headstrong ferocity" (Díaz, "Monstro" 113). While "Monstro" ends in a cliff hanger that leaves unclear whether she will ultimately succeed in eradicating the disease, her persistence, along with her productive investigations into the cause of La Negrura suggest that those most qualified to treat this disease are themselves black. Her use of medical imaging technology to scan body temperature fluctuations—in short, her ability to *see* differently, a metaphor amplified by her subsequently being rendered half blind when she looks directly into the blast site—provides a significant clue toward the symptomatology of the disease, and once her images make it to "the

⁵¹ For more on Fanon's interest in forensics, see Gordon, *What Fanon Said*.

Outside” the international medical and military community’s interest in Haiti is revived. This border crossing through the transmission of visual data gestures to the many ways of understanding contagion as well as the impossibility of avoiding all types of contact indefinitely. Referred to alternately as “devils” and “the Possessed,” the infected soon take control of the camps, and likewise overpower any attempts to restrain them. Soon “[t]he entire country of Haiti was placed under quarantine. All flights in and out cancelled. The border with the D.R. sealed” (Díaz, “Monstro” 117). This seemingly final closure of the boundary between Haiti and the Dominican Republic, the island and the rest of the world, is anything but. Shrouded in darkness, with the borders closed in order to keep the infected from getting out, “Monstro” ends with the narrator and his friends deciding to make their way *in*. Why head toward the disease? It appears irrational. Although Díaz does not say why they do, a Fanonian reading of the story suggests why traveling across the border and toward the center of infection is necessary.

Díaz characterizes “Monstro” as “a zombie story.... an alien invasion story.... a giant monster story,” and these kinds of narratives are what Jane Anna Gordon and Lewis Gordon theorize as divine warnings, “alert[ing] us to something we are doing that is unnatural” (Moya; Gordon and Gordon 30). As “ongoing achievements of deviation in the world created by human intersubjective activity,” monsters tell us where we have gone wrong, and gesture toward the steps needed to provide reparation (Gordon and Gordon 36). In “Monstro” Díaz focuses on highlighting the wrongs humans commit against one another; as the disease spreads, for example, families and friends turn on each other violently, killing each other at the mere suspicion of illness. In this way, Díaz foregrounds the intersubjective ways in which we respond to apocalyptic events, for as he argues in a non-fiction piece written for

the *Boston Review* in the aftermath of the 2010 earthquake in Haiti (published before “Monstro” and in which he cites Gordon and Gordon), “apocalypses like the Haitian earthquake are not only catastrophes; they are also opportunities.” He hopes for a day when, upon encountering another tragedy,

for once we won’t look away. We will reject what Jane Anna and Lewis R. Gordon have described in *Of Divine Warning* as that strange moment following a catastrophe where “in our aversion to addressing disasters as signs” we refuse “to interpret and take responsibility for the kinds of collective responses that may be needed to alleviate human misery.” (Díaz, “Apocalypse”)

By turning to the figure of the zombie in “Monstro,” Díaz makes an important metaphorical gesture regarding the dehumanization of the world’s most marginalized subjects, whom Fanon calls the *damnés*, the damned, or the wretched of the earth.⁵²

The figure of the zombie proves especially significant for a few reasons. First, because of the cultural link to voodoo, a syncretic religion practiced in Haiti that has been variously misinterpreted and reinterpreted in popular culture to produce the modern zombie. As Gordon and Gordon write, “[i]n the past the creature, born from voodoo and other Afro-Caribbean religions, was simply a human being who was made a slave by the theft of his or her soul or, in other versions, an animated corpse at the mercy of the will of those who summoned it” (Gordon and Gordon 48). Zombies are “nihilistic monsters... whose logic is an eternal return of indifference and an absence of meaning” (Gordon and Gordon 48). In a sense, the black zombies of Díaz’s story return the anonymizing gaze of those who would kill them, for in their pursuit of those they cannibalize “[t]hey are not after you, since they do not know who ‘you’

⁵² See Fanon’s *Les Damnés de la terre*, translated in English as *The Wretched of the Earth*.

are in your uniqueness, and even if they did, they would not care, simply because, as well, that does not concern them” (Gordon and Gordon 48). In short, zombies “are death, the logical conclusion of decay, brought to unnatural heights in the added dimension of being *the living dead*” (Gordon and Gordon 48). They remind us “of decaying values, of our creating a world in which, in the end, not only nothing but *no one* really matters” (Gordon and Gordon 49).

As Fanon himself argues, cultures under the oppressive regimes of colonialism are rendered inert and ossified, yet nevertheless inhabit a kind of living dead status. Alternately translated as the “zombification of culture” (Gordon, *What Fanon Said* 87) and the “mummification of culture” (Fanon, “Racism and Culture” 34), what Fanon terms in French “*la momification culturelle*” renders a culture that was

once living and open to the future...closed, fixed in the colonial status, caught in the yoke of oppression. Both present and mummified, it testifies against its members.... This cultural mummification leads to a mummification of individual thinking.... Thus we witness the setting up of archaic, inert institutions, functioning under the oppressor’s supervision and patterned like a caricature of formerly fertile institutions. (“Racism and Culture” 34)

To conceive of this mummification as a kind of zombification is appropriate, given that the culture remains both “present and mummified,” that is, both appearing vital and yet preserved and stagnant. (Another metaphor in this vein is taxidermy.) As some translators already have, it is therefore possible to conceive of Fanon as engaging the zombie as a metaphor. Both the mummy and the zombie share the ability to walk when summoned “back to life” by external forces, and yet remain somehow undead. They are, in short, the image of life, but not life itself. In this way,

the living death of the zombie or mummy can serve as a metaphor for the stagnation of non-Western cultures in the clutches of racist and colonialist structures.

Rather than close his story with the total destruction of the world, however, Díaz leaves open the possibility for change. Given that the narrator tells the story retrospectively, we know that he, at least, survives his crossing into darkness. Even if readers never learn the full details of his journey, the monsters in the narrator's account serve as a warning about and a challenge to "notions of normativity and conceptions of the natural" (Gordon and Gordon 32). By virtue of its fictional status, Díaz's story nevertheless tells us that it is not too late to transform our understanding of what it means to be human, which remains the ongoing project of decoloniality. The world is not overrun by cannibal zombies, but our indifference toward the sickness and suffering of marginalized communities cannot hold. As a warning, Díaz's exploration of the interface of blackness, disease, and the monstrous highlights the valuable challenges to marginalizing discourses of difference posed by narratives that attend to bodily disruption. By homing in on the ways the colonial wound is made visible in decolonial narratives of illness and disability, readers have the opportunity to shift the geography of reason by recognizing forms of embodied knowledge and subjectivity produced by that very same wound.⁵³

In the wake of Díaz's apocalypse, let us return to Fanon, who, in the face of an anti-black racist society that wounds him at every turn, poignantly asks, "Why not simply try to touch the other, feel the other, discover each other? Was my freedom not given me to build the world of you, man?" (*Black Skin* 206). This separation, which Fanon rejects throughout his work and which is the very heart of

⁵³ Here I allude to the motto of the Caribbean Philosophical Association, "shifting the geography of reason."

the colonial wound, is precisely what Díaz's narrator flouts in entering the quarantine zone of Haiti. His final gesture to go *in* powerfully dramatizes the social activist impulse of not only decolonial theory but also the most radical threads of disability studies. Rather than sustain the boundaries that prevent genuine, human interrelation, a theory of decolonial embodiment grounded in Fanon's racial phenomenology and attentive to moments that challenge the epistemological bases of coloniality pairs the impulse to destroy with the hope and desire to rebuild.

A FANONIAN APPROACH TO HEALTH AND HEALING

A Fanonian approach thus challenges us to consider the ways in which discussions about health and healing cannot be separated from a social discourse that links the meaning of these concepts to particular racialized populations. While the health humanities have become something of a laboratory for humanists interested in exploring the intersection of the arts and sciences, the field has remained limited in its ability to fully articulate the imbrication of health, illness, and the legacies of racism and colonialism.

What is needed is a theoretical apparatus that directly confronts the biomedical model of disease and disability that emphasizes the binary construction of health and illness and that does not account for the in-between and invisible. A theory of decolonial embodiment provides a more nuanced perspective. The binaries at the center of Western hegemonic thought not only predate modern medicine; they are rooted in the colonial conquest of the Americas. Working within this framework encourages a rethinking of health/illness, mind/body, and body/world, all of which are binaries that form the backbone of Western hegemonic thought and which

function as significant obstacles to healing the colonial wound and to ethical human interrelation.

CHAPTER TWO | INVISIBLE WOUNDS: REDEFINING HEALTH AND ILLNESS IN ELLISON, FANON, AND *HOME OF THE BRAVE*

In a controversial, oft-cited, but frequently misunderstood passage from *Peau noire, masques blancs*, the revolutionary Martinican psychiatrist and theorist of black lived experience Frantz Fanon expresses the limits imposed on him by an anti-black racist society in phenomenological terms that trouble the line between race and disability.

Pourtant, de tout mon être, je refuse cette amputation. Je me sens une âme aussi vaste que le monde, véritablement une âme profonde comme la plus profonde des rivières, ma poitrine a une puissance d'expansion infinie. Je suis don et l'on me conseille l'humilité de l'infirme. (Fanon, *Peau noire, masques blancs* 114)⁵⁴

In this passage about resisting dehumanization, Fanon views the directive to embody “the humility of the cripple” deeply offensive. It is therefore unsurprising that the phrase has been taken up by theorists of disability to argue the exponential otherness of those labeled “disabled” by mainstream society. Indeed, in *Staring: How We Look* (2009), Rosemarie Garland-Thomson makes reference to the passage and argues that “while Fanon avows ‘the Negro is not’ deserving of subordination, he suggests that ‘the cripple is’” (Garland-Thomson, *Staring* 42). Following Garland-Thomson, who aims to highlight the ways in which a dominant, ableist gaze works to fix “a person in gender, race, disability, class, or sexuality systems” (*Staring* 43), Julie Minich suggests that Fanon “employ[s] a politically fraught metaphor” that

⁵⁴ “Yet, with all of my being, I refuse to accept this amputation. I feel my soul as vast as the world, truly a soul as deep as the deepest of rivers; my chest has the power to expand to infinity. I was made to give and they prescribe for me the humility of the cripple” (Fanon, *Black Skin* 119).

“reduces disability to a textual device representing the alterity of the colonized subject” (Minich 49-50). However, in reading Fanon without accounting for the medical context in which he wrote as a physician and psychiatrist in France and French-occupied Algeria, both Garland-Thomson and Minich inadvertently overemphasize Fanon’s experiences as a black man rather than fully engaging or challenging his phenomenological and theoretical contributions.

As I argued in the previous chapter, Fanon’s notable, albeit limited, presence within disability studies circles indicates his relevance to conversations about dismantling binary conceptions of health and healing which disability scholars themselves oppose. However, in order to foment a nuanced discussion of race and disability that accounts for the invisible knowledge of the world’s most marginalized, we must radically reconsider the meanings of health, illness, and disability within a decolonial context. To that end, I propose an alternative reading of Fanon’s refusal of the amputated existence offered to him by anti-black racist society, a reading that not only accounts for his actual words in French as well as the original reference of this remark, but, more importantly, challenges the hegemonic health/illness binary that works to oppress both the disabled and the non-disabled alike. To be clear, Fanon does not argue against the existence of disease or injury, but instead points out the limits of relying upon Eurocentric definitions of and methods for healing.

Although there have been recent attempts to challenge binary conceptions of health and illness, the current biomedical model nevertheless continues to permeate both professional and popular understandings of what it means to be healthy. Conceptions of health in terms that do not account for the lived experiences of differently gendered, racialized, and geographically-situated bodies form the basis of oppressive systems that marginalize those who do not conform to the figure of the

normate—the white, gender-conforming male, able-bodied “ideal” of humanity. As Garland-Thomson argues, as “the social figure through which people can represent themselves as definitive human beings,” the normate “is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them” (*Extraordinary Bodies* 8). Although naming this figure and acknowledging its position as the powerful standard against which individuals are deemed whole or lacking are important first steps toward social justice, I argue that the binaries that uphold the concept of the normate must themselves be dismantled, specifically through the re-envisioned narratives of non-normate subjects. Developing new conceptions of illness, health, and healing not only allows us to shift our attention to a different site of wounding, but also suggests that we understand the wound itself in a new way. With the colonial wound located not only in the body and mind but in society as well, it becomes clear that the older models of healing only serve to misdiagnose the source of suffering and thereby apply a fix that is destined to fail. As discussed in the previous chapter, my goal is to illuminate a path toward decolonial healing, which is a necessarily unfinished and ongoing process that seeks to rehabilitate the relation between self and other by challenging the binary logics of coloniality. This decidedly non-binary vision of healing taps into the power of subjective knowledge derived from the lived experience of the colonial wound, thereby acknowledging the invisible wounds of coloniality as valuable sources of epistemological transformation.

Decolonial narratives that engage the interface of race, illness, and disability, such as those by Fanon and Ralph Ellison, afford us the opportunity to explore this kind of epistemological transformation in action. In *Peau noire, masques blancs* and *Invisible Man* in particular, these writers attend to the particularities of lived

experience and thereby work to overcome the colonial matrix of power by reinstating the embodied narratives that have been rendered insignificant by the Eurocentric perspective. By examining Fanon's refusal to view his blackness as a form of amputation alongside the suggestion of Ellison's invisible man that his condition is a "sickness" he carries within himself, I argue that these new narratives not only shed light on the wounds inflicted by an oppressive, anti-black racist society, but also illuminate a path toward healing.

In this chapter, I begin by bringing together Fanon's and Ellison's scathing critiques of Mark Robson's 1949 *Home of the Brave*, an understudied Hollywood war film that problematically conflates blackness and disability. Read against the grain, this pioneering American film illuminates the limits of Eurocentric psychiatry's understanding of the black subject. Both Fanon and Ellison explore the relationship between the social and the psychological through their engagement with tropes of invisibility, disability, and alienation. Ultimately, both Fanon's and Ellison's responses to the film pose broader questions about the relationship between recognition, identity, and subjectivity that draw attention to the post-Cartesian impetus at the center of decolonial theory.⁵⁵ In doing so, they encourage readers to rethink the problematic health/illness binary, creating new narratives that give expression to embodied black existence in ways that had been previously unwritten.

When viewed critically, *Home of the Brave* offers a visual narrative in which disability and blackness are pathologized simultaneously by white hegemony.

⁵⁵ I am thinking here of Aníbal Quijano's articulation of the colonial matrix of power and Walter Mignolo's border thinking, both of which are revelatory concepts that are made especially vivid when contemplating the work of Fanon. See Aníbal Quijano, "Coloniality of Power, Eurocentrism and Latin America," and Walter Mignolo, *Local Histories, Global Designs*.

Evaluating the film with Fanon and Ellison allows us to see why we need new narratives of the human, and why we need to shift our attention not only to a different site of wounding but to one with a different genesis. *Home of the Brave* served as a provocative common text that inspired both figures to rethink the limits of the discourses within which they worked. Whereas the film, considered progressive by mid-twentieth century critics, proposes a mainstream psychoanalytic cure for the black protagonist's psychosomatic injuries, both Fanon and Ellison critique *Home of the Brave* for its failure to adequately address the embodied racial trauma at the center of the narrative. Only by exposing the limitations of mainstream macronarratives can the black subject regain visibility, which is why *Home of the Brave* offered such a compelling object of critique for both Ellison and Fanon.

ELLISON AND FANON AT THE MOVIES

Ellison's *Invisible Man* and Fanon's *Peau noire, masques blancs* were published in the exact same year (1952), but relatively few scholars have engaged in a nuanced analysis of how these contemporary writers understood the problem of anti-black racism within their particular cultural contexts.⁵⁶ As such, Fanon's and Ellison's concerns with *Home of the Brave* offer a fortuitous opportunity to consider how two important thinkers on the social ramifications of anti-black racism engage the failings of both art and medicine in narrating their lived experience. As I argued

⁵⁶ One notable exception is Africana philosopher Lewis Gordon, who notes Ellison and Fanon's mutual ties to existential phenomenology and usefully highlights "the dynamics of black invisibility that emerge from the theoretical resources of these...thinkers" (*Existence in Black* 70).

Peau noire, masques blancs was published in 1952. The book was first translated into English in 1967.

in the previous chapter, Fanon's efforts to decolonize were co-extensive with his desire to disrupt Eurocentric narratives of health and healing. Thus, the ability to narrate lived experience is essential to healing the colonial wound. Building on Lewis Gordon's insight into Ellison and Fanon's common passion "to understand human beings and... to articulate a liberation project that does not lead to the estrangement of humanity from itself" (Gordon, *Existence in Black* 70), I draw a link between the way both figures viscerally decried the psychoanalytic and corporeal limitations of *Home of the Brave* and their articulation of new narratives of liberation that focus on the lived experience of black men. As Ellison writes elsewhere, the black man's "formal education (never really his own) provides him with neither scientific description nor grounded philosophical interpretation of the profound forces that are transforming his total being" ("Harlem" 325). There are lessons that can only be learned through the body, and by emphasizing the importance of this renewal and revision of artistic production, my aim is to illuminate the role of embodied knowledge in the decolonial project of rehumanization, one that begins with phenomenologically-inflected narratives.⁵⁷

In their approaches to critiquing *Home of the Brave*, both Ellison and Fanon draw on their positioning as film spectators, allowing them to elaborate on the metaphors of paralysis, amputation, and identity as they relate to their lived experiences as black men. In his essay "The Shadow and the Act," first published in

⁵⁷ Sylvia Wynter has notably looked to the renewal of artistic production—film in particular—as a way of circumventing what she terms the "biocentric" model of being, which she describes as "our present culture's purely biological definition of what it is to *be*, and therefore what it is *like to be* human" ("Sociogenic" 31). Wynter also gestures towards the power of performance—in particular as captured by the cinematic text—as a new form that will allow us to reconsider the limits and potentialities of the body as a source of knowledge. See Wynter, "Africa, the West and the Analogy of Culture: The Cinematic Text after Man."

1949, Ellison critiques a number of 1940's films about race. In the process he criticizes the failures of contemporary cinema, expresses his belief in its unfulfilled potential, and rails against mainstream psychiatry.⁵⁸ Tellingly, Ellison opens with a critique of the representation of black men in the cinema, beginning with D.W. Griffith's profoundly racist *Birth of a Nation* (1915). Rather than deny Griffith's innovative use of the medium, Ellison points to the "enormous myth-making potential of the film form," which powerfully implicates the audience in its portrayal of supposed reality ("Shadow" 304).

Ellison's recognition of audience participation in the construction of these images points to the social dimensions of engagement with art. As a medium with widespread appeal and reach, the cinema offered an unprecedented potential to disrupt fixed categories. Although Ellison concedes that "the Negro stereotypes by no means made all white men Klansmen," he argues that "the cinema did, to the extent that audiences accepted its image of Negroes, make them participants in the South's racial ritual of keeping the Negro 'in his place'" ("Shadow" 304). For Ellison, given the motion picture's dangerous potential as "one of the strongest instruments for justifying some white Americans' anti-Negro attitudes and practices" and its traditional role as an ally in "the struggle against Negro freedom" ("Shadow" 304), it became necessary to transform the narratives it portrays.

Indeed, as Ellison goes on to discuss, even well into the 1940s, during which cinema began an attempt to depict the humanity of the black man, the alleged goals of narrative film were repeatedly undercut by filmmakers' mishandling of the problems of racialized American society. Even the most seemingly benign portrayals

⁵⁸ First published in *The Reporter* December 6, 1949.

of black men were overcome by stereotypes, thereby denying these characters true interiority and depth. According to Ellison, these films, which appear to be about race, “are not *about* Negroes at all; they are about what whites think and feel about Negroes. And if they are taken as accurate reflectors of that thinking, it becomes apparent that there is much confusion” (“Shadow” 306). Adding to this already deeply psychological interpretation of unconscious desire, Ellison writes that because filmmakers were “unwilling to dig into the grave to expose the culprit” in the dehumanization of African Americans, “we find them using ingenious devices for evading the full human rights of their Negroes. The result represents a defeat not only of drama, but of purpose” (“Shadow” 306). In short, these films fail even to recognize their own motivations. This failure of purpose exposes the persistence of racist attitudes and represents a sign of a “United States... audience obsessed with an inner psychological need to view Negroes as less than men” (Ellison, “Shadow” 305). As a failed enterprise then, *Home of the Brave* offers a key visual and narrative text for both Ellison and Fanon in their analyses of the overwhelmingly anti-black world in which they lived.

While Ellison’s critical assessment reveals cinema’s power to reproduce or reject racist narratives, Fanon’s phenomenological account of going to the movies in *Black Skin, White Masks* reveals the position of the black spectator as clearly fraught. Describing the experience of watching *Home of the Brave* as a kind of out-of-body experience, Fanon highlights what is actually an everyday occurrence for the man of color, and as he sits in the darkened theater, Fanon’s experience speaks to the particular phenomenology of film-going. With a heightened sense of being both a seeing subject and the object of the white spectators’ gaze, he writes,

I can't go to the movies without encountering myself. I wait for myself. Just before the film starts, I wait for myself. Those in front of me look at me, spy on me, wait for me. A black bellhop is going to appear. My aching heart makes my head spin. (Fanon, *Black Skin* 118-119)

In these moments of “second sight,” Fanon sees himself as he is being seen by the white members of the audience; he understands the many symbolic roles he is being made to inhabit. He sees himself in the black serviceman, he sees himself on the screen, and this doubling is so overwhelming it makes him feel ill.

THE LIMITS OF MAINSTREAM PSYCHIATRY IN *HOME OF THE BRAVE*

This double movement of identification and dis-identification, of seeing and being seen is central to the embodied experience of film-going, which, in its intermediation serves to magnify the effects of the visual economy in an anti-black racist world. From this vantage point an analysis of *Home of the Brave* becomes especially illuminating, for as black spectators both Ellison and Fanon view the film as an offensive and inaccurate representation of their identities, and in the face of this, both work to create new narratives that challenge the ones displayed before them and enable the possibility of healing.

Home of the Brave stars James Edwards as Private Peter Moss, the lone black soldier in a group of military volunteers sent on a top-secret mission to retrieve intelligence information from a small Japanese-held island during the Pacific war.⁵⁹ The narrative unfolds by way of flashbacks as a white army psychiatrist (Jeff Corey) provokes Moss—through the use of an experimental sedative—to recount the events that led to his paralysis from the waist down. The

⁵⁹ Of note, the film is based on the 1946 play of the same name by Arthur Laurents, in which the protagonist is a Jewish man.

use of regression therapy serves to highlight the psychoanalytic impulse of the film, which asserts that Moss's inability to walk is caused by repressed feelings. As the plot unfolds the film's explanation for his loss of mobility is the alleged survivor's guilt Moss experiences after a sniper shoots down his brother in arms and only white friend Finch. Both Ellison's and Fanon's interventions home in on the many ways Moss's fellow soldiers and the army doctor who attends to him misunderstand and misdiagnose his invisible wounds. This inability to accurately and ethically consider Moss's wounds echoes Fanon's assessment in "The 'North African Syndrome'" of the colonial doctor's inability to effectively treat his patients because he brings an "a priori *attitude*" to the encounter (Fanon, "The 'North African Syndrome'" 7). The misdiagnosis also demonstrates the broader applicability of Fanon's observations about his own struggle practicing medicine in a French colony.

As both Fanon and Ellison maintain, the dis-ease of the black man has more to do with the challenges of black embodiment within a racist society than with the pathologies that mainstream Eurocentric psychoanalysis and psychology typically analyze. Rather than address the racial prejudice at its center, however, *Home of the Brave* simplifies the logic of black lived experience in two crucial ways. First, as Ellison notes, the army doctor misdiagnoses Moss's psychosomatic illness as derived from a sense of guilt at the death of his friend, rather than being caused by the trauma inherent in living in a racist world. Throughout Moss's treatment, the doctor insists on blaming Moss for his temporary disability by repeatedly alluding to his so-called sensitivity to the racist epithets hurled at him. The doctor also emphasizes the idea that the survivor's guilt Moss feels is common to all soldiers. The film reinforces this point when a newly-disabled white soldier, Mingo, attests to feeling this way at the film's end. Herein lies the second and perhaps more egregious

oversimplification. In an effort to confirm the newly-ambulatory Moss's "sameness" with his white brothers in arms, the final scene of the film draws a direct comparison between Moss's blackness and Mingo's newfound status as a one-armed man, thereby aligning Moss's race with Mingo's disability. This elision of difference not only masks the anti-black racism that follows Moss at home and abroad, but also glosses over the anxiety the newly-amputated Mingo feels over returning to an ableist society unprepared for his arrival. This final scene of *Home of the Brave*, in particular its equation of two very different embodied experiences, serves as the impetus for Fanon's statement that he refuses the metaphor that compares race to disability because it renders invisible the wounds suffered by the black subject. Therefore, a more phenomenological understanding of identity and difference leads to a more nuanced consideration of how we might begin to give voice to previously silenced and invisible knowledge, a project at the very center of decolonial thought.

Home of the Brave met with commercial and critical success for being the first "problem film" of its time to deal with race, specifically by aiming to resolve the problems of white racial insensitivity to the difficulties of black experience and black racial "hypersensitivity" to the same. The film seeks to accomplish this goal by developing a plot from which the audience is meant to conclude, in the words of a contemporary *New York Times* film critic, "that all men are basically 'the same'" (Crowther). Notwithstanding this lofty aim, however, the film fails at this objective. Where *Home of the Brave* attempts to demonstrate that race is a characteristic that can be overcome, instead it minimizes the cumulative effects of the lived experience of racism. In so doing, the film ultimately undermines its own goals through its inability and unwillingness to attend to the actual racial problems present in its plot. The equation of blackness to disability only serves to ignore the different

phenomenologies of race and disability, and forces a normative medicalized narrative onto the black body, as it does on the disabled body, thereby silencing the voice and lived experience of both.

From the very beginning, *Home of the Brave* casts Moss's medical treatment in positivist terms, underscoring a biomedical model of disease in which illness is an object to be discovered by an expert detective who holds a monopoly on the knowledge needed to offer a legitimized diagnosis.⁶⁰ Indeed, the army doctor stresses the need to "cure" Moss before his return to the States, explaining his urgency by alleging that it is "hard to be a detective when you're so far from the scene of the crime." Claiming that he has taken a "special interest" in Moss as "scientific curiosity," he decides to treat Moss's illness by way of narcosynthesis, which involves intravenously administering a chemical substance—also known as "truth serum"—to facilitate a patient's recollection of events. Truth serum works by inducing a hypnotic state in the patient that encourages him to lose inhibition and allegedly speak more "freely" about suppressed or private events. Tellingly, the doctor makes direct reference to the development of this controversial method when he says that the army has learned a lot about the technique in recent years, adding that "war has its uses."

This clear allusion to the use of truth serum as a tool for extracting information from tortured prisoners of war troubles Moss's identity as a patient and fellow soldier, leaving him somewhere between research subject and enemy combatant. If we recall Fanon's growing concerns over his inability to separate his roles as a medical doctor and as an extension of French colonial authority during his

⁶⁰ See also Foucault's *Birth of the Clinic* regarding the clinician's suspicion of the patient's narrative.

time in French-occupied Algeria, then the simultaneity of the psychiatrist's medical and military roles in the film becomes increasingly problematic. Writing about the illegal use of truth serum by French doctors during the Algerian War, Fanon describes the drug as producing "a certain loss of control, a blunting of consciousness" ("Medicine and Colonialism" 137). Providing his own medical opinion, he asserts that "[a]s a therapeutic measure used in medicine it is obviously a very dangerous technique, which may cause a serious impairment of the personality" ("Medicine and Colonialism" 137). Although "[m]any psychiatrists, considering the dangers greater than the possible improvements, have long ago abandoned this technique for examining spheres of the unconscious," significantly, he adds, the "European doctors in Algeria use the 'truth serum' with staggering frequency" (Fanon, "Medicine and Colonialism" 137). In light of Fanon's observations, then, the army doctor's use of narcosynthesis to treat Moss's invisible wounds is highly inappropriate. What is more, when the physician attempts to cast Moss's problem within a mainstream Eurocentric medical discourse that ignores Moss's lived experiences, the doctor's treatment leaves Moss at risk for another collapse.⁶¹

The film's visual style and plot reflect the medical discourse it espouses by providing frequent reminders regarding its preoccupation with the unconscious and the hierarchies of knowledge that govern it. When the soldiers are first briefed on their top-secret assignment, the constant refrain "are you in on this?" emphasizes the way information is tightly controlled and passes between individuals on a "need to know" basis that reaches all the way to the top. They soon learn that the

⁶¹ The doctor acknowledges Moss's vulnerability, asserting that he must "cure" Moss or else something like this could happen again, "or worse." Despite his well-placed intentions, however, it is not clear that he ever actually gets to the root of the problem.

reconnaissance mission requires covert travel by sea in order for the group to closely survey the Japanese-held island's terrain and create detailed maps that will enable future military operations. This mission serves as a metaphor for the journey into the depths of the mind, as is made evident when one soldier, worried about the danger of the ground mission suggests that perhaps aerial photographs might provide sufficient information. The Major's curt reply to "leave the thinking to headquarters, shall we?" and his assertion that "aerial photos don't show what we want to find out" points to the need to get as close as possible to the scene of the action, regardless of the attendant perils.⁶² Moss is conveniently the most qualified surveyor in the army who is not injured or otherwise occupied, and, most important, he has already volunteered for the position. It is as if this trip were somehow made for his benefit. When the group finally arrives on the island at dusk, the scene of their penetration of the island consists of multiple shots and extended sequences of the men cutting through dense, dark jungle foliage with machetes set to a soundtrack of exotic bird calls and ominous music, providing a not-so-subtle reminder that this is a film that centers on a journey into the heart of darkness: the protagonist's mind.

According to Ellison, the psychiatrist's claim that Moss's paralysis is "like that of any other soldier who has lived when his friends have died" is nothing more than an evasion of the deeper dimensions of Moss's psychological troubles—namely, the savage racism Moss has faced over the course of his lifetime—that ignores

⁶² Earlier in the film this same Major is visibly stunned when first meeting Moss, and calls headquarters ostensibly to complain about the fact that Moss is black. He is then chastised by his superior, who reminds him that war is a special circumstance with an equally curt rhetorical question, "Do you think this is a war or a country club tea dance?" The chain of command is firmly in place.

Moss's phenomenological knowledge of living in an anti-black world ("Shadow" 306). Moss's experience of being thus silenced serves to illuminate the disabling effects of coloniality. The doctor's denial of Moss's explanation for his illness is especially problematic given that the film provides evidence for his theory by way of flashback: true, Moss loses his ability to walk after his friend is shot down, but the entire sequence is preceded by a tense and racially-charged exchange between Moss and Finch, in which Finch stops just short of calling his friend a "yellowbelly Nigger." Thus, to characterize coloniality as disabling is not to devalue the terms of disability studies. On the contrary, to recognize the ways in which structures of power continue to impose dehumanizing ideals upon its subjects illuminates a path toward coalition building between the non-disabled and people with disabilities, across race, gender, and culture, which is a shared goal of decolonial and disability theory.

By rendering blackness pathological—even as he attempts to deny that race produces any significant differences between men—the doctor is unable to fulfill his goal to truly heal his patient. The doctor's misdiagnosis of Moss's condition renders him vulnerable to future episodes of impairment, and although he ultimately assures Moss during their sessions that the same people who harass him because of the color of his skin are also in need of a cure—thereby seeming to acknowledge that the problem is systemic—he nevertheless urges Moss to overcome what he calls his real disease: his sensitivity.

Moss insists that his paralysis stems from his momentary pleasure at Finch's death, having viewed it as a kind of retribution for the racial slur his friend nearly directed at him. As Moss reasons, "I knew he'd lied when he said he didn't care [that I was black], that people were just people... I knew he hated me because I was black. So I was glad when he got shot...I thought he was going to call me a dirty nigger so I

was glad when he got shot.” In this scene, as Moss tries to assert his version of the events and his own self-diagnosis, the doctor’s dominant position vis-à-vis Moss, who is seated in the hospital bed, serves to undermine the patient’s authority, and the doctor’s repeated denials of Moss’s theory become increasingly vehement.

As the doctor continues to try to convince Moss that he is “just like everyone else” Moss resists, saying that, unlike everyone else, “I’m colored.” This sparks the doctor’s monologue, which he delivers while pacing around Moss’s bed. There is sharp contrast between the doctor’s upright mobility and Moss’s disability as the usually stationary camera pans around the room to capture the doctor’s movements.

The doctor passionately asserts:

There! That sensitivity, that’s the disease you’ve got. It was there before anything happened on that island. It started way back. It’s not your fault, you didn’t ask for it. It’s a legacy. One hundred and fifty years of slavery and second class citizenship, of being different. You had that feeling of difference pounded into you when you were a child, and being a child you turned it into a feeling of guilt. You always had that guilt inside you. That’s why it was so easy for you to feel guilty about Finch. You understand?

While this may appear to be a concession regarding the social implications of Moss’s dis-ease, the doctor just as quickly reverts to his previous stance. On the one hand, he acknowledges that “the very same people who make the cracks and try to make you feel different.... need a scapegoat, somebody they can despise so they feel strong” and “need help as much as you do, maybe more.” And yet on the other hand, he continues to insist that Moss is like any other soldier who feels relief at being alive in spite of his comrade’s death. He feeds Moss these lines again and again, emphasizing the urgency of Moss’s recovery: “That’s why you’ve got to be cured. So when people make cracks, try to make you feel different, you’ve a right to be angry, but you have no right to be ashamed.”

To be clear, the film itself adds a layer of ambiguity to Moss's version of events, as Finch stops just short of completing the epithet (saying "yellowbelly ni-"), and later claims he was going to call Moss a "yellowbelly nitwit," nitwit having been presented to audiences as a term of endearment or inside joke between the two friends throughout the film's flashbacks (Moss frequently calls Finch a "dope" in return). Whether or not Finch's claim is sincere, however, this moment is revelatory of both characters in question, for on the one hand it points towards Moss's underlying distrust of white men, including his best friend, and on the other, it suggests the possibility that even the most seemingly progressive and open-minded white person carries within him a latent racism that is difficult to shake. With this in mind, Ellison, who refers to the army doctor as a psychiatrist throughout "The Shadow and the Act," rightfully asks of his diagnosis, "What happens to this racial element in the motivation of [Moss's] guilt?" ("Shadow" 306). By completely ignoring the racial component to Moss's trauma, the doctor becomes "a sleight-of-hand artist who makes it vanish by repeating again that the Negro is like everybody else" (Ellison, "Shadow" 306). Given this grave omission, Ellison concludes, "Psychiatry is not, I'm afraid, the answer. The soldier suffers from concrete acts, not hallucinations" ("Shadow" 306). The etiology of Moss's immobility is not his so-called "sensitivity," but rather the systemic racism he meets at every turn that incapacitates him. The doctor's denial thus results in a universalizing, Eurocentric psychiatric impulse that disables Moss, both literally and figuratively, by denying the specificity of his experience while also reinforcing the norm.

Significantly, there are notable parallels between *Home of the Brave* and the medical melodrama, another seemingly progressive genre of the period that put female characters in the spotlight. As in this subset of the "woman's film," here the

army doctor functions to aid his patient through his illness because the ill person is presumed to lack access to the necessary understanding or knowledge to make sense of it. Whereas in the woman's film this relationship takes on decidedly sexual overtones as the patient falls in love with her doctor, in *Home of the Brave* it is problematic from a racial standpoint as it is the white doctor who effectively informs the black patient that he does not understand his own lived experience. In doing so, the doctor leads the audience to deny the patient's experience, which undercuts the former's ability to analyze the origins of the disorder.⁶³ As an intermediary who also bridges the gap between the patient and the audience, the doctor is positioned to provide the viewer with the "correct" interpretation of events. The use of flashbacks, while a standard method for visually illuminating past events in cinema, is also a favored technique of the melodrama, thereby aligning Moss with the female protagonist of 1930s and 40s woman's film. One of the most notable elements of that genre is the way that the female protagonists have unusually central access to the enunciative apparatus of film via POV structures, hallucinations, flashbacks, and voice-overs.⁶⁴ This, of course, was highly unusual for a black protagonist, especially in the 1940s.

Moss's specific impairment, as well as the film's echoing of women's melodrama, serves to emasculate Moss, simultaneously rendering him sexually safe and disabled. Moss's waist-down paralysis in *Home of the Brave* is suggestive, especially when taken together with the fact that he is never linked to a female love

⁶³ See in particular Mary Ann Doane's chapter "Clinical Eyes: The Medical Discourse" in *The Desire to Desire*.

⁶⁴ See Doane, *The Desire to Desire*.

interest over the course of the film.⁶⁵ His asexuality thus resonates with Fanon's assertion that, "negrophobia.... is located at an instinctual, biological level" and in order to tame him "the black man...is castrated. The penis, the symbol of virility, is eliminated; in other words, it is denied" (*Black Skin* 141). In this way, "the black man is attacked in his corporeality. It is his tangible personality that is lynched. It is his actual being that is dangerous" (Fanon, *Black Skin* 142).

Moss's inability to walk is also, of course, a metaphor for the disabling effects of anti-black racism, which is solidified by the juxtaposition of the mobile white doctor's clear authority and the black patient's bedridden vulnerability. After his impassioned speech, the doctor asks Moss, paternally, "Alright, what have you learned? What about you and Finch?" Moss hesitatingly gives him the answers he was fed. When the doctor presses him, asking if he believes the words, Moss admits "I want to.... Sure...I believe it up here" pointing to his head, "because you say so. But I don't know if I really believe it down here," pointing to his heart. During this conversation, the camera alternates between a two-shot of the doctor standing over and moving around Moss in the frame to a high angle close up of Moss on his back, amplifying the hierarchy by emphasizing the doctor's able-bodiedness and Moss's immobility in the exchange.

Instead of engaging directly with Moss to understand why his heart, as a stand in for his spirit but also his body, cannot accept the psychoanalytic narrative presented to him, the doctor quickly switches tactics and orders Moss to get up and walk, to which Moss's only response is to bury his head in his bed and sob. He is finally successful when the doctor angrily demands that Moss get up and walk,

⁶⁵ The only females visually represented in the film are background actors during flashbacks that depict Moss and Finch in high school.

calling him a “dirty nigger” as a way to incite Moss’s own anger in order to ostensibly help him overcome his doubts. As Moss’s face turns in anger, he finally staggers toward the doctor as if he were a child taking his first steps towards his father’s open arms. The two embrace and as the doctor soothes Moss he adds, wistfully, “if only we had more time,” leaving unclear whether or not Moss has been rehabilitated in any true sense, for as the doctor tells Moss, “Walking isn’t enough. You’ve got to be really cured. If not, this may happen again.”

The film’s consistent disabling of Moss prepares the audience for its final scene, in which Moss’s status as a black man is rendered equivalent to a white man’s loss of an arm. Rather than truly address the racial prejudice at its center, the narrative instead offers a patronizing view of difference by conflating two non-normate groups (people of color and people with disabilities), both of whom remain subordinate to the all-American white able-bodied and psychologically stable ideal that is overemphasized by the film’s depiction of the military. In the final scene of the film, Moss, who has recovered his mobility, walks into a discussion between the newly-disabled Sergeant Mingo, who lost an arm after taking a bullet on the island, and the overtly racist Corporal T.J. Everett. Corporal Everett, who has just been subtly taunting Mingo, now takes aim at Moss by joking that he’ll be the “King of Lenox Avenue... all the fried chicken and watermelon you can eat, and those smart high yella’s eating right out of your hand.”⁶⁶ As if that were not enough, Everett mockingly laments the fact that Finch died on the battlefield, adding, “It’s too bad you had to leave him, Mossy.” Frazzled and at the brink of a relapse, Moss buries his

⁶⁶ Everett adds, mockingly that the army will “give [Mingo] a new [arm] and a pension to go with it,” while Moss will become a “hero [who] prefers long straight hair and light complexion.”

face in his hands and begins to remind himself that he's "just like anyone else." Mingo rushes to his side and reassures him, urging him to come to his senses. Rejected, implicitly and explicitly by his fellow soldiers, Moss must therefore receive the proverbial pat on the back from the man who has, in his own words, "lost a wing, but won't let it go down the drain for nothin'." What is more, his association with the one-armed soldier at the end of the film connects Moss to the notion of the cripple as impotent: when Mingo first appears onscreen as an amputee, another soldier calls him lucky since his wife is unlikely to mind his missing limb (presumably because his genitals remain intact). Mingo responds by disclosing that his wife left him for another man while he was at war. His sexuality is thus neutralized and so is Moss's by association; both men are effectively castrated. Still, whereas Mingo is set upon making his loss meaningful, we are left to wonder what meaning Moss should derive from his existence. This question of meaning haunts the entire film. It becomes something of a refrain for his army cohort to ask him why he volunteered for the mission, as if to say, why subject yourself to this kind of a life? Why keep on living, and what makes yours a life worth living? These questions remain unanswered.

It is the precise nature of the *loss* that Moss is meant to have undergone that is never fully explored, even as it appears in plain view when Mingo equates his impairment to Moss's color. Just as melodrama reaffirms the value of the normative nuclear family, *Home of the Brave* reestablishes contemporary racial hierarchies. The black man is thus coded as abnormal because it takes the white man *becoming* disabled, losing an arm, before he can feel a true sense of solidarity with him (earlier in the film, Mingo is at best neutral toward Moss). To borrow from Gordon, who writes that "White-black relations are such that blacks struggle to achieve Otherness" (*Existential Africa* 35), within the logic of the film, it is only when the

able-bodied white man becomes an other by being physically altered that he can come to recognize the black soldier as his Other, for as Gordon asserts, “it is a struggle [for the black subject] to be in a position for the ethical to emerge” (*Existentia Africana* 35). This is made most clear when the film renders Moss a pliable and productive member of mainstream society, a goal achieved when, at the end of the film, he and Mingo discuss a previously mentioned goal of opening up a bar/restaurant when they return home. Although the scene is not depicted, the suggestion is clear: only by maintaining a strict arrangement vis-à-vis visibility—with the black man out of sight and the white partner with a disability in full view of paying customers—can such an establishment turn a profit.

This return to capitalist productivity is significant on several levels. First, this very same business venture is first brought up earlier in the film via flashback as a pie in the sky dream between Moss and Finch as the troop shares a meal of fried chicken, no less, which Moss has somehow managed to cook and get onto the island. Here, Finch is the originator of the notion that he and Moss should go into business, with Moss in the kitchen and Finch manning the bar. Mingo takes up this vision in place of Finch in the final moments of the film, and when Moss expresses doubt regarding Mingo’s willingness to go into business with a black man, Mingo assures him that patrons are likely to be just as surprised to see a one-armed bartender as they are a black co-proprietor, thereby affirming their commonality by rendering them both equally monstrous. By imagining the equivalent shock produced by seeing either a black man or a disabled white man as business owner, Mingo signals their shared role as freaks on display, echoing Garland-Thomson’s reflections on the freak, which offers “to spectators an icon of physical otherness that reinforce[s] the onlookers’ common...identity, verified by a body that suddenly

seemed by comparison ordinary, tractable, and standard” (*Extraordinary Bodies* 17). The process of Mingo’s enfreakment, that is, his transformation into a freak, takes place visually moments earlier through a carefully framed shot, in which Mingo sits at a desk behind a box that carefully conceals his absent arm. It is only after a fellow soldier says to him “don’t let that arm get to you” that Mingo rises from his seat and reveals the folded sleeve that is meant to indicate he is an amputee. And yet, because Mingo imagines himself taking Finch’s place in the dream—that is, behind the bar but at the front of the house—the film suggests that in spite of his impairment Mingo can remain the visible white face of their imagined or planned establishment, whereas Moss, whose food is likely to be their main source of income, must remain behind the scenes in the kitchen. In this way, Moss’s apparent healing at the end of *Home of the Brave* is illuminating, for in taking up Mingo’s suggestion that they open a bar-restaurant together, he effectively allows himself to be reinscribed into an economy that persists in silencing him and rendering him invisible. For the film, then, it seems the racial hierarchy is not so easily overcome as the stigma of disability. Being born black is not like being born able-bodied, but rather, akin to suffering a wartime loss.

Casualties of War

Fanon’s controversial retelling of the final conversation between Mingo and Moss captures the essence of this misalignment. As Fanon paraphrases in *Black Skin, White Masks*, “The crippled soldier from the Pacific war tells my brother: ‘Get used to your color the way I got used to my stump. We are both casualties’” (*Black Skin* 119). Here it is worthwhile to return to Fanon’s original French words describing this scene. Not only does analyzing the source and its translations help to

explain why Fanon's objection to being compared to a "cripple" inspires so much controversy within disability studies. In addition, the French reveals a much more interesting and accurate challenge to Fanon: the limits of his perspective as a physician. Fanon calls Mingo "*l'estropié de la guerre du Pacifique*" (*Peau noire* 113), which is not precisely "the crippled soldier" (Philcox 119) or "the crippled veteran" (Markmann 140), but rather, the person maimed or injured from, or even by, the Pacific War. This is an important clarification. Whether Fanon's translators opted for "crippled" with any knowledge of the pejorative connotations of the word is unclear. What is clear is that the semantic fields of the words "maimed" and "injured" serve to more accurately and neutrally describe the events that transpire within the film: Mingo is caught in enemy fire, is wounded, and must subsequently lose his arm. In this way, *l'estropié* preserves the sense of pain, loss, and acquired impairment that Mingo experiences in the film. Because Moss regains his ability to walk, whereas Mingo is depicted as still in the process of negotiating his new status as a one-armed man, the suggestion is, in Fanon's reading, that Mingo's stump is rendered equal to Moss's blackness. It is thus unsurprising that Fanon takes issue with the implication that Moss's color is a loss and a painful impairment to "get used to" (Philcox 119), something to which he should "resign [him]self" (Markmann 140).⁶⁷ There is no doubt that Mingo will indeed need to adapt to his new existence. The same cannot be said for Moss.

Remarkably, in *Peau noire, masques blancs* Fanon renders the film's title in a footnote as *Je suis un nègre*—"I am a *nègre*"—which in the colonial context is a

⁶⁷ In French Fanon writes, "*accorde-toi de ta couleur*" (*Peau noire* 113), and the phrase "*accorde-toi de*" translates as an imperative to "put up with" or "be satisfied or content with" something.

derogatory term on the spectrum between a Negro and a nigger, and provides the setting for Fanon's insistence on accurately describing Moss's experience of his own blackness (*Peau noire* 113).⁶⁸ In this context, the equation of blackness to disability is something he simply cannot bear. Not because, as Garland-Thomson suggests, Fanon is implying that in contrast to racial difference, disability serves as a mark of inferiority. Rather, his resistance points to the incommensurability of the experience of being born black in an anti-black racist society and that of losing a previously functioning limb during a violent wartime episode. More problematic is Fanon's resistance to adhere to "*l'humilité de l'infirme*" (*Peau noire* 114), which is again rendered "the humility of the cripple" (Markmann 140; Philcox 119). *L'infirme* is indeed a "disabled person," and one can certainly take issue with the fact that the term does not adhere to the conventions of "people first" language (e.g. "people with disabilities," "people of color," though the use of these terms in the 1950s would be anachronistic), and as such reduces the individual to his or her medicalized impairment. This, I argue, is where we might challenge Fanon most effectively, for in medicalizing Mingo, he takes the stance of the physician who sees physical impairment as a problem and a deficit, a perspective that disabilities rights advocates fight against. Nevertheless, given Fanon's efforts to understand the pathologizing effects of colonialism and how to heal them, it should come as no surprise that he rejects Mingo's perspective with such ease, as Fanon clearly writes from the perspective of the physician. This is by no means a defense of Fanon; rather, I aim to highlight, in the words of Lewis Gordon, what Fanon actually said.⁶⁹

⁶⁸ The *Internet Movie Database* lists two versions of the French title: *Le demeure des braves*, which is a literal translation of the English *Home of the Brave*, as well as *Je suis nègre*.

⁶⁹ I am referring here to the title of Gordon's 2015 book *What Fanon Said*.

In short, rather than read Fanon's claim of having a "chest that has the power to expand to infinity" as a purely ableist gesture, when read within the context of existential phenomenology and colonial anti-black racism, this is instead a call for being able to fully engage with a world that does not want him in it.⁷⁰ Here, Moss is a stand-in for Fanon not only because he, like Fanon, is a combat veteran but, put simply, because he is a black man. Moss is repeatedly assured of his being "like everyone else" through his comparison to a one-armed white man, which serves as a painful metaphor for how society at large works to culturally and psychologically amputate and disable the black subject. Fanon refuses this social diminishment. Thus, in my reading of his resistance to the film's equation of blackness and disability, it is compelling to consider the ways in which Fanon's decolonial epistemology of the body can complement theories of disability by telling us that the process of healing must be tailored to the experience of the wound. To be clear, disability rights advocates and disability studies scholars generally oppose the term "healing" in its more common usage, which stems from the biomedical model that seeks to correct bodily difference. By contrast, in my usage I emphasize the need to address the wounding quality of coloniality at large, which includes biomedicine's ableist gaze.

⁷⁰ Writing about Fanon's discussion of *Home of the Brave*, Jay Garcia argues that Fanon's biography as a Martinican soldier in the French army during the Second World War "predisposed [him] to think of *Home of the Brave* in biographical terms," which leads Garcia to the conclusion that "Fanon's sharp critical reaction was probably triggered in part by the relationship between the story of *Home of the Brave* and his own biography, particularly his time in the Free French brigades" (Garcia 53). What this reading fails to consider, however, is the specifically phenomenological argument Fanon constructs in what precedes his analysis of the film, and as such, Fanon's refusal to identify with the amputee's war-torn body has as much if not more to do with the discrepancy between his necessarily medicalized understanding of the disabled body and the black body than it does with Fanon's own experience of war.

Although Fanon understandably argues against the suggestion that Moss is a casualty of war, the reference is far more apt than it initially appears. In fact, understanding modernity in terms of war is useful for approaching the film as well the work of Fanon and Ellison both in terms of their engagement with illness as well as their commentary on the struggle to live a life of wellbeing in a racist society. In this vein, decoloniality can be understood as an effort to reestablish peaceful, ethical modes of interrelation. As theorists of the illness narrative have noted, the experience of illness has frequently been rendered in terms of battle.⁷¹ Writing against the metaphors used to describe cancer, tuberculosis, and AIDS, Susan Sontag argues that the military imagery used to think about health and disease—“invasive” cancer cells, “bombarding” patients with chemotherapy—are “far from inconsequential. It overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill” by unjustly placing blame and marginalizing the experiences of those who succumb to illness (Sontag 182). In *Home of the Brave*, for instance, the Japanese-held island where the soldiers engage in combat serves as a stand-in for Moss’s mind, whereupon the army doctor wages battle to try and heal his psychological wounds. But the doctor misdiagnoses and misrecognizes Moss’s injury as originating in overseas rather than domestic life, so he is unable to fully heal Moss’s wounds.

While Mingo is literally a casualty of the Pacific War, however, Moss is a casualty of the naturalized state of war enacted by his living in an anti-black world. Sontag is eager to see military metaphors of illness retired, and significantly, she

⁷¹ See also Anne Hunsaker Hawkins’s discussion of the ubiquity of war metaphors in autobiographical writing about illness in her chapter “Myths of Battle and Journey” in *Reconstructing Illness: Studies in Pathography*.

refers to doctors “talking like battle-weary officers mired down in *an interminable colonial war*” (Sontag 66-67, emphasis added), an observation that resonates with recent efforts in decolonial thought to grapple with the pathologizing effects of coloniality. As Nelson Maldonado-Torres writes in a decolonial context, “the foundation of modernity as a paradigm of war” is “the source of many of its pathologies, crises, and evils” (*Against War* 238). “In modernity,” he argues, “the racialized others take the place of enemies in a perpetual war out of which modern ideals of freedom and autonomy get their proper sense,” and as such, the lives of these others are rendered paradoxical (Maldonado-Torres, *Against War* 238). That is, in a racist world in which the systematic oppression of subjects of color renders their lives expendable, the continued existence of these subjects is antithetical to reason. To continue to exist, to assert one’s existence under these circumstances is to inhabit the paradox, which “represents... a self-contradictory stance that interrupts the flow of the clear and distinct logic of identity and difference” and yet, this contradictory stance represents “the anti-systematic [resistance] par excellence” (Maldonado-Torres, *Against War* 135). As such, “[e]xistence becomes... the negation of the negation of existence” (Maldonado-Torres, *Against War* 135), a fact illuminated in the film each time Moss’s fellow soldiers ask him why he volunteered for the mission, as if to say, why would you subject yourself to this situation?

With this in mind, Moss’s invisible wounds are much more usefully understood as the consequence of his resistance—by virtue of his existence—to an anti-black world. In this context, war as paradigmatic of modernity replaces the problematic battle metaphors of illness, and the invisible wounds of coloniality that afflict Moss are exposed as quite different from Mingo’s highly visible amputation. Given this, perhaps Fanon would agree with Sontag, who writes with regard to

military metaphors of the body, such as the one at the center of *Home of the Brave*, “The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy.... About that metaphor, the military one, I would say... give it back to the war-makers” (Sontag 183).

IN/VISIBILITY AS ILLNESS: ELLISON AND DISABLING PSYCHIATRY

In what remains of this chapter, I consider the ways in which Fanon’s new vision of medicine grounded in a theory of decolonial embodiment powerfully resonates with Ellison’s own views regarding the future of psychiatry as well as the novelist’s efforts to bring this healing impulse to his own fiction. Both figures redefine health and illness to account for the social factors that contribute to the particular wounds of coloniality, thereby demonstrating the need to continually challenge binary systems of power.

While Fanon’s engagement with the film draws upon and develops a theory of decolonial embodiment, Ellison’s critique centers on his qualms regarding mainstream psychiatry, which he works to resolve through his efforts to promote socially-grounded psychiatry in both clinical and fictional settings. In his essay “Harlem is Nowhere,” Ellison lobbs a critique against a particular kind of “psychologizing” that ignores the social dimensions of the black man’s affliction. Here, Ellison engages with a different kind of psychiatry, one that he argues “represents an underground extension of democracy” (“Harlem” 320). Writing about the Lafargue Psychiatric Clinic (established in 1946), which was located underground in the basement of St. Philip’s Episcopal Church in Harlem and was a pioneer in its focus on providing affordable psychiatric care to black patients (Campbell 443), Ellison praises its dedication “to recognizing the total implication of

Negro life in the United States” (“Harlem” 320). Significantly, Ellison was not the only literary figure interested in promoting this kind of psychiatric care; the clinic “was cofounded by Richard Wright and was supported to varying degrees by a ‘Who’s Who’ of literary icons, including Langston Hughes and Ralph Ellison” (Campbell 444). For these authors, as J. Bradford Campbell writes, “the clinic was a sorely needed antidote to the psychic crises produced by daily life in Harlem, within a city awash in... a ‘free-floating hostility’ and the embodiment of what Ellison and Wright viewed as the nation’s betrayal of its democratic promises” (444).

The Lafargue Clinic’s status as “the first and, in its own time, the only clinic of its kind, [serves as] a testament to the urgent need for psychiatric services in Harlem and a sign of the utter absence of them” (Campbell 444). The dominant primitivist discourse of the period alleged that black people were “free” of the kinds of neuroses afflicting whites and which were associated with the rise of modernity. Finding a clinic that acknowledged the psychological needs of African Americans served to break down the myth of the “happy Negro” prevalent at the time. “Thus,” Ellison writes, the clinic’s “importance transcends even its great value as a center for psychotherapy” (“Harlem” 320); it sought to heal the wounds occasioned by the legacies of slavery and coloniality.⁷²

Among the core tenets of its clinical practice were “reject[ing] all stereotypes” and instead remaining concerned with

any possible variations between the three basic social factors shaping an American Negro’s personality: he is viewed as a member of a racial and cultural minority, as an American citizen caught in certain political and economic

⁷² Ellison often uses the terms “psychiatry,” “psychotherapy,” and “psychology” interchangeably, and I have preserved his usage in the text.

relationships, and as a modern man living in a revolutionary world. (Ellison, “Harlem” 320)

Ellison very clearly demonstrates his understanding of the damaging consequences of anti-black racism and the psychological wounds it inflicts. The fact that these social factors were not generally made a part of psychiatric care—as evidenced by his praise of the Clinic—remains at the heart of Ellison’s skepticism of medicine as practiced in the 1940s and ’50s. In this sense, then, Ellison’s critique of psychiatry points to a specific deployment of the field in relation to the black subject. Ellison sees potential in psychiatry and psychology, but only if it is socially grounded.

This socially grounded psychiatry is one that accounts for the lived experience of the black subject in a racist world and one that is very much in line with the version of psychiatry championed by Fanon. According to Badia Sahar Ahad, Ellison and his cofounders, especially Richard Wright,

diverged greatly from the then popular and accepted idea that psychoanalysis could effectively “cure” psychological problems that emerged as the result of social conditions. Their belief was that flaws in U.S. democracy ran so deep that until the United States became a free and equal state, African Americans would suffer from socially induced neurosis. (Ahad 83)

This position is similar to that of Fanon years later when he would resign his post as *Médecin-Chef de service* at the Psychiatric Hospital of Blida-Joinville in Algeria, citing the hopelessness of practicing medicine under colonialism, as it had become impossible to separate his role as a doctor from his position as a member of the colonizing force.⁷³ At the center of Wright and Ellison’s intent, then, was an effort, as Ahad writes, to “[craft] an emancipatory psychoanalytic model that would address

⁷³ Of note, Ahad observes that a “letter from Fanon to Wright reveals the influence of Wright’s articulations of African American experience on Fanon’s own thinking about colonized subjectivities” (82).

the deleterious psychological effects of racism and prejudice within the context of a repressive social sphere that contributed to notions of black inferiority,” one that “implicated an inequitable American democracy as the source of psychological dysfunction among marginalized citizens” (Ahad 85). For Ellison, she concludes, “To be displaced from or marginal to the processes of democracy creates... the conditions of psychical dis-ease” (Ahad 97).

Ellison’s recognition of healing as a necessary component of an equitable democracy implies his awareness of the novel’s potential to participate in this healing venture. This is evident in the Prologue to Ellison’s *Invisible Man* and in the figure of the black veteran at the Golden Day, both of which reveal the ways in which his novel challenges the health/illness binary and offers a more nuanced understanding of the origins of the colonial wound within the U.S. African American context.

Ellison’s prologue sets the tone for his novel as one that is concerned with the particularities of embodied black experience. The invisible man’s paradoxical existence as both real and imaginary, visible and invisible, dramatizes the challenges of black embodiment in an anti-black world. Through the interplay of visibility and invisibility, lightness and darkness, the opening emphasizes the violence of ignorance as well as newfound self-knowledge:

I am an invisible man. No, I am not a spook like those who haunted Edgar Allan Poe; nor am I one of your Hollywood-movie ectoplasms. I am a man of substance, of flesh and bone, fiber and liquids—and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me. Like the bodiless heads you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves, or figments of their imagination—indeed, everything and anything except me. (Ellison, *Invisible Man* 3)

Like Fanon, who decries being “a slave to [his] appearance” and “overdetermined from the outside” (*Black Skin* 95), Ellison emphasizes that the protagonist’s invisibility is not the kind derived from science fiction film, but instead straddles the line between the metaphorical and the literal and is imposed on him from without. A man of “flesh and bone” he is nevertheless “a figment of [the] imagination” of those who would have him become a stand-in for all black men and their fears of them. “That invisibility” the narrator writes, “to which I refer occurs because of a peculiar disposition of the eyes of those with whom I come in contact”—it is caused by a kind of distorted or diseased point of view, a disturbed vision caused by the “*inner* eyes, those eyes with which they look through their physical eyes upon reality” (Ellison, *Invisible Man* 3). This doubled sight is a counterpart to Du Bois’s double consciousness; these others see him as if through a filter, just as he learns to see himself through their perspective as well.

The narrator’s affirmation that his invisibility stems from the “peculiar” sight of those who look at him rather than from a personal deficiency echoes the social constructivist model favored by disability studies. Instead of viewing himself as impaired, he suggests that the root cause of their inability to see him stems from the racist ideas they hold, which are a product of an anti-black society. Nevertheless, the narrator notes that while “it is sometimes advantageous to be unseen... it is most often rather wearing on the nerves” (Ellison, *Invisible Man* 3). “[C]onstantly being bumped against by those of poor vision” is especially frustrating (Ellison, *Invisible Man* 3-4), and here Ellison’s narrator gestures toward the very real consequences of this metaphorically deficient vision.

To be invisible, Ellison’s narrator explains, is to be in such existential pain that you “ache with the need to convince yourself that you do exist in the real world,

that you're a part of all the sound and anguish, and you strike out with your fists, you curse and you swear to make them recognize you" (*Invisible Man* 4). This anguish gives way to a recollection of an episode of violence in which he engages in a knife fight with a blond, blue-eyed man who failed to see him in the dark, and the metaphor of light and dark, visibility and invisibility represents the violence of seeing clearly. As they engaged in a scuffle in the dark, the invisible man stops just short of slitting the white man's throat, and as he writes, "it occurred to me that the man had not seen me, actually; that he, as far as he knew, was in the midst of a walking nightmare!" (Ellison, *Invisible Man* 4).

Here Ellison more forcefully shifts the attention to the racist's mind, which has not only rendered the black man anonymous and invisible, but also transformed him into a dangerous threat that echoes Fanon's discussion of negrophobia in *Black Skin, White Masks*. Fanon asserts that negrophobia is pervasive among white racists and suggests that "[t]his phobia is located at an instinctual, biological level" (*Black Skin* 141). What is more, he argues, "at an extreme the myth of the black man, the idea of the black man, can cause genuine insanity" (Fanon, *Black Skin* 180). He ultimately concludes that "an individual who loves Blacks is as 'sick' as someone who abhors them" (Fanon, *Black Skin* xii), for in either case it depends upon a socially constructed image that renders *both* the subject and object of the racist gaze in need of decolonial healing. In short, both the lover and the enemy of the black subject objectify and fetishize a human being in terms of his or her color rather than embrace his or her dynamic qualities. As Ellison's narrator shares in the novel's epilogue, "The fact is that you carry part of your sickness within you, at least I do as an invisible man. I carried my sickness and though for a long time I tried to place it in the outside world, the attempt to write it down shows me that at least

half of it lay within me” (Ellison, *Invisible Man* 575). Being made invisible by a racist society contributes to the narrator’s invisible wounds, and from reading Ellison alongside Fanon it becomes clear that all those under the colonial matrix of power are in need of decolonial healing.

Ellison’s efforts to challenge contemporary definitions of health and illness are most direct in his portrayal of psychiatric medicine, and in his fiction, as Campbell argues, Ellison approaches “psychiatry and those who practice it as obstacles to rather than agents of social progress” (Campbell 446). With this in mind, the figure of the disabled black veteran that Ellison’s protagonist meets at the brothel and bar the Golden Day is of particular significance. While the text does not explicitly label the unnamed man “disabled” (the narrator refers to him as either “the fat man” or simply “the vet”), the fact that he is an inmate of an asylum for mentally ill war veterans marks him as such. However, whereas the other inmates regularly display the stereotypical signs of insanity—making lewd and inappropriate remarks, engaging in an all-out melee in the bar—the narrator singles out the vet as an “intelligent-looking man” who possesses great knowledge about both medicine and society (Ellison, *Invisible Man* 81). Thus, the vet’s existence is paradoxical. He is deemed insane by mainstream psychiatric medicine, yet he is in possession of almost prophetic knowledge. He is confined by the asylum and yet is surprising free to boldly express his frustrations regarding the racisms he has faced. In short, his existence as both doctor and patient, insane and insightful, challenges normative conceptions of illness and illuminates the imbrication of race and disability. This allows him to serve as a powerful example of the ways in which oppressive systems of knowledge effectively disable and marginalize subjects that challenge structures of domination.

As a stand-in for a particular kind of well-educated black man, the black vet in *Invisible Man* is only partially silenced by his disabling psychiatric diagnosis. Beyond pointing to Ellison's insistence that reason can coexist with madness, the vet's thwarting of the health/illness binary sheds light on the kind of knowledge that is not only born of the encounter with coloniality but also the ways in which that knowledge is rendered pathological. As the scene unfolds between Ellison's naïve protagonist, the black vet, and Mr. Norton, who is the white trustee of the college the narrator attends, Ellison exposes the dangers of being black and possessing "excess" knowledge about the social world. When Norton faints during a massive brawl between the inmates at the Golden Day, the protagonist begins to panic. He calls out the man's name and gets no response, and in that moment grasps the fact that he "had never been so close to a white person before.... He was like a formless white death, suddenly appeared before me, a death which had been there all the time and which had now revealed itself in the madness of the Golden Day" (Ellison, *Invisible Man* 86). Not realizing that he had been screaming at the top of his lungs in horror, it is the "short fat man" who calms him, reminding him that Norton is "only a man" (Ellison, *Invisible Man* 86). As the vet begins to treat Norton's illness, displaying great professionalism and expertise, a girl asks if he is a doctor, to which he replies "Not now, I'm a patient. But I have a certain knowledge" (Ellison, *Invisible Man* 87). He is eager to share this "certain knowledge" with the invisible man, thinking aloud, "Perhaps had I overheard some of what I'm about to you tell you when I was a student up there on the hill, I wouldn't be the *casualty* that I am" (Ellison, *Invisible Man* 91; emphasis added).

The disconnect between the vet's ability to serve in the war and gain medical expertise abroad and his eventual inability to practice with dignity when back in the

States results in a descent into a madness that is ultimately more revelatory than anticipated. When Norton regains consciousness he is shocked and impressed by the vet's ability to provide an accurate diagnosis, one that had eluded numerous specialists, to which the vet responds "I too was a specialist.... [T]here's nothing mysterious about it. I escaped for awhile—I went to France with the Army Medical Corps and remained there after the Armistice to study and practice" medicine (Ellison, *Invisible Man* 90). In contrast to Fanon, who trained as a doctor in France and there experienced the virulent racism of the colonial metropole, the veteran doctor of *Invisible Man* experienced an apparent absence of prejudice abroad. As he explains, he was away from the United States "[l]ong enough to forget some fundamentals which I should never have forgotten... Things about life. Such things as most peasants and folk peoples almost always know through experience, though seldom through conscious thought" (Ellison, *Invisible Man* 91). Put a bit differently, the black vet wishes to have remembered the battles waged on a daily basis at home before heading to fight in World War I. Although he describes this newfound knowledge as amplified by his having forgotten the racism of the States, he comes to recognize the significance of the phenomenological experience of racism as providing more valuable knowledge than what is taught in school. Indeed, one of the central themes of the novel is precisely that formal education cannot provide the protagonist with the key lessons he is to live by.

The novel also reflects on the limits of hegemonic systems of knowledge. Later, when the protagonist fails to grasp this essential message about the limits of disembodied knowledge, the vet directs his growing frustration at Norton. "You see," he says, referring to the protagonist,

“he has eyes and ears and a good distended African nose, but he fails to understand the simple facts of life. *Understand*. Understand? It’s worse than that. He registers with his senses but short-circuits in his brain. Nothing has meaning. He takes it in but he doesn’t digest it. Already he is—well, bless my soul! Behold! a walking zombie! Already he’s learned to repress not only his emotions but his humanity. He’s invisible, a walking personification of the Negative, the most perfect achievement of your dreams, sir! The mechanical man!” (Ellison, *Invisible Man* 94)

In the eyes of the vet, the protagonist’s inability to realize his own potential for knowledge production by trusting his own lived experience transforms him into what Fanon calls an inanimate “object among other objects” (Fanon, *Black Skin* 89), a member of the living dead, and an extension of the white man’s dreams of fulfillment through his negative, invisible existence.

When Norton asks the veteran doctor why he no longer practices medicine (and, by extension, why he is now an inmate of an asylum for the mentally ill), the inmate recounts a brutal attack in which he learned he would never be able to practice medicine with dignity (Ellison, *Invisible Man* 92).

The vet frowned. “It is an issue which I can confront only by evading it. An utterly stupid proposition, and these hands so lovingly trained to master a scalpel yearn to caress a trigger. I returned to save life and I was refused,” he said. “Ten men in masks drove me out of the city at midnight and beat me with whips for saving a human life. And I was forced to the utmost degradation because I possessed skilled hands and the belief that my knowledge could bring me dignity—not wealth, only dignity—and other men health!” (Ellison, *Invisible Man* 93)

Degraded and whipped as if he were a slave, the veteran reached his breaking point when he came into bodily contact with the violent effects of racism and the absurdity that a doctor trained to save lives could not be allowed to practice in peace. One can almost hear the poetic echo of Fanon’s cry “I was made to give” in the black veteran’s

utter and incredulous dismay at being denied the opportunity to heal another. Indeed, referring to the precariousness of his own position as a doctor Fanon affirms,

if the [Negro] physician made one false move, it was over for him and for all those who came after him.... As long as everything was going smoothly, he was praised to the heavens; but watch out—there was no room whatsoever for any mistake. The black physician will never know how close he is to being discredited. (*Black Skin* 96-97)

In the case of the vet, the act of effectively practicing medicine is enough to draw the wrath of the racist white establishment. As readers of Ellison's novel, we are made to understand, as Campbell illuminates, "that the locus of the problem is not in the vet's naive aspirations but in the racist social practices of the South. This is what makes him sick; the source of his neurosis is rooted in his racial experience" (Campbell 453).

Ultimately, Ellison upends the power dynamics of coloniality by affirming the superior knowledge of the "disabled" black vet over and against that of the "sane" white trustee Mr. Norton. Realizing Norton's equivalent failure to "understand," the vet lays out the facts of life to both Norton and the protagonist by referring to them in the third person:

"A child shall lead them," the vet said with a smile. "But seriously, because you both fail to understand what is happening to you. You cannot see or hear or smell the truth of what you see—and you, looking for destiny! It's classic! And the boy, this automaton, he was made of the very mud of the region and he sees far less than you. Poor stumblers, neither of you can see the other. To you he is a mark on the scorecard of your achievement, a thing and not a man; a child, or even less—a black amorphous thing. And you, for all your power, are not a man to him, but a God, a force—" (Ellison, *Invisible Man* 95)

In this powerful speech, the supposedly mentally ill veteran imparts a wisdom he would not dare speak were he still considered a doctor fully possessed of his mental faculties. As a doctor, he would be expected to adhere to the social conventions that

required his total deference and respect for his white patients. The fact that he does speak now indicates not only that for Ellison there is a connection between madness and reason, but also that in the face of the irrationality of racism, one appropriate response is to withdraw from the social sphere.

REFUSING THE AMPUTATION IN FANON

In his clinical study *Black Skin, White Masks*, Fanon strives to expose the psychological damage inflicted by coloniality, and in perhaps the most anthologized chapter of the text, he approaches this task by turning to a phenomenological description of his paradoxical existence, which takes shape by way of Fanon's asserting his own interiority in a world that denies his individuality.⁷⁴ Fanon dramatizes this through the figure of the white boy who calls out "Look! A *nègre*!" in "The Lived Experience of the Black Man." By describing his own objectification by the white gaze—which Fanon proposes is emblematic of black male experience more broadly—he poignantly draws attention to the challenges the black subject must overcome in order to reestablish his own agency. As Fanon writes in his preface to the text—which I have modified to preserve the distinction between *le nègre* and *le noir* in the original,

In this chapter... we are witness to the desperate efforts of [*le nègre*] striving desperately to discover the meaning of black identity [*l'identité noire*.... he] feels at some point in time that his race no longer understands him.

Or that he no longer understands his race.... And by developing further this difference... he discovers the meaning of his true humanity. (*Black Skin* xviii)

⁷⁴ As Maldonado-Torres argues, "Fanon embodies the paradox of someone who is sentenced to death but who nonetheless continues living, as it were, *by virtue of the absurd*. Existence becomes in his case the negation of the negation of existence. It is 'the anxiety, the distress, and the paradox' brought by this condition that is often left out in our readings of Fanon" (*Against War* 135).

Here *le nègre* strives to forge a black identity in the face of white supremacy. It is within this context that Fanon makes his brief mention of *Home of the Brave*, one that is easy to miss, but that speaks volumes regarding the experience of watching and being watched.

At the end of this chapter, Fanon proclaims “*je refuse cette amputation*” (*Peau noire* 114), and his refusal to view his blackness as a form of loss takes the form of rewriting narratives of philosophy and medicine, with a particular emphasis on the embodied effects of anti-black racism and the psychological aftermath of the same. As I argued in chapter one, Fanon’s concern with healing through narrative is present throughout his work, from his clinical case studies to his political writings. His effort to “liberate the black man from the arsenal of complexes that germinated in the colonial situation” requires redefining the concepts of health and illness and grounding them in a theory of decolonial embodiment in order to account for the social factors that influence wellbeing (Fanon, *Black Skin* 14). A sociogenic reading of *Home of the Brave*, for example, resists the impulse to place individual blame on Moss for his particular “sensitivity” and instead locates the origin of his wounds in the anti-black racism he faces at home and abroad. Thus, Fanon’s refusal of the amputation—not merely as an impairment but as a loss and injury to be overcome—is essential to his ongoing practice of rewriting narratives of medicine, whereby he attends to his patients’ experiences and acknowledges the valuable knowledge they have about the source of their wounds.

Throughout *Black Skin, White Masks*, Fanon pushes the limits of the psychological case study, alternately engaging the discourses of science, medicine, art, and literature. By including a chapter grounded in lived experience, Fanon

effectively announces the value of phenomenological experience to the construction of health and illness. Here, he embarks on a journey of self-discovery that begins with a child pointing at Fanon and exclaiming “*Tiens, un nègre!*” This leads to the discovery that, in the words of Lewis Gordon, “The black lives on a collision course with Western rationality” (*Her Majesty’s Other Children* 42). As a consequence, any attempt to understand his identity is subject to binary thinking that leads to total isolation, for taking recourse in an “essentialized blackness” ultimately “intensifies white hegemony. The isolation of black specificity intensifies, and it is an isolation that continues to chase Reason and eventually consciousness out the door” (Gordon, *Her Majesty’s Other Children* 42). In this absence of Reason, a new logic must take shape, one that functions beyond binary thought. As discussed in the previous chapter, rethinking the binaries of Western epistemology requires what Mignolo calls a “different logic,” one that “erase[s] the distinction between the knower and the known” and attends to the narratives of non-normate subjects (Mignolo, *Local Histories* 22, 18). This search for a different logic is an important link between the goals of decolonial and disability theory, for in both cases, the need to reject the normative subject as ideal propels the field to re-theorize what it means to be human. For Fanon, this is premised on redefining health and illness.

Fanon claims that a medical practice in which the social is central can liberate the black man from himself. This is the form of psychiatry that Ellison seems to be looking for. With this in mind, it is important to note Fanon’s revolutionary revision of European philosophy in his work, for one of the primary tasks of *Black Skin, White Masks* is to test to the limits of Western thought in providing an appropriate interpretive model with which to examine the lived experience of the black French colonial subject. As Fanon writes, “ontology does not

allow us to understand the being of the black man, since it ignores the lived experience. For not only must the black man be black; he must be black in relation to the white man” (*Black Skin* 90).

By reading Fanon in the original French, readers can get a more heightened sense of the disorientation and pain associated with the black man’s ontology being overdetermined from the outside. Fanon writes, “I am overdetermined from the outside. I am a slave not to the ‘idea’ that others have of me, but to my appearance” (*Black Skin* 95).⁷⁵ The space between the idea and his appearance is what sets his existence apart from other marginalized individuals such as the Jew, for it is Fanon’s skin which has become the inescapable marker of his difference, one that racist society has deemed a “*malédiction corporelle*” (*Peau noire* 90), a “bodily curse” (*Black Skin* 91). Fanon tries on different philosophies and self-definitions, from Senghor’s and Césaire’s negritude, to the existentialism of Sartre, but like ill-fitting clothes he quickly discards them as he works to forge a new sense of his being. Fanon, the psychiatrist, conducts a “complete checkup of [his] sickness” only to find that the solutions offered to him are not available:

I couldn’t hope to win.... I wanted to be typically black—that was out of the question. I wanted to be white—that was a joke. And when I tried to claim my negritude intellectually as a concept, they snatched it away from me. They proved to me that my reasoning was nothing but a phase in the dialectic. (*Black Skin* 111)

For this particular pathology, brought on by the colonial context, a new remedy must be created, one that can push beyond the superficial, for as Fanon writes, it is not a matter of “a feeling of inferiority... [but of] a feeling of not existing. Sin is black as virtue is white. All those white men, fingering their guns, can’t be wrong. I am

⁷⁵ The original French reads, “Je suis sur-déterminé de l’extérieur. Je ne suis pas l’esclave de l’idée que les autres ont de moi, mais de mon apparence” (*Peau noire* 93).

guilty. I don't know what of, but I know I'm a wretch" (*Black Skin* 117). Like Moss, who feels a guilt whose source he has difficulty ascertaining, Fanon acknowledges the sense that his experience does not match up with what the larger society is able to comprehend.

In some ways, the Fanon who narrates the lived experience of the black man wishes to be more like an invisible man, to be anonymous and to lose the hypervisibility that plagues his life. Likening himself to an insect or vermin, Fanon writes,

I slip into corners, my long antenna encountering the various axioms on the surface of things: the [*nègre*'s] clothes smell of [*nègre*]; the [*nègre*] has white teeth; the [*nègre*] has big feet; the [*nègre*] has a broad chest. I slip into corners; I keep silent; all I want is to be anonymous, to be forgotten. Look, I'll agree to everything, on condition I go unnoticed! (*Black Skin* 96)

"*J'aspire à l'anonymat, à l'oubli*" (Fanon, *Peau noire* 93) he writes, for "to go unnoticed" would at least allow him the freedom to choose his own destiny as opposed to living the pathologized existence of the black. In this emphasis on survival, then, the narrator of this passage seeks to protect himself from further injury, and as such acts to pre-empt the need for subsequent healing. Unfortunately, he is unable to become entirely invisible; thus, healing becomes a necessary part of his future.

In this vein it is worthwhile to consider the original French phrase that signifies Fanon's status as a sight to behold.⁷⁶ Translated as "Look! A Negro," the interpellation that points to Fanon is "*Tiens, un nègre!*" and the child's anonymizing

⁷⁶ For Maurice A. Natanson, "The social world is the home of anonymity and of anonymization.... 'Anonymity' refers primarily (but not exclusively) to the typified structures of the 'objective' aspect of the social world, that is, to the social world viewed as an interlocking complex of meanings which enable any actor to manage his affairs in the world of working and to find his way in the other provinces of meaning" (Natanson 21).

gaze is representative of the disabling aspects of coloniality. However, there are two ways in which the translation does not fully capture the meaning of the French. First, as discussed in chapter one, the term *nègre* remains difficult to translate. It is neither simply “black man,” for which *noir* is more appropriate, nor does it always capture the same level of violence as the English epithet “nigger.” Instead, *nègre* functions within the colonial context through its attachment to the politics and history of slavery that the now dated “Negro” is unable to capture.⁷⁷ Second, the word *tiens*, from the verb *tenir* can indeed be translated as a call to look at something, but, significantly, it also means to grasp or take hold of (*saisir*) a person or an animal and to keep it; to capture something; to become its master (*s'en rendre maître*). In calling attention to Fanon, the child who first cries out “*Tiens, un nègre*” means to draw his mother’s gaze upon him; however, his call to attention signals the way in which his own white gaze is powerful enough to dehumanize Fanon, to transform him into an animal at the zoo, one to be captured and considered a dangerous and frightful non-human. In this way, Fanon demonstrates in his writing how he, as a black man in the colonial context, is defined from without and this description makes clear the violence of his vivisection by the white gaze. Through his repeated emphasis on narrating the lived experience of the *Noir* and not the *nègre*—a distinction which is clear in the French text—Fanon drives home the fact that his “black skin is not a repository for specific values” (*Black Skin* 202), but rather an integral part of his experience of the world.⁷⁸ Being able to narrate this

⁷⁷ Regarding the term, see Sue Peabody, “French Colonial Texts.”

⁷⁸ In the original French version of *Peau noire, masques blancs*, Fanon cries out, “Plus violente retentit ma clameur: je suis un nègre, je suis un nègre, je suis un nègre” (*Peau noire* 112), which is translated as “My shout rings out more violently: I am a nigger, I am a nigger, I am a nigger. And it is my poor brother living his neurosis to the extreme who find himself

experience of injury therefore becomes a moment for healing for Fanon, and as the anger with which he opens the chapter turns to weeping by its end, he becomes able to continue his work to transform medical practice. The very inclusion of this chapter, again, in a work Fanon intended to submit for his medical thesis, points to his conviction that narratives of all kinds, in particular those centered on lived experience, are essential to healing the wounds of coloniality.

FROM IN/VISIBILITY TO INTERSUBJECTIVITY

Fanon's assertion that the black man remains "overdetermined from the outside" bears the echoes of what Ellison writes in regard to the Lafargue Psychiatric Clinic's goals (*Black Skin* 95). As Ellison writes, the Clinic's "interracial staff seek a modest achievement: to give each bewildered patient an insight into the relation between his problems and his environment, and out of this understanding to reforge the will to endure in a hostile world" ("Harlem" 327), which is precisely what Fanon achieves in narrating "*L'expérience vécue du Noir*." In recognizing that mental illness and wellbeing have everything to do with the relationship between the self and other, between the body and the world, Ellison here veers towards a phenomenological understanding of health and illness that is compatible with the kind of psychiatry Fanon himself envisions. What both Ellison and Fanon agree on, then, is that the black man cannot be fully understood from the perspective of the conventional discourse provided by "mainstream" society because it is a discourse that renders the black man invisible. It is only by exposing the limitations of these narratives that the black subject can regain visibility, and it is given these

paralyzed." The latter portion of the passage contains a footnote to *Home of the Brave*, which is referred to by the title *Je suis un nègre*.

preoccupations that *Home of the Brave* offered such a compelling object of critique for both Ellison and Fanon.

The new conceptions of health and illness discussed in this chapter are, above all, socially grounded and attuned to the legacies of slavery and colonialism. With this in mind, it becomes clear that the older models of healing are insufficient to adequately address the invisible wounds of coloniality. Therefore, having shifted our attention to a different site of wounding and to a different kind of wound, we must now attend to that which remains most urgently in need of decolonial healing: intersubjective relation. Only by rehabilitating the relationship between self and other can the colonial wound be effectively addressed. As such, the following chapter will make an important shift toward analyzing the healing power of affect, in particular, decolonial love.

CHAPTER THREE | DECOLONIAL LOVE AND HEALING: LOVING FROM BELOW IN MORRISON AND GARCÍA MÁRQUEZ

Aujourd'hui nous croyons en la possibilité de l'amour, c'est pourquoi nous nous efforçons d'en détecter les imperfections, les perversions. (Fanon, *Peau noire* 33).

“Today we believe in the possibility of love, and that is the reason why we are endeavoring to trace its imperfections and perversions” (Fanon, *Black Skin* 24).⁷⁹ So writes Frantz Fanon in *Black Skin, White Masks*, a work well known for exposing the pathologizing effects of colonialism on both the colonizer and the colonized, but not often remembered for its concern with this particular emotion. And yet, love is essential for Fanon—he devotes two chapters, “The Woman of Color and the White Man” and “The Man of Color and the White Woman,” to analyzing the challenges to interracial love occasioned by colonialism, and tellingly, he refers more than once to his obsession with “love and understanding” (xii), which drives his desire to examine and diagnose the various spheres within which the rejection and alienation of the colonial subject take place. In what follows I read Fanon’s reflections on love as an extension of his concern with healing the colonial wound, and argue that the practice of anti-hegemonic forms of love are at the heart of the process of decolonial healing. Specifically, I build on the theoretical work of decolonial feminist Chela Sandoval’s concept of “decolonial love,” an idea grounded in a view of decolonization as both an

⁷⁹ Thank you to Ben. Sifuentes-Jáuregui, who suggested I read *Del amor y otros demonios* when I was in the prospectus writing stage of my project. Thanks also to participants in the Rutgers Critical Caribbean Studies Symposium (April 2015). Portions of this chapter were previously published as Carolyn Ureña, “Loving from Below: Of (De)colonial Love and Other Demons,” *Hypatia: A Journal of Feminist Philosophy*, vol. 32, no. 1, 2017, pp. 86-102. I extend my gratitude to the four anonymous reviewers as well as the coeditors of *Hypatia* for their comments, and to the publisher for permission to include my published work in my dissertation.

ongoing political and ethical act. The concept offers an important way to think about how love can pose a direct challenge to systems of power that perpetuate coloniality. In so doing, decolonial love offers a new model for healing intersubjective relations by challenging the mind/body dualism that remains the basis for distinguishing between the rational and the irrational and that has been historically used to define the human.

I will explore the implications of adopting decolonial love as a theoretical and practical model for healing the wounds of coloniality by contrasting its revolutionary potential to the damaging effects of its opposite, colonial love. The latter, based on an imperialist, dualist logic, dangerously fetishizes the beloved object and participates in the oppression and subjugation of difference. Decolonial love, by contrast, originates “from below” and operates between those rendered other by hegemonic forces. In its acceptance of fluid identities and a redefined but shared humanity, decolonial love promotes loving as an active, intersubjective process, and in so doing articulates an anti-hegemonic, anti-imperialist affect and attitude that can guide the actions that work to dismantle oppressive regimes. Here I draw on decolonial theorist Nelson Maldonado-Torres’s concept of the “de-colonial attitude” (*Against War* 105), which “highlights the *epistemic priority* of the problem of the color line” and “gives a preferential option for the condemned of the earth” (*Against War* 246). In doing so, decolonial love promotes the healing of the self-other relation by suggesting new ways to understand this intimate relationship.

Literature that makes central the lived experiences of female subaltern figures works to theorize new ways of being and offers a different way to understand intersubjective relation that challenges hegemonic thinking. In this way, both colonial and decolonial love serve as a lens upon the world that helps determine

which forms of knowledge are deemed valuable, including knowledge about the mind and body and how to heal them. As such, love's role in ethical interrelation as well as its potential to heal beyond the confines of a feminized economy of care contributes to the project of redefining health and healing within a decolonial context. To this end, I compare Toni Morrison's iconic neo-slave narrative *Beloved* and Gabriel García Márquez's underexplored *Del amor y otros demonios* (*Of Love and Other Demons*), two novels in which the subversive power of decolonial love challenges racist, imperialist, and Christian love to foreground black lived experience and knowledge over and against the Eurocentric. By shedding light on the danger and power of colonial and decolonial love, respectively, these novels provide readers with both a context for and examples of radical forms of ethical interrelation, thereby tapping into debates within decolonial and disability theory that seek to empower marginalized communities to challenge the terms upon which their humanity has been insufficiently recognized by the dominant worldview.

As discussed in chapter one, an essential goal of decolonial theory is to challenge hegemonic conceptions of what constitutes rational thought. This takes place through an epistemic decolonization process that critically interrogates modern ways of knowing to expose the hegemonic, imperialist biases that undergird them.⁸⁰ Coloniality relies upon the separation of the mind from the body not only to justify its definition of rationality as disembodied; mind/body dualism remains

⁸⁰ I derive this idea of epistemic decolonization from Maldonado-Torres's discussion of ethnic studies as a "decolonial science" that is central to the process of both material and epistemic decolonization: "La noción de ciencias descoloniales viene de entender las formas de conocimiento críticas y de construcción de alternativas que se encuentran en los estudios étnicos como centrales a un proceso de descolonización material y epistémica. Mientras las ciencias sociales servían a la nación, las 'ciencias descoloniales' sirven al proceso de descolonización, el cual comenzó en el mismo momento en que también empezó la colonización moderna" ("Pensamiento crítico" 159).

central to the hegemonic construction of the human.⁸¹ By contrast, decoloniality works to revalue embodied knowledge as an essential component of epistemic transformation. From a decolonial perspective, *Beloved* and *Del amor y otros demonios* reject the mind/body, rational/irrational binaries by exploring alternative configurations of love that prove emblematic of the transgressive, border-crossing activity necessary to oppose dualist thinking and being. Decolonial love thus challenges the mind/body dualism that remains the basis for distinguishing between the rational and the irrational, a distinction that lies at the center of the colonial difference.

In both novels, different kinds of love function as illnesses as well as a means to heal, and their particular roots in black experience are deemed pathological and in need of rationalization within the colonial matrix of power. Morrison's neo-slave narrative, which is set in the mid- to late-nineteenth century United States, and García Márquez's exploration of Spanish colonial Cartagena, both offer fruitful ground for analysis since their geo-historical settings foreground sites of coloniality that have repercussions into the present day. Both represent forms of love grounded in black experience that, precisely because of their associations with blackness, must be punished in order to purge society of these devalued perspectives. However, rather than allow these narratives to be coopted by the forces of hegemonic narrative, Morrison and García Márquez offer alternative forms of love that challenge the binaries central to Western hegemonic epistemology. In this way, these authors reveal the intimate relationship between alternative manifestations of love and the formation of anti-hegemonic subjectivities that strive toward liberation.

⁸¹ For more on Western conceptions of the human, see Osamu, "Anthropos and Humanitas: Two Western Concepts of 'Human Being.'"

Both novels depict the violence enacted by colonialism by emphasizing forms of wounded embodiment as well as the unexpected expressions of love that spring forth from these wounds.

THEORIES OF LOVE

For Fanon, love is an essential component of ethical relation. As Maldonado-Torres argues, “love leads Fanon to articulate a position that subverts at various levels the logics of imperial recognition. It is in the ‘gift,’ *beyond imperial recognition*, that we will find the possibility for love” (*Against War* 123; emphasis in original). What is more, love not only “appears as a response to war...but love is... a de-colonizing activity” because it highlights the political potential of affect and interrelation, both of which are set apart from rational thought under the colonial matrix of power (Maldonado-Torres, *Against War* 251-52). In this way, a turn to decolonial love forms the basis of efforts against coloniality, and as such functions to heal the colonial wound.

Fanon opens Chapter Two of *Black Skin, White Masks*, “The Woman of Color and the White Man,” with a reflection on humankind’s natural and universal impulse toward love. It is beyond the scope of this chapter to fully engage the limits of Fanon’s evidence in determining that most interracial relationships within the colonial setting are premised on the person of color seeking validation for his or her existence from his or her white lover. Indeed, it bears repeating that Fanon’s purpose in writing *Peau noire, masques blancs* was to illuminate the ways in which the colonial structure pathologizes all relationships, to the point where the colonial subject is only deemed normal to the extent that he or she engages in relationships that uphold the racial hierarchy and anti-black racism. What I am most interested

in is his insistence that loving and seeking love is a universal impulse and that love is a normative good. Fanon writes, “Man is propelled toward the world and his kind. A movement of aggressiveness engendering servitude or conquest; a movement of love, a gift of self, the final stage of what is commonly called ethical orientation” (*Black Skin* 24). Although he begins with a reference to aggression, ultimately it is the giving of oneself to another that is for Fanon an essential ethical component of humanity. However, as he goes on to argue, the colonial system makes it impossible to give this gift. In Fanon’s view,

the fact remains nevertheless that true love, real love—i.e., wishing for others what one postulates for oneself when this postulate integrates the permanent values of human reality—requires the mobilization of psychological agencies liberated from unconscious tensions. (*Black Skin* 24)

These “unconscious tensions” are the embodied and psychological effects of anti-black racism. As such, the colonial system renders the so-called loving relationships that ensue under these conditions pathological because they are necessarily based on the unacknowledged and invisible wounds of coloniality. In other words, what Fanon argues is that even those relationships that claim to be based in love are more often than not little more than the *appearance* of love, and are actually manifestations of what I call “colonial love,” premised on the erasure of difference. Within colonial love, the black subject seeks redemption through his or her association with a white lover, to be “recognized not as *Black*, but as *White*” (*Black Skin* 45). That the colonial wound remains unacknowledged is key, for it is the inferiority complex derived from the colonial experience that impedes self-knowledge and promotes the assimilation of the colonial difference, making authentic love impossible (Fanon, *Black Skin* 25).

Decolonial love encourages a form of ethical intersubjectivity premised on imagining a “third way” of engaging otherness beyond Western binary thinking. Thus, I argue, decolonial love serves to promote healing by rehabilitating the relation between self and other. In this spirit of being self-reflective regarding the terms and theories I adopt in this work, it is work acknowledging that although this positive association between decolonial love and healing may initially appear overly optimistic, grounding these terms within a more cautious, twenty-first century feminist framework that is attuned to how love was used to promote slavery and colonialism can help to safeguard against promoting oppression.

Addressing the problematic relation between love and colonialism, feminist critic Dawn Rae Davis reminds us that “the revolutionary possibility of love requires identifying and deconstructing historical alliances between love and reason and between benevolence and imperialism; otherwise we collaborate with a violent legacy” (Davis 146). She argues that “an ethics of love is viable only to the extent that the radical difference indicated by alterity forms its basis” (Davis 146). Davis’s description of what love should be, I argue, is part and parcel of decolonial love; love need not be “reasonable” or “rational,” and in fact, should serve as a departure from hegemonic definitions of those terms in order to fulfill its revolutionary potential.

Davis’s discussion of the “ability of not knowing” the beloved as integral to a revolutionary ethics of love resonates with Sandoval’s argument in its rejection of needing to define or limit the beloved in order to love him or her. In *Methodology of the Oppressed*, Sandoval challenges what she calls “academic apartheid” by reclaiming Western theorists such as Roland Barthes and Jacques Derrida in order to align them with the strategies and tactics of survival already implemented by U.S. third world feminism. She aims to “[construct] an alternative and dissident

globalization in place of the neocolonizing forces of postmodernism” (Sandoval 3). By drawing attention to the common goals of scholars who have “developed separate terminologies for a theory and method of oppositional consciousness,” Sandoval seeks to re-envision an academy where socially conscious and politically motivated theory and practice can come together to enact global change (69). As Sandoval writes,

U.S. third world feminism provided access to a different way of conceptualizing not just feminist consciousness but oppositional activity in general: it comprised a formulation capable of aligning U.S. movements for social justice not only with each other, but with global movements toward decolonization. (42)

Following third world theorists like Che Guevara, Frantz Fanon, and Gloria Anzaldúa, Sandoval encourages us to “understand ‘love’ as a hermeneutic, as a set of practices and procedures that can transit all citizen-subjects, regardless of social class, toward a differential mode of consciousness and its accompanying technologies of method and social movement” (140). Reinvented as a “political technology,” love becomes “a body of knowledges, arts, practices, and procedures for re-forming the self and the world” (Sandoval 4). This love is “not the narrative of love as encoded in the West: it is another kind of love, a synchronic process that punctures through traditional, older narratives of love, that ruptures everyday being” (Sandoval 142). Her ultimate goal is to theorize how to mobilize “love in the postmodern world as a category of social analysis” (Sandoval 10), as a method for determining what kinds of political and social actions to take. Ultimately, the “methodology of the oppressed,” she writes, “is a misnomer” for “this process is better described as a postmodern decolonizing activity, a methodology of renewal, of social reconstruction, of emancipation—or perhaps better—a methodology of love in the postmodern world” (Sandoval 10). In this way, Sandoval urges us to reconsider the epistemological and

political value of love when viewed from a decolonial perspective.

What does it mean, however, for love to be a hermeneutic? For Sandoval, decolonial love is linked to a “differential mode of consciousness in opposition [that] can be productively read across many different kinds of texts, and across disciplines, to identify the instructions they contain for its generation” (72). The philosophical import of Sandoval’s conception of love lies in its challenge to the binaries at the center of Western hegemony by offering a “third meaning” that allows an escape from the dualism central to normative epistemologies. In her own theorization of love she notes that the Western narrative of falling in love presents itself as a binary choice: “you love someone, and ‘either you have hope, and then you act, or else you have none, in which case you renounce. This is the discourse of the so-called “healthy subject”” who lives in the dominant: ‘either/or”’ (Sandoval 143). In this formulation, which Sandoval draws from Barthes, one loves when there is external justification to love, and one gives up on that love when external factors discourage it. However, there is

a third option, another approach to loving. This other course of action ensues when the loving subject instead tries to “slip between the two members” of the either/or alternative by saying, “I have no hope, but all the same . . .” or “I stubbornly choose *not* to choose; I choose drifting; I continue.” (Sandoval 143)⁸²

This third option encourages us to call for what Sandoval describes as “a new order that can defend against the binary oppositions that ground Western philosophy” and forms the heart of decolonial love (149).

Fanon’s own conception of love is especially powerful in light of Sandoval’s attention to this “third way.” Although his discussion of interracial love has been misunderstood as a total critique of such relationships, upon closer examination it

⁸² Here Sandoval refers to Barthes’s *A Lover’s Discourse* (1978).

can be argued that Fanon is instead critiquing a system in which genuine, ethical, intersubjective relations are rendered pathological by racism. It is because he believes that love is not only possible but also an ultimate goal of transcendental consciousness that he “[endeavors] to trace its imperfections and perversions” (Fanon, *Black Skin* 24). For Fanon, colonialism is a wounding system that produces wounding forms of interrelation, and as T. Denean Sharpley-Whiting argues, “Fanon’s commitment to women’s liberation as a radical humanist” proves useful to “antiracist feminist liberation theory and practice” (Sharpley-Whiting 6). It is in this spirit that I home in on his understanding of the problems of colonial love.

Sandoval’s purpose in re-appropriating both Fanon and Barthes is to perform her recognition of “differential consciousness” across apparent institutional and theoretical divides. For Sandoval,

the recognition of . . . differential consciousness and social movement, is crucial for shaping effective and ongoing oppositional struggle.... It retroactively provides a structure, a theory, and a method for reading and constructing identity, aesthetics, and coalition politics that are vital to a decolonizing postmodern politics and aesthetics, and to hailing a “third-wave,” twenty-first century feminism. (45)

For Sandoval, academics interested in fighting oppression need to look beyond the academy and seek inspiration from grassroots social movements for the most useful methods for promoting social justice. Decolonial love thus performs “as a social movement [that] is enacted by revolutionary, mobile, and global coalitions of citizen-activists who are allied through the apparatus of emancipation” (Sandoval 184). In this way, decolonial love serves as an extension of Fanon’s efforts to liberate marginalized subjects by healing their colonial wounds.

A LOVE TOO THICK

Toni Morrison's groundbreaking novel *Beloved* tells the story of Sethe, a fugitive slave who flees her masters' plantation in Kentucky, ironically named "Sweet Home," for safe haven in Ohio. There, she subsequently kills her infant daughter and attempts to kill herself as well as her three remaining children in an effort to save her family from those who have been sent to capture them. By presenting multiple perspectives from both the past and the present, as well as from the physical and the spiritual worlds, Morrison masterfully tells this story of pain and love by indirect means, in order to begin the difficult process of assimilating the traumatic history of slavery in the United States. She breaks the boundaries between past and present, the real and the remembered, and the physical and the spiritual worlds, which allows the reader to engage with the deeply wounding aspects of slavery in a new way.

The novel's central questions are whether Sethe had a right to kill her daughter and whether it was the right thing to do. Indeed, Morrison herself has said, "Sethe's murder of Beloved 'was the right thing to do, but she had no right to do it.... It was the only thing to do, but it was the wrong thing to do'" (Morrison qtd. in Otten 657). However, in making this statement, Morrison seems to acknowledge that questions about right and wrong limit our ability to fully engage with the complexity of Sethe's actions, and as I argue, this is because they are premised upon the rational/irrational binary. A more productive framework for considering the novel's violence is that of decolonial love, which illuminates the tensions between the colonial pathologization of mother-love within the context of slavery, and Sethe's efforts to break free from its constraints. In the novel, countless mothers are

separated from their children such that detachment and indifference become a kind of norm of motherhood. Sethe's violent love, which rejects any kind of separation between mother and child, therefore stands in sharp contrast to the kind of love between black subjects sanctioned by slavery. By withholding judgment while also presenting this narrative of love by unconventional means that blur the boundaries between individuals, Morrison validates Sethe's love as beyond the realm of the rational, acknowledging it as both emblematic of the colonial wound while also becoming a potential catalyst for its healing.

Terry Otten usefully explores the ways in which Morrison transforms love throughout her work to expose its ambiguity. The first installment in Morrison's "love trilogy," *Beloved* "illuminates the practice of love [and] its power to heal, save, redeem, as well as devastate" (Wardi 202).⁸³ From a normative perspective, Sethe's actions are incomprehensible, and to judge them *solely* from the perspective of this incomprehensibility is to embrace the very same hegemonic, anti-black racist perspective that drives her to the unspeakable choice to kill her daughter in order to save her. Indeed, as critics have previously acknowledged, "Morrison defies all attempts to resolve the duality and moral uncertainty of character or action" (Otten 651), and throughout her work she transforms "the most acknowledged heinous acts—rape, murder, infanticide—[in order to assert] the most moral of ends" (Otten 657). As Otten argues in an exploration of "horrific love" in Morrison's fiction, these manifestations of love

illustrate Morrison's belief that even the most noble and innocent assertion of will can generate the most heinous criminality, that violence can surface in

⁸³ The three novels in the love trilogy are *Beloved* (1987), *Jazz* (1992), and *Paradise* (1997) (Wardi 201).

concert with kindness, that good and evil coexist and reflect each other, that even love itself can produce the most devastating destructive power. (Otten 652)

Otten highlights the multifaceted nature of love in Morrison's novels, which weave together the "psychological, social and historical," and argues that this love "is for the most part the manifestation of a culture corrupted in its racial past and in its present" (Otten 652). In this sense, Otten's "horrific love" can be understood as colonial love in its representation of the colonial system's corrosive power. However, I suggest that in addition to offering a display of this kind of love, the context of Sethe's violence urges us to consider her actions through the more ambiguous perspective of decolonial love as well, for as Otten acknowledges, "[i]n a world warped and distorted by brutish oppression, innocence can assume a criminal nature, and evil can become a *regenerative force*" (Otten 664, emphasis added).

For Sethe, to love means to kill, to end life serves as a means to try to preserve it, and in this paradoxical understanding of mother-love Sethe produces what Sandoval calls a "third option"—a love that is performed in ways that seem paradoxical or contradictory—even if it is one that makes readers deeply uncomfortable. When Sethe recognizes Beloved as the return of her dead daughter she muses, "if I hadn't killed her she would have died" (Morrison 236). Thus, in taking her child's life and attempting to take her own, she asserts a new definition of freedom as coextensive with her ability to be a mother to her children. Throughout *Beloved* readers learn of the consistent separation of families under slavery: partners sold apart from each other, children removed from mothers. A key, recurring example of slavery's barbarous effects upon the family is Sethe's own mother, her nameless Ma'am, who was brought to the United States on a slave ship from Africa and was later lynched and mutilated beyond recognition. Another is

Baby Suggs, who bore eight children under slavery, and who recounts her trouble remembering any of her children other than Halle, the son who bought her freedom.⁸⁴ It is the intersubjective relation between mother and child that must be healed in this context. Sethe is determined not to repeat this anonymous existence, and vows to free herself and her children from slavery so that they can remain a unified family. And secure freedom she does—her violent acts are what drive off the slave catchers who seek to bring her and her entire family back to Sweet Home, and in this sense, her violence achieves Sethe's desired ends, to keep herself and her children from being enslaved. In the face of the white threat to her family's unity—not simply as abused chattel, but specifically informed by Sethe's having been "made dirty" by those who sexually assaulted her—Sethe is willing to put her children and herself to the death, in body, in order to avoid the violations and the ultimate dehumanization of "psychic death" that are sure to come for her daughters and sons. This psychic death, which is worse than corporeal death, "involves the denial of one's being as a human subject," and as Barbara Schapiro argues, *Beloved* discloses

the paradoxical nature of the murder.... [Sethe's] humanity has been so violated by [schoolteacher] and by her entire experience as a slave woman, that she kills her daughter to save her from a similar fate; she kills her to save her from psychic death: "if I hadn't killed her she would have died and that is something I could not bear to happen to her." (195)

Morrison encourages us to reconsider the limits of right and wrong through her inclusion of other infanticides in the novel. We first read of Sethe's mother, who was repeatedly raped during the Middle Passage by the slavers manning the ship, and as Nan reveals to Sethe, her mother discarded those newborns overboard. "Telling you.

⁸⁴ Baby Suggs also remembers the fact that her firstborn "loved the burned bottom of bread" and wonders aloud to Sethe "Can you beat that? Eight children and that's all I remember" (Morrison 6).

I am telling you, small girl Sethe,” said Nan, “She threw them all away but you. The one from the crew she threw away on the island. The others from more whites she also threw away. Without names, she threw them” (Morrison 74). All but Sethe, whom she named after the black man her mother “put her arms around” (Morrison 74), symbolic of her consensual relationship and bond with him. Likewise, Ella, a fellow fugitive slave who organizes the community of black women to seemingly-exorcise Beloved who was held captive by a white man and his son and used as a sexual slave, refuses to nurse the child of her rape, thereby allowing it to die.

Morrison, too, draws a parallel between parenthood and freedom. As she writes in her foreword to the text, her aim in writing *Beloved* was to explore “a history... in which birthing children was required, but ‘having’ them, being responsible for them—being, in other words, their parent—was *as out of the question as freedom*” (Morrison xvi, emphasis added). As such, her “heroine would represent the unapologetic acceptance of shame and terror; assume the consequences of choosing infanticide; claim her own freedom” (Morrison xvii), which serves to highlight the paradoxical nature of Sethe’s love, one that drives her to violence in order to free herself and her family from the bonds of coloniality.

In the face of this paradox, Sethe’s love is considered deviant by both the black and white communities of the novel because it is deemed, in the words of fellow-escaped Sweet Home slave Paul D, “too thick.” It goes beyond the realm of the “normal”; it is excessive. However, in its refusal to adhere to the rational/irrational binary, Sethe’s love suggests a “third way” of being, beyond the confines of life and death under slavery. For Sethe, the ability to love is a humanizing privilege, one that she feels the need to assert at all costs, a stance that harkens back to Fanon’s own reflections on the human, for as he writes, “[b]y appealing, therefore, to our

humanity—to our feelings of dignity, love, and charity—it would be easy to prove and have acknowledged that the black man is equal to the white man” (*Black Skin* 14). That Sethe’s conception of the human is iconoclastic is made clear when upon learning her story Paul D compares her to a beast, telling her “‘You got two feet, Sethe, not four’” (Morrison 194). In this way, he reverts to the internalized narrative of animality impressed upon him as a slave. This reference to Sethe’s walking upright is meant to reestablish her humanity, to remind Sethe to “act human,” but “human” as defined by hegemonic ideals, and his willingness to compare Sethe to a four-legged animal is significant because it highlights his ongoing susceptibility to the definitions of coloniality.

Paul D labels Sethe’s love “too thick” because it drives her to redefine the limits of freedom.⁸⁵ For Sethe, choosing infanticide to avoid her children’s return to slavery is part of that freedom to determine her destiny as well as that of her offspring, as Otten writes, “[f]or having been owned by others meant that her claim to love was usurped as well” (Otten 658).⁸⁶ Given the multiple infanticides depicted in the novel, however, the problem is not simply that she chooses to kill her own child, but rather the context in which she does so. As previously mentioned, while Sethe’s Ma’am and Ella eliminate children of rape by white men and while under

⁸⁵ “Freedom in Morrison’s novels is always perilous,” Otten writes, “and a mother’s freedom to love her child is exceedingly dangerous—it is potentially self-consumptive, capable of producing what Barbara Schapiro calls an ‘intimacy of destructive rage . . . incited by feelings of love’” (658).

⁸⁶ As Jean Wyatt writes, “Sethe extends her rights over her own body—the right to use any means, including death, to protect herself from a return to slavery—to the ‘parts of her’ that are her children, folding them into the maternal body in order to enter death as a single unit (thought she succeeds in killing only one of her daughters)” (Wyatt 1993, 476). That her freedom to love also brings with it a freedom to own her family and to choose the trajectory of their lives is the consequence to Sethe’s vision of freedom that Paul D cannot accept. For a discussion of kinship relations as property relations in the novel, see Christopher Peterson’s article “Beloved’s Claim.”

captivity, Sethe's crime is not only that she kills a child born of genuine love between slaves, but that she does so when she is ostensibly free. As a runaway slave, no longer at the Sweet Home plantation, Sethe is expected to leave behind the survival strategies of the enslaved, and this expectation lies at the core of her judgment by both the black and white communities in the novel. And yet, as Schapiro argues, at the center of *Beloved* is an exploration of "the interpersonal and intrapsychic effects of growing up as a black person in such a system, one in which intersubjectivity is impossible" (196-197). To ask her to adapt to the version of "rational love" imposed by the very system that enslaved her fails to account for her lived experience of slavery, while also ignoring the possibility that strategies honed under coloniality may also be used to combat it. That is, as I have argued earlier in this project, sometimes the very wounds of coloniality serve to produce knowledge about how to combat the system itself, and in this case, the tactic of infanticide under slavery becomes, in Sethe's eyes, an appropriate action to take when struggling to secure her freedom.

REDEFINING LOVE AND FREEDOM

When Sethe first explains to Paul D the significance of being able to love her family and its ties to her freedom, he fears her ability to see a life outside of the structures that oppress her. The dangers associated with allowing oneself to love beyond the limits imposed by coloniality are far too clear, and Paul D learned from experience:

you protected yourself and loved small. Picked the tiniest stars out of the sky to own; lay down with head twisted in order to see the loved one over the rim of the trench before you slept. Stole shy glances at her between the trees at chain-up. Grass blades, salamanders, spiders, woodpeckers, beetles, a kingdom of ants.

Anything bigger wouldn't do. A woman, a child, a brother—a big love like that would split you wide open in Alfred, Georgia. He knew exactly what she meant: to get to a place where you could love anything you chose—not to need permission for desire—well now, that was freedom. (Morrison 191)

Here Paul D thinks from the perspective of the enslaved—the love to which he refers is the one he felt he could access while on a chain gang in Alfred, Georgia after he escapes Sweet Home. To love inanimate objects and small animals is safe; the assumption in this passage being that one loves smaller things in order to mitigate the pain of their loss. Other people, “a woman, a child, a brother,” are off limits, for in loving one opens oneself to heartbreak. For Sethe to reach Baby Suggs's house in Ohio, “to get to a place where you could love anything you chose” was indeed symbolic of her newfound freedom. That her freedom to love also brought with it a freedom to own her family and to choose the trajectory of their lives is the consequence to Sethe's vision of freedom that Paul D cannot comprehend because it stands outside of the limited, binary vision of coloniality.

After hearing the story of Sethe's violent actions, Paul D makes the startling realization that,

This here Sethe was new.... This here Sethe talked about love like any other woman; talked about baby clothes like any other woman, but what she meant could cleave the bone. This here Sethe talked about safety with a handsaw. This here new Sethe didn't know where the world stopped and she began. (Morrison 193)

The repetition of “this here Sethe” signals the distance between the Sethe Paul D knew as a slave at Sweet Home and the “new” Sethe, now free. That Sethe's self-liberation should take on such violent dimensions is less surprising when we consider Fanon's reflections on violence in relation to the process of decolonization. “Decolonization,” Fanon writes, “is always a violent event.... [It is] the substitution

of one ‘species’ of mankind by another. The substitution is unconditional, absolute, total, and seamless” (*Wretched* 1). It is “truly the creation of new men.... The ‘thing’ colonized becomes a man through the very process of liberation” (Fanon, *Wretched* 2). This “new” Sethe has the power to redefine love, such that it no longer means the same as it does for “any other woman”; instead it can incite bloodshed. Sethe’s inability to perceive or acknowledge a boundary between herself and the world marks for Paul D, who still sees the events from the perspective of coloniality, the absence of rationalism.

In contrast to Paul D, who remains susceptible to the definitions imposed on him by coloniality, Sethe has already begun to redefine freedom and love, and for her, “too thick” love is the only appropriate kind within the decolonial context. When Paul D fearfully labels her love “too thick,” she responds “Too thick?.... Love is or it ain’t. Thin love ain’t love at all” (Morrison 194). The fact that Paul D cannot wrap his mind around Sethe’s actions indicates that he is not only unprepared to accept the possibility that his cruel master schoolteacher was wrong to revoke the manhood conferred upon him by his former Master, but also his inability to consider the ambivalent and paradoxical nature of decolonial love. Whereas schoolteacher’s lesson was that “definitions belonged to the definers—not the defined” (Morrison 225), Sethe’s lesson—and Morrison’s by extension—is that part of assuming one’s own freedom is accepting the challenges and responsibilities of redefining freedom on one’s own terms. For Sethe, love is an action, since, as she tries to explain to Paul D by describing her escape from slavery,

“**I did it.** I got us all out... **I did that.** I had help, of course, lots of that, but still it was **me doing it**; me saying, *Go on*, and *Now*....[M]aybe I couldn’t love em proper in Kentucky because they wasn’t mine to love. But when I got here, when I jumped off that wagon—there wasn’t nobody in the world I couldn’t love if I wanted to.” (Morrison 190-191; bolded for emphasis, italics in original)

By linking Sethe's active role in the escape with her ability to love fully and violently in the same passage, Morrison affirms that love is a prerogative, an imperative, as well as a danger, a move that echoes the novel's title when read as a call to *Be Loved*.⁸⁷

THE FOUR HORSEMEN: A DECOLONIAL PERSPECTIVE

Morrison encourages readers to consider Sethe's actions in a new light—outside of the binary of the rational and the irrational and occasioned by the brutality of slavery—by contrasting Sethe's experience of the day when her captors, whom Morrison apocalyptically refers to as “the four horsemen,” came to 124 Bluestone Road with the experience of the white slave catchers. Sethe's perspective is rendered in distinctly phenomenological terms, thereby stressing her embodied experience of the white threat to her and her family. The slave catchers, however, perceive the scene with dispassionate cruelty. This distinction, I argue, encourages readers to recognize the white men's perspective as aligned with coloniality, and Sethe's with decoloniality.

This is a story that cannot be narrated directly, and as Morrison writes,

Sethe knew that the circle she was making around the room, [Paul D, and] the subject, would remain one. That she could never close in, pin it down for anybody who had to ask. If they didn't get it right off—she could never explain. Because the truth was simple, not a long-drawn-out record of flowered shifts, tree cages, selfishness, ankle ropes and wells. (192)

Sethe's experience offers a prime example of the kind of embodied knowledge feminist philosopher Linda Martín Alcoff urges feminist theory to reconsider. She

⁸⁷ Thank you to Ann Jurecic for suggesting the idea of reading the book's title as an imperative in early conversations about this chapter.

argues that “[e]xperience sometimes exceeds language; it is at times inarticulate” (Alcoff, “Merleau-Ponty” 256). “If meaningful experience must pass the test of discursive formulation,” she insists, “we will preclude the inarticulate from the realm of knowledge and risk erasing forms of oppression that cannot be expressed under reigning regimes of discourse” (Alcoff, “Merleau-Ponty” 256). As such, Sethe’s mind did not turn to the specific suffering she experienced through slavery—she did not think of the dress made bloody by the bleeding scar on her back, which left the impression of a blossoming tree; she did not think of the way she had to tie her son’s ankle to a post so that he would not crawl into the well and drown while she was out working the fields. No, as she thinks to herself in the present, her reasoning was much simpler than that.

Simple: she was squatting in the garden and when she saw them coming and recognized schoolteacher’s hat, she heard wings. Little hummingbirds stuck their needle beaks right through her headcloth into her hair and beat their wings. And if she thought anything, it was No. No. Nono. Nonono. Simple. She just flew. Collected every bit of life she had made, all the parts of her that were precious and fine and beautiful, and carried, pushed, dragged them through the veil, out, away, over there where no one could hurt them. Over there. Outside this place, where they would be safe. (Morrison 192)

For Sethe, there was simply no time to think, only to act, to fly. Experiencing her children as “all the parts of her that were precious and fine and beautiful,” the line between saving her children and saving herself is blurred. Indeed, as Paul D fearfully observes, “This here new Sethe didn’t know where the world stopped and she began” (193), and this absence of a boundary points to the kind of love to which Sethe envisions herself entitled—a love that allows her to protect herself and her children by any means necessary. By presenting the scene from Sethe’s perspective Morrison urges readers, if only for a moment, to inhabit her perspective and in this

way try to place ourselves outside of the realm of the “rational.” In our attempt to embody Sethe’s point of view, we are forced to admit that it is impossible to do so, and in acknowledging this (an echo of Davis’s “ability of not knowing”), we have the option of understanding Sethe’s actions from the perspective of decolonial love, as paradoxical and contradictory.

The scene of Sethe’s violent actions is experienced quite differently by the slave catchers, who bring to the encounter their anti-black racist and hegemonic bias to the situation, a perspective that does not include an acknowledgement of Sethe’s humanity and instead aligns with coloniality. Indeed, the narration from this perspective is perhaps the most violent, emphasizing the blood, gore, and irrationality of the scene.

Inside, two boys bled in the sawdust and dirt at the feet of a nigger woman holding a blood-soaked child to her chest with one hand and an infant by the heels in the other. She did not look at them; she simply swung the baby toward the wall planks, missed and tried to connect a second time, when out of nowhere—in the ticking time the men spent staring at what there was to stare at—the old nigger boy, still mewling, ran through the door behind them and snatched the baby from the arc of its mother’s swing. Right off it was clear, to schoolteacher especially, that there was nothing there to claim. (Morrison 176)

The cold and calculating tone of this description, rather than rendering it the voice of reason, makes it feel distanced and detached from reality. The startling use of the word “nigger” in the text—which had been mostly absent, due in large part to the fact that white racist perspectives are rarely foregrounded in *Beloved*—immediately signals to the reader that the narration has shifted toward the more commonly held, hegemonic point of view of the slave catchers. The narrator embodies their perspective via free indirect discourse, and the text reads,

The three (now four—because she’d had the one coming when she cut) pickaninnies they had hoped were alive and well enough to take back to

Kentucky, take back and raise properly to do the work Sweet Home desperately needed, were not. Two were lying open-eyed in sawdust; a third pumped blood down the dress of the main one—the woman schoolteacher bragged about, the one he said made fine ink, damn good soup, pressed his collars the way he liked besides having at least ten breeding years left. But now she'd gone wild, due to the mishandling of the nephew who'd overbeat her and made her cut and run. (Morrison 176)

As the slave catcher watches Sethe—namelessly referred to as “the main one” with “ten breeding years left”—swing her daughter (who we later learn to be Denver) in what we can understand as a second attempt at infanticide, what becomes “clear” in the spectacle to schoolteacher is not the desperate lengths to which a mother will go to protect her child, but instead “that there was nothing there to claim.” While he had hoped to salvage four black slave children to “take back and raise properly to do the work Sweet Home desperately needed,” he is disappointed to find that they are in no condition to serve as chattel. As he lists the skills he had bragged about—her domestic work and her potential as a producer of offspring—the reader can see the absolute disregard for her status as a thinking, feeling being.⁸⁸ All he is able to see is lost profits and property, which stands in sharp contrast to the various ways in which readers are encouraged to consider Sethe's actions.

Sethe's sense that schoolteacher was after her “best thing”—her children—motivates her effort to enact what she considers a form of love and drives her to self-destruction, not only when she commits infanticide, but also when Beloved returns and becomes an all-consuming being who eats Sethe out of house and home. It is only with the help of the black community that Sethe is able to learn to redirect that love onto herself in order to become self-actualized. Upon hearing that Beloved is

⁸⁸ Indeed, this list is meant to contrast her current behavior, as if the two Sethe's could not be the same, and echoes Paul D's sentiments that “this here Sethe is new.”

Sethe's dead child and that this grown up, fleshly apparition is essentially destroying Sethe, Ella leads the charge in convincing the community of black women that rescue is necessary. As the narrator describes the three groups of "coloredwomen" who reacted to the news of Beloved, there were "those that believed the worst; those that believed none of it; and those, like Ella, who thought it through" (Morrison 300-301). When a friend brings Ella the news and suggests that Sethe is reaping her just deserts, Ella rejects that interpretation, highlighting the non-binary, decolonial approach necessary to interpret the scenario and propose appropriate action: "What's fair," she says, "ain't necessarily right" (Morrison 301). Acknowledging that it was perhaps "not right" for Sethe to kill her daughter, she insists that nevertheless, "the children can't just up and kill the mama" (Morrison 301). In this way, decolonial love becomes a moral compass for Ella, allowing her to see past conventional notions of right and wrong and galvanize the community to save Sethe from Beloved and from herself, thereby working to heal the relationship between the black community and Sethe. The community, in other words, performs their love for her even if they still cannot fully comprehend what led Sethe to kill her own child. Only then, and with the loving, healing care of Paul D, can Sethe realize that she is her own "best thing" (Morrison 322).

This is not to say that Morrison's text defends Sethe's actions, for she ultimately must pay for her flouting of the conventions of Western reason; first by going to jail and becoming exiled from the community, and second, by almost becoming fully absorbed by Beloved upon her return. This is a love that is powerful and difficult to understand, but also dangerous in its excess as well as for the guilt that arises from its expression. In a way, Sethe's choice was between the burden of action and the burden of inaction, both of which are too heavy for one person alone

to bear. It is for this reason that the entire community must come together to save Sethe from herself at the novel's end in their own act of decolonial love.⁸⁹ They love her even when they "should not"; they embrace her when they should shun her. It is only after the community is able to move beyond their anger at Sethe's all-encompassing, violent love—which they understood within the context of her arrogant freedom—that they are able to recognize Sethe as one of their own and embrace her in the love that will begin to help her heal from the wounds of coloniality.

OF (DE)COLONIAL LOVE AND OTHER DEMONS

I will now turn to a reading of *Del amor y otros demonios*, another novel that revalues knowledges that originate "from below," in particular decolonial love, thereby participating in the decolonial effort to highlight the particular embodied and affective knowledges of those who have suffered the violence of coloniality.

García Márquez's *Of Love and Other Demons* is the story of twelve-year-old Sierva María de Todos los Ángeles, the daughter of a *criollo* (New World-born Spaniard) Marquis and his mestiza wife, who from a young age has been relegated to the slave quarters of the run-down estate. Set in Spanish colonial eighteenth-century Cartagena de Indias (in present-day Colombia), the novel centers on the question of whether Sierva María has contracted rabies after being bitten by a rabid dog or is instead demonically possessed. García Márquez emphasizes the

⁸⁹ Where Sethe's too thick love allows her the agency to redefine freedom, it also robs her of her self-identity. Upon recognizing Beloved as her dead daughter come back to life, Sethe comes so involved in paying for her crime by giving herself to Beloved that soon "the flesh between [Sethe's] forefinger and thumb was as thin as china silk" (Morrison 280). Indeed, Part of the debate within Morrison's novel is that of loving others versus self-love, recognition of the past versus self-preservation in the present and into the future.

Africanness of Sierva María, who renames herself María Mandinga and sees the slaves as her true family, thereby making abundantly clear that it is her blackness—that is, her embrace of and self-identification with African slave culture—that marks her as deviant and other. Here questions regarding the limits of identity, as well as the boundary between the spiritual and the physical worlds, are at the center of the narrative. *Of Love and Other Demons* looks to the supernatural to express the painful and difficult colonial past of a nation—in this case, Colombia, which historically has denied its Afro-descendant heritage. The novel is as much about the hybridity of culture as it is about the persistence of memory, for, on the one hand, Sierva María's corporeal death at the novel's end serves as an ultimate example of the colonial pathologization of blackness, and, on the other, her continued life beyond the grave—represented by the abundant locks of copper hair that continue to sprout from her skull two hundred years after her death—symbolizes the perpetual presence of the African in Latin America and the Caribbean.

Two very different forms of love, both linked to conceptions of blackness, form the core of García Márquez's text. The first is the decolonial love between Sierva María and her African slave family, in particular her adoptive mother Dominga de Adviento. Dominga's love rejects imperial designations of family and self and allows Sierva María to present herself as María Mandinga, an identity that proves deadly for the young girl caught in the colonial structure. The second form of love is troubling in its ties to coloniality, for although many critics have rendered Sierva María's relationship to her thirty-six-year-old exorcist priest, Cayetano Delaura, as one of romantic love, there are several factors that render their relationship grounded in of a fetishization of blackness, and one that relies upon and reveals the

hierarchical nature of colonialism. By exposing forms of decolonial and colonial love, García Márquez's narrative participates in epistemic decolonization by emphasizing the reversal of power structures and suggesting that new ways of loving are a necessary part of the process.

DECOLONIAL MOTHERING

Dominga's decolonial love for Sierva María saves her from death at the very moment she enters this world. As the narrator acknowledges, the colonial world is divided in two, and as the black slave who combines faith in Catholicism and Santería with ease, Dominga is "the link between these two worlds" (García Márquez 11). She effectively adopts Sierva María after her parents cavalierly take her for dead when she is born prematurely. Dominga consecrates Sierva María to her Yoruba saints, praying for the girl to live and promising not to cut her hair until her wedding night. At the very moment of that promise, the newborn begins to cry, and Dominga reads this as a sign of the girl's future sainthood, a sharp contrast to her father's prediction that she would grow up to be a whore (García Márquez 42). That the narrator emphasizes Dominga's superior foresight—Sierva María lives on in Caribbean folklore as described in the novel's preface—highlights the different knowledge she brings to the encounter. Not only does Dominga provide Sierva María with mother's milk from her own breasts, she also inducts her into the same marginal world in which she lives, between Spanish colonial and African cosmologies: she "suckled her, baptized her in Christ, and consecrated her to Olokun, a Yoruban deity of indeterminate sex whose face is presumed to be so dreadful it is seen only in dreams, and always hidden by a mask" (García Márquez

42). In short, where the girl's parents presume death, Dominga sees the possibility for renewed life, a life worth living, a life worth fighting for.

Sierva María's own "indeterminacy" is embraced and encouraged by Dominga and "the jubilant court of black slave women, mestiza maids, and Indian errand girls" Dominga orders to tend and care for her (García Márquez 42-43). When among the slaves,

The girl displayed just who she was. She could dance with more grace and fire than the Africans, sing in voices different from her own in the various languages of Africa, agitate the birds and animals when she imitated their voices. By order of Dominga de Adviento, the younger slave girls would blacken her face with soot. They hung Santería necklaces over her baptism scapular and looked after her hair, which had never been cut and would have interfered with her walking if they had not braided it into loops every day. (García Márquez 12)

Through these ornaments, gestures, and acts of loving care, Dominga encourages Sierva María to embody the slave culture with which she identifies. This contrasts with the lack of care and love offered by the girl's biological parents, who admit they never loved the child, nor worried about her living with the slaves until she was bitten by a rabid dog. As the narrator intimates, the Marquis "always believed he loved his daughter, but . . . this was a lie for the sake of convenience," while "Bernarda . . . did not even ask herself the question, for she knew very well she did not love the girl and the girl did not love her, and both things seemed fitting" (García Márquez 16). Any care Sierva María receives, then, is not by order of the supposed masters of the estate, but by Dominga's alone, and as such this love that comes from below serves to reinforce the girl's sense of herself as living between worlds. For

although Sierva María labels herself as black, the fact remains that she is not acknowledged as such by the larger colonial structure.⁹⁰

Her fair complexion and red hair denote her non-African ancestry, but her bodily comportment expresses the attributes of her adoptive slave culture, specifically through her grooming, her language abilities, and her dancing. By writing a character that does not conform to the binaries of coloniality, García Márquez produces one that instead represents the danger and potential of decoloniality. Indeed, as her biological mother astutely notes, “The only thing white about that child is her color” (García Márquez 45). Before learning to speak the colonial language, she learns to dance to African rhythms, thereby establishing an embodied connection to black identity before entering the colonial discourse. As such, the girl becomes “an ambiguous and liminal figure, who crosses the boundaries between child and woman, black and white, and renders problematic the distinctions between health and disease; madness, wickedness, and demonic possession, martyrdom, and sanctity” (Vázquez-Medina 170). What remains clear is that Sierva María is endowed with knowledge that she is not expected to have. Unfortunately, her inability to conform to the binaries imposed upon her renders her dangerous to the colonial structure. Her embodiment of African culture through her mastery of multiple African languages and dance remains permanently at odds with what

⁹⁰ Citing Linda Martín Alcoff, Olivia Vázquez-Medina notes, “Given her fair skin, blue eyes, and dazzling copper-colour hair, Sierva María’s racial identity can only problematically be defined simply as ‘black.’ ‘Race and gender,’ suggests Alcoff, ‘are forms of social identity that share at least two features: they are fundamental rather than peripheral to the self . . . and they operate through visual markers on the body’” (Vázquez-Medina 173).

Fanon would call her “epidermalization,” which is read as white and ultimately leads to her demise.⁹¹

Once the girl is bitten by a rabid dog, the colonial authorities—whether in the form of her parents, the medical establishment or, ultimately, the Catholic Church—attempt to reconcile Sierva María’s marginality by providing alternative readings for her bodily difference. Despite the fact that she displays no signs of illness or possession, she nevertheless becomes the object of a cruel medical and religious inquisition that ultimately kills her; thus, the girl’s persecution is in fact emblematic of the persecution of cultural difference in general and Africanness in particular (Olsen 1067). Declaring “[s]he has only one family, and that family is white” (García Márquez 25), the Marquis removes Sierva María from her slave family while simultaneously ordering another female slave to care for Sierva María “as if [she] were Dominga de Adviento” (García Márquez 27). Unfortunately, yet unsurprisingly, this move marks the beginning of Sierva María’s decline.

After having several doctors attempt to cure her—through treatments that only inflame her injured ankle bite further, thereby aggravating the appearance of illness—the Marquis finds his family the subject of discussion by the local Catholic bishop. Because Western (colonial) medicine values the rational, earthly, concrete realm, it is unable to improve or even explain Sierva María’s condition. The equally Western but spiritual body of the Church enters the discussion in order to provide its own diagnosis and cure. Although the Church does not understand itself as being irrational (indeed, it likely sees itself as beyond any question of terrestrial reason), it nevertheless attempts to rationalize Sierva María’s alleged illness by determining

⁹¹ “The inferiority complex can be ascribed to a double process. First, economic. Then, the internalization or rather epidermalization of this inferiority” (Fanon, *Black Skin*, xv).

that she is possessed by a demon. Unable to stand up to the bishop's call, the Marquis gives in and takes his daughter to the Convent of Santa Clara to undergo treatment: exorcism.

BAD FAITH LOVE IN THE COLONIAL CONTEXT

In titling his work *Del amor y otros demonios*, García Márquez positions a certain form of love as one of several demonic forces present in the text. Likewise, blackness figures as a kind of ghostly apparition, which in García Márquez's novel serves to shed light on Colombia's troubled relationship with its Afro-descendant heritage. Whereas other scholarship regarding the novel has tended to focus on the ambiguous racial identity of Sierva María, my analysis centers on the disturbing eroticized relationship between the girl and the thirty-six-year-old Catholic priest tasked with her exorcism, Cayetano Delaura.⁹² Delaura's obsession with Sierva María, I argue, can ultimately be understood as a form of bad faith love, which, when read in the context of Fanon's reflections on the impossibility of interracial love within the colonial context, illuminates how coloniality has the potential to infect all ethical relationships under the colonial matrix of power.

As the novel's figure of colonialism *par excellence*, the Catholic Church asserts its power to dominate and define the other by seeking to exorcise all that is "African" under the guise of religion. As the bishop's protégé, Delaura at first appears to be a pious and dutiful priest. García Márquez turns the Church against itself; however, by introducing a disturbing romance plot that highlights the

⁹² For more on the pathologization of blackness in the novel, see Olsen. For an analysis of the theme of illness, see Vázquez-Medina. Jeremy Cass provides a useful discussion of Sierva María's racial ambiguity as a form of colonial resistance.

fetishization of blackness that can result when a culture exoticizes a part of itself. It soon becomes clear that Delaura's fascination with Sierva María is premised on his understanding of her as deviant and in need of forceful submission in order to recuperate her humanity. Delaura's relationship with Sierva María can be fruitfully read through an interracial lens insofar as he serves as a representative of colonial power and self-identifies with his white, Spanish heritage, while the girl not only self-identifies as María Mandinga, but Delaura himself asserts that what the Church perceives as demonic in her are in fact "the customs of the blacks, learned by the girl as a consequence of the neglected condition in which her parents kept her" (García Márquez 91). Although Delaura momentarily backs down when the bishop challenges this perceived defiance, Delaura holds onto this idea, thereby amplifying his understanding of Sierva María as black. As an extension of the religious violence perpetrated in the service of colonization, then, Delaura's love for the girl transforms from a seemingly genuine concern for her well-being to a desperate need to fulfill his own desires to become deviant through contact with her blackness.

Delaura's erotic obsession with Sierva María as a symbol of black deviance bursts through the narrative in several violent encounters he has with the girl. He reaps immeasurable pleasure from her defiant fury as he attempts to release Sierva María from the bonds that immobilize her in bed at the convent where she awaits exorcism. Sierva María resists, screaming "Leave me alone.... Don't touch me," and as if foreshadowing a subsequent sexualized encounter, Delaura

ignored her, and the girl loosed a sudden storm of spittle in his face. He persevered and offered the other cheek. Sierva María continued to spit at him. Again he turned his cheek, intoxicated by the gust of forbidden pleasure rising from his loins. He closed his eyes and prayed with all his soul while she

continued to spit at him, her ferocity increasing with his pleasure, until she realized that her rage was useless. (García Márquez 117-18)⁹³

Delauro's desire is directly proportional to Sierva María's anger and resistance; her wild rage sends him into ecstasies linked to "forbidden pleasure" as he proverbially turns the other cheek. This fetishization points to Delaura's embodiment of colonial love, insofar as he adheres to strictly religious definitions of what kinds of physical and emotional pleasure are permitted and forbidden. As the passage continues, the narrator at once appears to relay objective information while also clearly inhabiting Delaura's interpretation of this negative turn of events.

Then Delaura witnessed the fearful spectacle of one truly possessed. Sierva María's hair coiled with a life of its own, like the serpents of Medusa, and green spittle and a string of obscenities in idolatrous languages poured from her mouth. Delaura brandished his crucifix, put it up to her face, and shouted in terror.

"Get thee hence, infernal beast, whoever thou art."

His shouts incited those of the girl, who was about to break the buckles on her straps. The frightened warder rushed in. . . . Delaura fled. (García Márquez 118)

Although the text suggests the possibility that the girl is indeed possessed, in my reading Sierva María is beginning to realize the limits of her agency. Her expressions of resistance and anger, embodied in her spitting at Delaura, are fruitless and she is left with no choice but to escalate her violent struggle. What appeared "the fearful spectacle of one truly possessed" in which the girl spoke "idolatrous languages" may very well have been the expression of María Mandinga, speaking the African languages in which she is fluent. Delaura's rebuking of the supposed demon within her colors the situation from his perspective. Her

⁹³ Of note, a significant play on words in the final sentence is lost in translation – the Spanish reads that Sierva María "*se dio cuenta de la inutilidad de su rabia*" (García Márquez, *Del amor* 160), *rabia* meaning both rage and rabies.

demonstrations of physical strength might appear to be signs of demonic possession; however, it is also possible the girl was simply struggling to break free. In any case, Delaura's forbidden lust is associated with expressions of Sierva María's deviance, whether we interpret that deviance to be a sign of possession or a sign of her Africanness.

In one particularly telling scene, Delaura finds himself secretly peering at Sierva María, who has by now become an infamous attraction in the province, as she poses for a formal portrait. "[C]overed in precious gems and with her hair spilling down to her feet," Sierva María was

posing with the exquisite dignity of a black woman.... The intelligence with which she obeyed the artist was as admirable as her beauty. Cayetano [Delaura] fell into ecstasy. Sitting in the shadows and seeing her without being seen, he had more than enough time to erase any doubt from his heart. (García Márquez 105)

As the object of a double gaze, Sierva María's eroticization is linked not only to her being seen by Delaura without being able to return his gaze, but also to her supposed blackness. Her pose echoes a scene at the beginning of the novel, when a black Abyssinian slave prized for her beauty and displayed nude on the auction block was purchased for her weight in gold (García Márquez 8). In this scene, however, there is no implication that Sierva María is in blackface. Rather, Delaura sees what he has come to desire in her: cultural otherness.

When Delaura's desire for Sierva María finally overtakes him, it is as if he is the one who is truly possessed.⁹⁴ Alone with the girl in her cell,

Cayetano [Delaura], half in jest and half in earnest, dared to loosen the laces of Sierva María's bodice. She protected her bosom with both hands, and a bolt of fury appeared in her eyes and a flash of red burned on her forehead. Cayetano

⁹⁴ For more on love as a form of spiritual possession in the novel, see Deaver.

grasped her hands with his thumb and index finger, as if they were flames, and moved them away from her chest. She tried to resist, and he exerted a force that was tender but resolute. (García Márquez 126)

Sierva María's resistance here is not that of a coy lover, but rather that of a girl being forced to submit to another's will. Yet Delaura continues:

"Say it with me," he told her. "*Into your hand at last I have come vanquished.*" She obeyed. "*Where I know that I must die,*" he continued, and opened her bodice with icy fingers. And she repeated the lines almost in a whisper, trembling with fear: "*So that in myself alone it might be proven how deep the sword bites into conquered flesh.*" Then he kissed her on the mouth for the first time. Sierva María's body shivered in a lament, emitted a tenuous ocean breeze, and abandoned itself to its fate. He passed his fingertips over her skin almost without touching her, and experienced for the first time the miracle of feeling himself in another body. (García Márquez 127)

Although critics have interpreted their relationship as one of mutual love, this disturbing encounter, rife with the imagery of violent conquest and death adds a heavy layer of doubt regarding Sierva María's ability to consent.⁹⁵

As with Delaura's ecstasy over Sierva María's furiously spitting at him, here again the girl's agency is ignored and she is pushed to succumb to Eurocentric patriarchal expectations. At the point of a would-be climax to what is ultimately a failed attempt to consummate his relationship with her, "An inner voice told him how far he had been from the devil in his sleepless nights of Latin and Greek, his ecstasies of faith, the barren wastelands of his chastity, while she had lived with all the powers of untrammelled love in the hovels of the slaves" (García Márquez 127). Delaura thus solidifies his eroticized perception of Sierva María's deviant embodied

⁹⁵ In a particularly troubling analysis of this scene, Oscar Ortega Arango reads a total absence of violence in this embrace, arguing instead that Sierva María ultimately becomes Delaura's teacher, educating him in the power of mestizo love (Ortega Arango 32). What Ortega Arango fails to acknowledge is that Sierva María's death challenges her power to transform the world in which she lives, her subsequent life through legend notwithstanding.

knowledge, for in achieving physical contact with her, he imagines himself that much closer to what he envisions as the orgiastic, and thereby sinful, experience of love as viewed from the colonial perspective.

This troubling representation of colonial love—in this case, the love of Sierva María's perceived blackness—serves as a provocative illustration of Fanon's own diagnosis of interracial relationships within the colonial setting, for as he writes, “an individual who loves Blacks is as ‘sick’ as someone who abhors them” (Fanon, *Black Skin* 10). This is because, as Africana philosopher Lewis Gordon argues, the search for all love is in part a search for “recognition that is also legitimation,” by which “[t]he lover bestows a judgment on the world that the beloved should exist” (*What Fanon Said* 34). Although Sierva María gives no indication that *she* seeks Delaura's legitimizing love, the priest himself is motivated by his contradictory impulse to tame her otherness in order to legitimize her existence, even as he is drawn to her deviance. In other words, Delaura wishes to impose his understanding of love onto Sierva María. As a representative of the Catholic Church, Delaura is tasked with the eradication of sin, which here is racialized as black. Even after acknowledging that what the Church has deemed diabolical is actually the girl's cultural otherness, he nevertheless remains bent on her reeducation, as evidenced by his persistence in reciting Spanish love poetry to her whenever they meet. As such, he is unable to fully legitimate her existence, to fix her as legible within the colonial matrix of power, even as he acknowledges the necessity to do so in order to prevent her death, which he fails to do. Indeed, Sierva María's death by exorcism at the hands of the bishop confirms that living between worlds as the young girl does is a dangerous ambiguity that must be expelled. Deviance and difference must be eradicated because it challenges the hierarchical binaries that form the foundation of the

colonial system; in Sierva María's case this takes on political dimensions as she is the only child of the Marquis, and her refusal to adhere to the conventions of whiteness disrupts the notion that white customs and culture are superior to those of the slaves.

Delauro's claims of loving Sierva María do not indicate his acceptance of her racial ambiguity; rather, his obsession with her as deviant illuminates his own desire to see her as a symbol of all that he is forbidden as a priest living under the colonial matrix of power. The only way he can relate to Sierva María is through his obsession with her blackness, as evidenced by his eroticization of her otherness—be it her speaking in “idolatrous languages,” her “black dignity,” or her supposed knowledge of the kind of love experienced by the slaves with whom she grew up. He wishes to live her deviance vicariously, to be one with her in order to experience it, but his Catholic guilt keeps him from taking the plunge. In the end, Delaura is punished for his transgressions, first by being officially forbidden to see Sierva María again, as he is no longer her exorcist, and later, when he is cast out of the convent and into the leper hospital after he is caught during one of his illicit night visits to the girl. In the end, the only way he can relate to Sierva María is through his fetishization of her blackness, and in playing out this drama, García Márquez pushes his readers to consider whether other kinds of love are possible that may help overcome the denial of Colombia's black heritage. As Delaura's example demonstrates, colonial love is dangerous and limiting. It refuses to acknowledge true difference and instead attempts to impose binary logic upon both the lover and the beloved.

A LOVE THAT WILL NOT DIE

After Delaura is exiled to Amor de Dios Hospital to serve his sentence as a nurse caring for lepers, the bishop takes over Sierva María's exorcism with a vengeance, and this, paired with the girl's unwillingness to eat for a week, ultimately kills her. This brutal end to the novel emblemizes the deadly nature of colonial love, for in the eyes of the Church the loss of Sierva María's body is nothing compared to that of her soul. Indeed, the narrator's cryptic description of the dead girl holds new meaning when read within the context of colonial and decolonial love: "The warder who came in to prepare her for the sixth session of exorcism found her *dead of love* in her bed, her eyes radiant and her skin like that of a newborn baby" (García Márquez 147; emphasis added). Sierva María's culturally ambiguous status requires her total elimination by the overzealous colonial structure that demands her submission and sanctions her torture and death by exorcism in the name of Christian love. Her corporeal demise thus exemplifies the colonial pathologization of blackness.

Yet to understand this to be the final moral of the story would be to miss the larger import of the novel. For even as Sierva María is described as dying of what we can now recognize as colonial love, the final lines of the text remind readers of her ongoing spiritual life, which I argue must ultimately be understood as made possible by Dominga's decolonial love. In addition to her radiant eyes and baby-like skin—images that harken back to the scene of Sierva María's birth—"[s]trands of hair gushed like bubbles as they grew back on her shaved head" (García Márquez 147), an inexplicable act that echoes both Dominga's life-giving promise and the novel's opening.

In the preface, García Márquez-as-author narrates the occasion during which the young author-as-journalist attends the demolition of the Convent of Santa Clara, which was to be converted into a five-star hotel. During the excavation the workers find the final resting place of a young “marquesita” named Sierva María de Todos los Ángeles, and as they open her tomb they are surprised to find that from the remains of the skull extend over twenty-two meters of red hair. The foreman seems unimpressed, remarking matter-of-factly that human hair continues to grow after death, but García Márquez takes this discovery much more to heart:

The impassive foreman explained that human hair grew a centimeter a month after death, and twenty-two meters seemed a good average for two hundred years. I, on the other hand, did not think it so trivial a matter, for when I was a boy my grandmother had told me the legend of a little twelve-year-old marquise with hair that trailed behind her like a bridal train, who had died of rabies caused by a dog bite and was venerated in the towns along the Caribbean coast for the many miracles she had performed. The idea that the tomb might be hers was my news item for the day, and the origin of this book. (García Márquez 4-5)

By highlighting his grandmother’s transmission of the legend of Sierva María, which itself was told throughout the Caribbean and which the author learned as a child, García Márquez sheds doubt on the supposed scientific claims made by the foreman. That is, although the foreman attempts to rationalize the continued growth through mathematics (twenty-two meters of post-mortem growth equals two hundred years), García Márquez turns to the oral histories to which he had access as a child for a more likely explanation, thereby priming the reader to approach the text that follows with an open mind. This holds even if readers reject the foreman’s reasoning as irrational outside the world of the novel; my point here is that the foreman co-opts rationalist narratives like that of mathematics and biology, rather than being astonished or turning to folklore, and in so doing serves as a foil for the

narrator's subsequent turn toward his grandmother's stories. In this way García Márquez suggests that oral testimony, originating from below and which contradicts imperialist rationalizations, may hold more truth than "factual" historical narratives, such as those that deny the African influence on the Caribbean. In short, Sierva María's unending life serves to emphasize oral culture, including but not limited to black culture, over and against written, Eurocentric narrative that emphasize the rationality of the mind over the knowledge of the body.⁹⁶

García Márquez's return to orality, paired with the life-affirming role of Dominga de Adviento, a figure whose name is the feminized version of "advent Sunday," a holy day that anticipates the birth of a savior, renders the novel a subversive testament to the power of decolonial love. For upon a closer reading, it is Sierva María's induction into the syncretism of the Caribbean that allows her story, oral and written, to persist into the present day. In this way the novel encourages readers to "think decolonially" by shifting the balance of power toward the perspective of the marginalized and oppressed, thereby exposing this underside by working to recover and revalue its epistemological claims about the value or worth of embodied knowledge, in particular with regard to questions of being.

Similar in its return to orality, in what is perhaps the most iconic portion of *Beloved* Morrison asks readers to reflect on the nature of storytelling, including which narratives refuse to lay dormant and which are worth passing on. The refrain in the final pages of the novel, "it was not a story to pass on" (Morrison 323), serves as kind of post-script, and with each repetition the words take on a new meaning. It

⁹⁶ As William O. Deaver explains, even as Sierva María is exiled from the colonial sphere, she is embraced as an idol of the Caribbean, a region so culturally mixed that a clear sense of identity is nearly impossible. In emphasizing this Caribbean embrace, García Márquez suggests the need to privilege this cultural *mestizaje* over the European (Deaver 84-85).

is in the ambiguity of the phrase “to pass on” that we find an important link between Morrison’s and García Márquez’s reflections on love, identity, and narrative.

After what some interpret as *Beloved*’s exorcism by the black townswomen—a fact that remains ambiguous and uncertain—the ghost made flesh becomes less than a distant memory. She is “disremembered and unaccounted for”; rendered nameless, the people are unable to recall her, nor can they even be sure she ever existed. In this sense, hers is not a story to pass on because it is formless; without an actor or subject, it is a story that is impossible to transmit; it was not a story to pass on to others. Soon “[t]hey forgot her like a bad dream,” while others who had seen her “quickly and deliberately forgot her” (Morrison 323).

To say that *Beloved* “is not a story to pass on,” however, is also to acknowledge the difficulty and simultaneous necessity of sharing painful histories, of recognizing their reality even while resorting to the hyper-real or the magical real in conveying them. The denial of the colonial past begs for its violent reprisal, the traumatic return of the repressed that cannot be controlled. Therefore, Morrison seems to suggest, we must learn to hold all of these feelings and responses together as one—the desire to deny along with the need to acknowledge and express—and in doing so begin the process of healing our most intimate relationships. García Márquez, in framing his novel around the oral history shared with him by his grandmother emphasizes that the stories that should be passed on are those that come from the people, not from the official historical documents that hinder access to the marginalized voices of coloniality. Stories like those of Sierva María and the pathologization of her blackness cannot be overlooked, and indeed, refuse to die. Instead, they must be dug up and exposed to the light in order to rehabilitate our own sense of who we are.

LOVE AND AFFIRMATION

Morrison's *Beloved* and García Márquez's *Del amor y otros demonios* are but two novels that explore the complexity of decolonial love, and in doing so highlight the value of exploring new ways of understanding those concepts—such as love, healing, and rationality—that we have come to take for granted. Sethe's love endows her with the agency to redefine freedom, even at the cost of resorting to infanticide. That she feels compelled to kill her child, just as her Ma'am and Ella did, ultimately highlights the terrible reach of coloniality, even after freedom as conventionally understood has been more or less secured. Sethe's powerful struggle between colonial and decolonial love comes with a price, and it is only through reintegration into the black community that she is able to overcome the consequences of her "too thick" love. For Sierva María, it is her embrace of black culture as her own that ultimately leads to her demise. While Delaura attempts to save her from the deadly clutches of the Church, his pathological love of Sierva María's blackness blinds him to the impossibility of standing up to the colonial structures that mark her as dangerously other. His colonial love relies upon and exposes the hierarchical nature of colonialism, thereby confirming Fanon's insistence that coloniality poses serious challenges to ethical forms of genuine love and interrelation that are unhindered or pathologized by the colonial system. Likewise, decolonial love poses an important challenge to coloniality and illuminates a path toward healing the relationship between self and other.

Indeed, Fanon's own conception of love rests upon its being a fundamental aspect of the contradictory and paradoxical nature of the human, as part of both the positive and negative impulses that coexist as part of our very being. He writes that

at the very same time that “man is an *affirmation*... Yes to life. Yes to love. Yes to generosity.... [M]an is also a *negation*. No to man’s contempt. No to the indignity of man. To the exploitation of man. To the massacre of what is most human in man: freedom” (Fanon, *Black Skin* 197, emphasis in original). Throughout his work, Fanon rails against the negation of the black subject’s humanity by an anti-black world, and here he revises the terms of the conversation by asserting the black subject’s power to stand against the world’s negativity. As an affirmation, man is aligned with the desires to love and to give, while remaining firmly against attempts to exploit and abuse his fellow human beings. In this light, then, it is possible to conceive of a kind of love that stands outside of binary logic, a love firmly aligned with freedom, and against all that which stands in the way of true liberation. By portraying forms of love that are beyond comprehension within the very same hegemonic structures of knowledge that produce them, Morrison and García Márquez illuminate how stories of violence and pain that engage with the wounds of coloniality work to radically expose how the “yes” and the “no” coexist.

To love decolonially, then, is to heal the wound that rejects difference, to acknowledge the “third meaning” of love that embraces the ambiguity and unknowability of the other, and to unleash the transformative power of that love. That this conception of love makes the forces of coloniality extremely uncomfortable is reason enough to read these kinds of stories as sources of new ways of knowing, for as Sandoval reminds us, “[i]t is love that can access and guide our theoretical and political ‘*movidas*’—revolutionary maneuvers toward decolonized being” (Sandoval 141), toward a life unfettered by the limits imposed by sexism, racism, and ableism. In this way, Sandoval urges us to explore notions of decolonial love that complicate our understanding of normative categories, suggesting that we go beyond the

hegemonic binaries that perpetuate the colonial wound, thereby shedding light on that which is in most dire need of healing: intersubjective relation. Sandoval's decolonial love directs our attention toward decolonial healing, calling us to address the wounds of coloniality by attending to the experiences of those most marginalized in order to make ethical, loving, and human relation possible.

CHAPTER FOUR | FANON AT THE CLINICAL BORDERLANDS: RETHINKING RECOGNITION IN FARMER, MATTINGLY, AND FANON

Mais la guerre continue. Et nous aurons à panser des années encore les plaies multiples et quelquefois indélébiles faites à nos peuples par le déferlement colonialist. (Fanon, *Damnés* 177)⁹⁷

Fanon's best-known work, *Les damnés de la terre* (*The Wretched of the Earth*) is generally considered his revolutionary tour de force. Written during his involvement in the Algerian decolonization struggle of the 1950s and 60s, and published shortly after his death at the hands of leukemia, the book is an impassioned manifesto best known for affirming violent revolution as the solution to colonial rule. However, as I have argued over the course of this work, few readers appreciate the imbrication of Fanon's ever-present desire to heal and his efforts to decolonize. Although the very first chapter of *Les damnés de la terre*, “*De la violence*” (“On Violence”), rings with the assertion that national liberation is a necessarily violent event, in his chapter “*Guerre colonial et troubles mentaux*” (“Colonial War and Mental Disorders”), Fanon makes clear that the significant task of healing the colonial wound remains an essential part of his theory and praxis. “[T]he war” on the minds and bodies of the oppressed “goes on,” Fanon writes in the chapter's opening lines, “[a]nd for many years to come we shall be bandaging the countless and sometimes indelible wounds inflicted on our people by the colonialist onslaught” (*Wretched* 181). This naturalized state of war on the very existence of

⁹⁷ “But the war goes on. And for many years to come we shall be bandaging the countless and sometimes indelible wounds inflicted on our people by the colonialist onslaught” (Fanon, *Wretched* 181).

people of color continues, and it is only by working to heal the wounds of coloniality that true revolution can take place. The total transformation of the minds and bodies of the oppressed is therefore a requirement of establishing a new world order beyond the confines of coloniality.

It is with what I consider a deep appreciation for and attention to storytelling that Fanon writes, “for ourselves and for humanity... we must make a new start, develop a new way of thinking, and endeavor to create a new man” (*Wretched* 240). While many have understood this Fanonian rebirth of man as occurring solely through bloodshed, I read in Fanon an acknowledgement of the inherent violence of rewriting normative narratives. As such, this rebirth requires a revision of traditional genres that work against Eurocentric standards, standards that above all define the terms upon which humanity is recognized. Thus, in this chapter I take as a point of departure Fanon’s linking of clinical diagnosis, phenomenological narrative, and liberation from oppression, to examine two ethnographies of illness centered on communities of color—Paul Farmer’s *Pathologies of Power* (2003) and Cheryl Mattingly’s *The Paradox of Hope* (2010). In reading these ethnographies in light of Fanon’s *Les damnés de la terre*, which itself can be understood as a radical form of ethnography, I argue that beyond drawing attention to the suffering of people of color, we need to move beyond seeking recognition from normative structures in order to spark the narrative revolution Fanon urges us to pursue.

Fanon’s ethnographic project is not simply to draw attention to the suffering of the oppressed; his project extends beyond what some see as the limits of identity politics. Critics of identity politics tend to understand it as what political philosopher Nancy Fraser calls a “politics of recognition” defined by efforts to attain positive affirmation of diversity, broadly defined, in “a difference-friendly world,

where assimilation to majority or dominant cultural norms is no longer the price of equal respect” (Fraser and Honneth 7). Defined in this way, identity politics “tend[s] to reify collective identities” (Fraser and Honneth 75). And yet, arguing against such essentialist, post-structural, and postmodern understandings of identity, theorists such as Satya P. Mohanty embrace a postpositivist realist approach to identity which acknowledges that “‘personal experience’ is socially and ‘theoretically’ constructed, and it is precisely in this mediated way that it yields knowledge” (Moya and Hames-García 33).⁹⁸ Drawing attention to what it means to be “realist,” Paula Moya emphasizes the fact that

knowledge is not disembodied, or somewhere “out there” to be had, but rather that it comes into being in and through our embodied selves. In other words, humans generate knowledge, and our ability to do so is causally dependent on both our cognitive capacities and our historical and social locations. (Moya and Hames-García 18)

With a similar attention to the ways in which embodied selves generate knowledge about the experiences of illness and corporeal change to which they are subjected, Fanon complicates the work of ethnography by writing about individual struggle within the context of structural oppression, urging us to consider identity beyond a “politics of recognition.”

By attending in this chapter to narratives situated in lived experience rather than fiction, I nevertheless affirm the significance of storytelling to promoting social justice while also working to increase medicine’s awareness of the complexity of patients’ stories, both of which are essential to the goals of the medical humanities and disability studies. Doing so serves as an acknowledgement of the imbrication of

⁹⁸ This particular definition of postpositivist realism comes from Satya P. Mohanty’s essay “The Epistemic Status of Cultural Identity: On *Beloved* and the Postcolonial Condition,” in Moya and Hames-García’s edited collection of essays *Reclaiming Identity*. This essay serves as the catalyst for the rest of the essays included in the volume.

the body and the world, bringing the social sphere into direct contact with the individual, and works against the binary logic of coloniality.

I turn to medical anthropology because Fanon's contributions to the fields of anthropology and ethnography are significant. Linking more recent sociological studies of science, postcolonial studies, and the history of medicine, Richard Keller emphasizes the need to "recognize the intellectual roots of these projects in the thought of Frantz Fanon" in particular those that highlight the connection between medicine and power, a move most often linked to the work of European thinkers like Michel Foucault (Keller 838). In a similar vein, Nelson Maldonado-Torres has argued that, rather than simply being indebted to European philosophers, Fanon in many ways offers a corrective to the limits of Eurocentric anthropological thought. Writing specifically about Fanon's relationship to Jean-Jacques Rousseau, who was himself interested in rethinking the human sciences, Maldonado-Torres illuminates the ways in which Fanon not only builds on but transforms Rousseau's project by homing in on the central role of the wretched or the *damnés* in that process. "The *damné* or condemned," Maldonado-Torres writes,

as both subalter [sic] and an agent of liberation from hell, simultaneously becomes the subject through which radical inequality is best understood and through which also the human sciences can best be critiqued and transformed. This is how... studies of and from the lived experience of the *damned*, are able not only to offer positivistic analysis and corrected facts about certain communities but can also offer a radical critique of the sciences. ("Rousseau and Fanon" 127)⁹⁹

Understanding Fanon's *Wretched of the Earth* as offering a key example of the kind of "studies of and from the lived experience of the *damned*" that can radically

⁹⁹ Although Maldonado-Torres here refers specifically to the role of Ethnic Studies, he nevertheless suggests that other such studies, which emphasize the lived experience of the *damné*, would have such a corrective effect.

critique anthropology and medicine offers a helpful way to situate Fanon's ethnographic project in relation to Farmer and Mattingly, both of whom seek to transform the medical encounter.

THE VULNERABLE OBSERVER IN ETHNOGRAPHY

Ethnography attuned to the relation between the ethnographer and his or her subjects promises to be of particular value to scholars of literature and the medical humanities. Grounded in the lived experience of both observer and observed, this kind of ethnography works against the colonality of power by rejecting that hallmark of hegemonic "rationality"—theoretical objectivity—in favor of attending to the nuances of knowledge production that comes from below. With this in mind, to this analysis I bring Cuban-American anthropologist Ruth Behar's attention to the vulnerability of the researcher herself in order to highlight the ways in which Fanon, Farmer, and Mattingly address their role as participant-observers. Behar posits that the best anthropological work necessarily involves the anthropologist's acknowledgment of her own affective responses and interpersonal relationships with her subjects. Behar's broader work engages themes of death, illness, and border crossing, and her perspective as a Latina feminist anthropologist who involves her subjects as co-creators of ethnographic narrative supports my argument for a reimagined genre of ethnography of illness that presents the subject of color's perspective on the world as a theoretical contribution and not simply an experience to be analyzed by a social scientist.

In *The Vulnerable Observer: Anthropology that Breaks Your Heart*, Behar poses a series of important questions about the ethical role of witnessing the suffering of others, all of which are particularly relevant in the context of writing

about illness and disability. Reflecting on the tendency of social scientists to stand at a supposedly objective distance, she poses a series of questions regarding the responsibility of the witness to suffering of other to her audience, who are writers and readers of ethnography alike. She asks,

In this midst of massacre, in the face of torture, in the eye of a hurricane, in the aftermath of an earthquake, or even, say, when horror looms apparently more gently in memories that won't recede and so come pouring forth in the late-night quiet of a kitchen, as a storyteller opens her heart to a story listener, recounting hurts that cut deep and raw into the gullies of the self, do you, the observer, stay behind the lens of the camera, switch on the tape recorder, keep pen in hand? Are there limits—of respect, piety, pathos—that should not be crossed, even to leave a record? But if you can't stop the horror, shouldn't you at least document it? (Behar 2)

In other words, what does it mean to bear witness? What is the role of the investigator or researcher when faced with stories of suffering and tragedy? Is it enough simply to listen, or is there value to retelling the story itself? While she does not propose easy answers to these difficult questions, the fact that she reflects on her own relationship to suffering sheds light on the vexed position of the emotionally distant and allegedly disembodied observer and why this kind of objectivity is not the most productive or ethical stance to take in these situations.

And yet, as Behar notes, becoming a vulnerable observer is not considered part of the mainstream methodology of anthropology and is at odds with the discipline's claims of objectivity. She acknowledges the origins of the field in "the European colonial impulse to know others in order to lambast [sic]..., better manage..., or exalt" the colonized other (Behar 4). As previously discussed, this impulse speaks to the distinction between the scientific, Eurocentric gaze and the supposedly primitive embodiment of the native at the heart of Nishitani Osamu's discussion of the bifurcation of human beings into those able to do the studying

(humanitas) and those who are meant to be studied (anthropos) through sciences like anthropology (Osamu). Against this, Behar proposes a more “grandiose” definition of anthropology as “the most fascinating, bizarre, disturbing and necessary form of witnessing left to us at the end of the twentieth century” (5), and she urges anthropologists to write vulnerably, to leave objectivity aside and acknowledge the emotional aspects of engaging in anthropological work. While this is certainly “not the anthropology being taught in our colleges and universities” and “definitely it isn’t the anthropology that will win you a grant from the National Science Foundation” (Behar 3), Behar notes that when anthropologists “write vulnerably, others respond vulnerably” (16). As she acknowledges, one of the valuable uses of anthropology is the collection and analysis of data that can influence policy recommendations (Behar 25). However, Behar resists what she considers a “depersonalizing trend” and insists upon recognizing the impact these findings have on the individual researcher (25). This, I argue, is one way to overcome the divide between the body and the world, as narratives impact readers and galvanize them to take action in society.

ON NARRATIVE VIOLENCE

In *Peau noire, masques blancs*, Fanon acknowledges narrative as a key component in the struggle towards liberation by offering what can be usefully considered a set of dramatic vignettes that depict the psychological damage wrought by colonialism. Indeed, the fact that “*L’expérience vécue du Noir*” (“The Lived Experience of the Black Man”) remains the most anthologized portion of the book points to the power of phenomenological description, which suggests that an effective tool in illuminating the suffering of the oppressed is narrative that sheds

light on their embodied experience. To focus on lived experience is to highlight the body in dynamic motion, to describe it not as an object but in a state of being, and it is by drawing attention to the relational quality of experience that Fanon shows us that an essential first step toward societal change is recognizing and understanding the roles in which we are cast. Here Fanon presents various narratives that govern the social relationships under colonization, highlighting the concrete impact on the physical embodiment and phenomenology of the oppressed, and it is through a radical form of psychology and psychiatry that Fanon seeks to liberate the black man from this plight.

As a vulnerable observer who bears witness to the devastating impact of colonialism, Fanon openly acknowledges his non-objectivity throughout *Peau noire, masques blancs*. He alternates between the clinical “we” and the subjective “I,” which speaks to his attempts to position himself as a clinician observing a medical event, even while admitting his inability (and unwillingness) to remain objective.¹⁰⁰ For example, Fanon-as-clinician frequently refers to the author of his book in the plural, as when he restates the purpose of his study by writing “we must recall that our aim is to enable healthy relations between Black and Whites” (*Black Skin* 61). Within just a few pages, he then points to a personal connection to the suffering of his fellow man, writing “I cannot dissociate myself from the fate reserved for my brother” (Fanon, *Black Skin* 70). At the heart of psychoanalysis is storytelling, and in a very real way Fanon argues from his very first work that the first step in addressing the pathology, of indeed healing it, is to revise the narratives that

¹⁰⁰ This is evident when Fanon writes, critiquing French psychoanalyst O. Mannoni’s book on the colonial situation: “We propose to show that Monsieur Mannoni, although he has devoted 225 pages to the study of the colonial situation, has not grasped the true coordinates” (*Black Skin* 65).

structure the dramas governing the relationships between whites and blacks. This is a concern that flows throughout Fanon's writing, including *Les damnés de la terre*, and rethinking these stories and their various purposes opens up the possibility for the creation of alternative futures, ones rewritten by those who have been subjugated by coloniality.¹⁰¹

Without a doubt, in *Les damnés de la terre* Fanon is largely referring to the need for political restructurings, as the context in which he writes is that of the decolonization of French-occupied Algeria. The opening sentences of the very first chapter, "*De la violence*," ring with the assertion that national liberation is necessarily a violent undertaking, for as Fanon insists, "whatever the name used, whatever the latest expression, decolonization is always a violent event" (*Wretched* 1). Decolonization, Fanon continues, does nothing less than "[set] out to change the order of the world, [and] is clearly an agenda for total disorder" (*Wretched* 1). Given this powerful opening it no surprise that, whether drawn to or repelled by his emphasis on the "red-hot cannonballs and bloody knives" of revolution (Fanon, *Wretched* 2), readers and critics of Fanon alike have tended to brand him a champion of violence. And yet, as Lewis Gordon argues, Fanon's entire theoretical legacy has been grossly misunderstood given this overrepresentation of a single chapter in all of Fanon's writing. "Violence," Gordon writes,

is broader than bullets, knives, and stones. Violence, fundamentally, is a form of taking that which has been or will not be willingly surrendered. Regardless of the perceived justice or injustice of the matter, as long as someone is losing something he currently has and wants to keep, there is violence. (*Crisis* 79)

This broader conception of violence opens up a path toward a more capacious

¹⁰¹ This revolutionary transformation is echoed by Fanon's later assertion that decolonization requires a total destruction of the world as we know it in *The Wretched of the Earth*.

understanding of Fanon's relationship to bloodshed and narrative that can be seen in action in contemporary critical work aiming to revise Eurocentric conceptions of the human. Beyond serving to support Fanonian apologists or bolster attempts to recuperate his theoretical writings for literary purposes, then, reading Fanon's violence as any action turned against any form of colonization, including that of the mind, allows us to shed light on the various forms of coloniality—and decoloniality—that persist in today's world. As Gordon demonstrates, the act of righting the great wrong of colonization itself—whatever forms it takes—is necessarily perceived as an act of violence, for “[a]s long as the justice of the *status quo* is presumed, *any* response that portends real change will take the form of violence” (*Crisis* 77).

As Fanon acknowledges, even as “the colonized subject fights in order to put an end to domination... he must also ensure that all the untruths planted within him by the oppressor are eliminated” (*Wretched* 234). These untruths are actually fixed *in his body*—*fichées dans son corps*—by oppression (*Damnés* 228). In this way Fanon's analysis reveals the very concretely damaging function of narratives that place one group beneath another. Here he signals the importance of eliminating these conceptions in what I argue is ultimately a rewriting of narratives more broadly and in such a way that impacts the daily lives of individuals. In short, the “liberation” Fanon seeks to bestow upon the black subject is a form of healing that must include a critical engagement with narrative and that remains an important part of the epistemic decolonization process.

RETHINKING RECOGNITION THROUGH FANON'S SOCIOGENY

Central to Fanon's sociogeny, and an extension of his phenomenological concerns, is the assertion that the body and the world are in a symbiotic

relationship. Contrary to the Cartesian binary logic that undergirds coloniality in its rejection of lived experience, an existential phenomenological approach that acknowledges the concrete impact of the world on the body, as well as the body's potential to impact the world, proves essential to the decolonial transformation of human interrelation.

Recognition theory, which studies the struggle for recognition—from the other, from the dominant social structure—has gained particular traction within discussions of how precisely to enact social transformation that acknowledges the significance of the lived experiences of the oppressed. Indeed, many of the texts discussed in this work thus far—from Junot Díaz's "Monstro" to Ralph Ellison's *Invisible Man*—highlight the violence that ensues when white hegemony fails to recognize the humanity of people of color. It is therefore perhaps unsurprising that many efforts to repair the relation between body and world take the form of various groups seeking recognition from the majority culture as a way to reclaim political power. However, as Linda Martín Alcoff reminds us, Fanon

argued that black people need to redirect their gaze from the white man and instead toward each other in seeking recognition, that they needed to give up on winning recognition from the imperialist forces and instead work on developing a sense of identity that can yield self-respect because it is recognized as worthy of respect by other black people. (*Visible Identities* 35)

Alcoff further notes that in his emphasis on sociogeny Fanon maintains that the "social interactions necessary for identity formation need not be dominated by the oppressor culture" (*Visible Identities* 35), but can instead take place through the rehabilitated relationships between the oppressed. In this vein, I argue that true transformation of the social sphere requires rethinking recognition as the necessary first step, especially models of recognition that let the accepted definitions of the

human remain in the hands of those already in power.¹⁰² Instead, a more radical approach, such as Fanon's call for a new definition of the human, allows us to turn our attention to repairing ethical relations beyond the limits of recognition.

As several critics have noted, the problem with recognition, conventionally understood, is that it nevertheless keeps in place the normative and hegemonic definitions of humanity. Within the context of health and illness, this is perhaps best illustrated by the example of the social constructionist theory of disability. According to this theory, disability is a socially constructed identity that serves to reify "normalcy." Disability rights advocates, however, want more than conventional recognition (i.e. "our identities are worth celebrating"); they choose instead to redefine the human along a spectrum of difference (i.e. "we are all or will one day be disabled").

Failure to acknowledge this basic, foundational limitation of recognition results in a project that is, as Nelson Maldonado-Torres argues, "fated to leave untouched the basic structure of the oppressive system that creates pathological modes of recognition" (*Against War* 149).¹⁰³ What this perspective highlights is that regardless of whether a particular social strategy claims to be transformative, if it fails to question the very notion of recognition itself it is destined to remain locked within categories of affirmation determined by normative society. Put another way,

¹⁰² I am thinking here again of Nishitani Osamu's discussion of the division of human beings into *humanitas* and *anthropos*, whereby those who have attained the status of the human (*humanitas*) define the inhumanity of their supposedly inferior and primitive others (*anthropos*).

¹⁰³ As Maldonado-Torres continues, "In contrast to conceptions of the struggle for recognition articulated in terms of cultural identity or in terms of claims for possession and access to goods, Fanon discovered in his exploration of the lived experience of the black that one of the main challenges confronted by blacks in a racial society is not only that they are not recognized as people who can possess things, but that they are not recognized as people who can give things" (*Against War* 149).

so long as recognition is anchored in epistemological concerns that premise what we think we know about the other, it remains limited as a point of departure because it presupposes knowledge about the other as a necessary starting point for ethical engagement. In short, this emphasis on conventional recognition upholds an unequal power dynamic in which the normative subject, who is in the position of recognizing the other, must tap into his or her stores of prior knowledge, which are necessarily biased and limited. Therefore, if he or she is unable to acknowledge a likeness between the person before him or herself and previously conceived notions of what a person should be, recognition, even in this limited sense, cannot take place.¹⁰⁴

It is perhaps Fanon himself who makes these problems clearest. The very notion of a withdrawal of respect or recognition presupposes a world in which such respect can be taken for granted; yet as Fanon poignantly asserts, “a Black is not a man. There is a zone of nonbeing, an extraordinary sterile and arid region, an incline stripped bare of every essential[,] from which a genuine new departure can emerge” (*Black Skin* xii; my modification). In this passage and per the original French, I have reinserted what I argue is an important comma (present in the French) after the word “essential,” because what Fanon is saying here is that it is from this arid zone of exile that an unimaginable newness is possible.¹⁰⁵ In this

¹⁰⁴ From a disability studies perspective, Rosemarie Garland-Thomson’s theorization of the starrer-staree relationship highlights this power imbalance. However, like Nancy Fraser (whom she cites), Garland-Thomson does not problematize the very grounds upon which recognition stands. See *Staring: How We Look*, 158.

¹⁰⁵ The French reads, “*Il y a une zone de non-être, une région extraordinairement stérile et aride, une rampe essentiellement dépouillée, d’où un authentique surgissement peut prendre naissance*” (*Peau noire* 6). Without this reinserted comma, which is present in the French, it may appear that Fanon is saying that in the zone of nonbeing there is an absence of possibility. Contrary to the English, which continues, “[i]n most cases the black man cannot take advantage of this descent into a veritable hell” (*Black Skin* xii), the French actually

scenario, recognition is not assumed, and therefore the struggle to achieve it must take alternative forms. It is therefore in fact from this zone of nonbeing—and not recognition in its conventional forms—that new possibilities can emerge (*peut prendre naissance*).

Indeed, alternatives to this situation include a sustained interrogation of the concept of the human itself, which is at the heart of Fanon's work. Although it remains politically important to make claims for recognition, the key is not to view those claims as truly enacting the transformation of the system that is required to make lasting change. It is essential to take an honest inventory of our sometimes hidden or inadvertent commitments to normative structures, which Fanon does from his very first published work through to his last.

ETHNOGRAPHY AS NARRATIVE

In his emphasis on the larger societal forces that impact subject formation, as well as his gesture towards institutional narratives that ensnare society's most marginalized subjects, Fanon stands as a precursor to contemporary ethnographers who focus on the clinical experiences of black subjects in the U.S. and the Global South, like Farmer and Mattingly. In their respective ethnographies of illness, Farmer and Mattingly turn to narratives of embodied experience to highlight the problems and potentialities of the clinical encounter, yet they each do so to advance different goals.

In *Pathologies of Power*, doctor, activist, and medical anthropologist Paul

reads "*Dans la majorité des cas, le Noir n'a pas le bénéfice de réaliser cette descente aux véritables Enfers*" (*Peau noire* 6), which is to say that he is unable to even make the descent in the first place.

Farmer positions his work within a larger conversation about the rights of human beings across culture, politics, and the poverty line. Focusing on health care disparities in Haiti and Latin America, Farmer understands structural violence as “a broad rubric that includes a host of offensives against human dignity; extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly [sic] human rights abuses” (Farmer 8). Farmer’s ambivalence about grounding his discussion of structural violence in the narratives of his patients gestures towards his acknowledgment of his own position of power as a white physician serving people of color and as a Harvard-trained anthropologist working in the Third World, an awareness that is in line with Behar’s discussion of the vulnerable observer.

My interest in Farmer derives from his attention to the “axes of oppression” that facilitate structural violence. Not only is this formulation reminiscent of the colonial matrix of power central to decolonial analysis; it also informs the selection of narratives of embodied suffering he shares, such as those of Acéphie Joseph and Chouchou Louis, both of whom suffer violence, brutality, and ultimately death in the wake of the political and economic upheavals of Haiti’s post-Duvalier era (Farmer 4). Farmer’s attention to these structural elements also echoes Fanon’s emphasis on colonial violence as an overarching system that determines the roles inhabited by individuals. As a fellow physician-ethnographer, Farmer shares Fanon’s doubled relationship with the subjects whose narratives he records because they are also the patients he strives to heal.

Where Farmer focuses on the complex issues surrounding structural failures and successes in providing care to society’s most vulnerable populations, in *The Paradox of Hope* Cheryl Mattingly homes in on interpersonal exchanges and how

they contribute to a patient's experience of healing. In her multi-year study of African-American parents of chronically ill children and the clinicians who care for them, Mattingly elaborates a "narrative phenomenology of practice" that simultaneously "recognizes the macro structural dimensions of our social existence, [while foregrounding] the personal, intimate, singular, and eventful qualities of social life" (Mattingly 7). Like Fanon, who sees recognition of the narratives we inhabit as the first key step towards liberation, Mattingly gestures towards the possibility of change at the level of everyday interactions. In a sense, Farmer and Mattingly approach the problem of healing from opposite perspectives, structural versus individual. However, as my analysis will show, both ethnographers leave open a window for a Fanonian perspective that would serve to bridge the gap between the society and the individual by embracing sociogeny, which, as Maldonado-Torres summarizes, "is an approach that aims to elucidate the social structure in light of individual choices, and individual choices in light of the options offered by the structure" ("Rousseau and Fanon" 127).

FANON'S ETHNOGRAPHIC CHALLENGE TO COLONIALISM

I will now turn to Fanon's *Les damnés de la terre* in order to lay the groundwork for a discussion of the ways in which Farmer and Mattingly self-reflectively engage in their ethnographic work, as well as the implications of instrumentalizing patient narratives in the service of gaining recognition. Fanon's clinical case studies highlight the fact that decolonization must necessarily take place at the quotidian level. The day-to-day, as these case studies demonstrate, is anchored in the narratives we tell and are told about ourselves. Taking back normative narratives, then, constitutes a form of violent but necessary

decolonization that serves to address the wounds of coloniality. These wounds, as I have explored in earlier chapters, run much deeper than the flesh.

As part of the “thorough challenge” that must be brought against colonialism (*Wretched 2*), Fanon’s chapter “*Guerre coloniale et troubles mentaux*” (“Colonial War and Mental Disorders”) serves to clarify the connection between Fanon’s first work, *Peau noire, masques blancs*, which centers on the Antillean repercussions of French colonization, and his discussion of French colonialism as experienced in Algeria in *Les damnés de la terre*. Despite the demographic differences between the two populations (black Martinican vs. Algerian Muslim), the effects of colonial othering remain similar enough at the psychological level that, according to Fanon, he is able to generalize his claims regarding the colonial situation. In this way Fanon unifies his oeuvre, both in terms of his critique against colonialism as well as through his unique position as a psychiatrist treating the mental disorders of the subjects of colonialism. As such, a very literal sense of healing comes back to the forefront, a perspective that remains underexplored and underdeveloped in current studies of Fanon.¹⁰⁶

The narrative case studies of “Colonial War and Mental Disorders” provide a surprisingly ethnographic perspective on the ways in which both colonizer and colonized suffer from the pathologies inflicted by colonialism. Recognizing the jarring effect of encountering these case studies in the midst of what had thus far

¹⁰⁶ As alluded to earlier, the most recent notable entry in this regard is Richard Keller’s “Frantz Fanon, Biography, and the History of Colonial Medicine,” in which Keller, a historian of colonial medicine, argues that his fellow historians would do well to incorporate Fanon’s case studies into their research. Keller’s is one of few academic considerations of Fanon’s role as a physician, and as a survey-style review article, its goal is primarily to highlight the mostly autobiographical literature on Fanon that would be of interest to Keller’s particular audience of medical historians.

seemed a straight-forward political tract, Fanon acknowledges that “Perhaps the reader will find these notes on psychiatry out of place or untimely in a book like this. There is absolutely nothing we can do about that” (*Wretched* 181). Of course, what Fanon highlights here is the absolute need to discuss the psychological effects of colonialism when working toward decolonization, for as he writes, the “seeds of decay” sown by imperialism “must be mercilessly rooted out from our land *and from our minds*” (*Wretched* 181, emphasis added).

In his carefully curated selection of patient pathologies—a standard of the case study genre—Fanon allows his examples to make concrete for the reader the very real wounds wrought by colonialism. These case studies complicate notions of health and illness by shedding light on the way that healing takes on particular meanings in light of colonization and during war. Presented without comment or additional explanation, Fanon allows his patients to speak on their own behalf; their words are presented without comment or additional explanation. Fanon’s juxtaposition of manifesto-like chapters and these case studies forms a strategic part of his overall argument against colonization. As in *Peau noire, masques blancs*, where Fanon emphasizes how the dehumanizing effects of colonialism grip both sides of the colonial structure, here he includes case studies from both Algerians and Europeans to illustrate the way the pathological impulse of colonialism does not discriminate. Significantly, Fanon’s word choice serves as a political statement, for in referring to the native population as *algérien* (Algerian) rather than *indigène* (native or indigenous), and the French-descendant officers as *européen* (European),

he reaffirms his position vis-à-vis France as a colonizing force and the Muslim population as citizens of the invaded nation.¹⁰⁷

Over a dozen case studies are included in the chapter, but there are two that are most revealing of the horrors of colonialism. The first involves two Algerian boys, ages thirteen and fourteen, who kill their European schoolmate “because the Europeans want to kill all the Arabs” (*Wretched* 199).¹⁰⁸ The second is that of a French officer who is so entrenched in his own perspective as a colonial agent that he cannot openly acknowledge the relationship between his torturing of Algerian prisoners and the domestic violence that he inflicts at home.¹⁰⁹ Although both examples clearly highlight the inability of one group (whether occupier or occupied) to recognize the humanity of its other, what is more interesting is the way that Fanon himself presents these instances of violence without seeking to have *his readers* recognize a particular version of human morality in the subjects he observes (who are also the patients he treats). Instead, rather than overtly demonize or victimize either party, Fanon allows these case studies to illuminate the incredible

¹⁰⁷ Thank you to Richard Serrano for drawing my attention to the significance of Fanon’s choice of words.

¹⁰⁸ This is Case no. 1 in “Series B” in which “we have collected cases or groups of cases where the triggering factor is first and foremost the atmosphere of outright war that reigns in Algeria” (Fanon, *Wretched* 198).

¹⁰⁹ This case, no. 5 in “Series A” which involve “Algerians or Europeans who had clearly defined symptoms of severe reactive disorders” (Fanon, *Wretched* 184), is preceded by a similar case in which a European officer blames Algerian citizens for their own torture. As the officer declares, “Sometimes... you feel like telling them that if they had any consideration for us, they’d cough up and not force us to spend hours on end squeezing the information out of them word by word” (*Wretched* 195). Toward the end of the case study we learn that this same officer suffered a panic attack upon running into an Algerian he had tortured, who was then being treated for post-traumatic stress disorder at the same hospital. The nearly seamless juxtaposition of these cases results in a blending of the two stories that emphasizes their continuity.

violence promoted by the colonial system. In this sense, the recognition these case studies seek to occasion is that of the wound-inflicting system, not of individuals.

In recounting the case of two Algerian boys who kill their European friend, Fanon proves a skillful storyteller as he chooses to simply let the silences in the boys' explanations speak for themselves, thereby illuminating the pathological relations incited by colonization—even among children. When Fanon asks the fourteen-year-old in the pair why he killed his playmate, the boy poses his own set of questions instead of providing a direct answer, questions that echo in the ears of Fanon's readers in light of his condemnation of colonialism. The boy asks Fanon whether he has ever seen a European in prison, arrested for the murder of an Algerian, which Fanon admits he has not. The boy persists:

“And yet there are Algerians killed every day, aren't there?”

“Yes.”

“So why are there only Algerians in prison? How do you explain that?” (*Wretched* 200)

The case study reads like a transcript of an interview or a telephone conversation, and Fanon's brief responses combine the psychiatrist's necessary detachment with a stunned interlocutor's loss for words. Whenever Fanon continues to pursue an answer, the boy provides concrete but indirect details that shed light on the logic of reciprocal violence he has internalized. After the boy tells Fanon that two members of his family were murdered by the French militia, Fanon attempts to reason with him saying, “you are a child and the things that you are doing are for grown-ups,” to which the boy ultimately concludes, “But [the French] kill children too.... That's all there is to it” (*Wretched* 201). Here the boy actually says “*Voilà*” (Fanon, *Damnés* 196), which in English scarcely requires translation. The absence of analysis after this case study speaks volumes; Fanon simply moves on to the next case, as if to

confirm that there really is nothing left to say. Just as in *Peau noire, masques blancs*, where the words “*Tiens, un nègre!*” come from a white child who serves as the mouthpiece for the corrupted innocence and intergenerational transmission of systemic racism and oppression, here it is through the actions of “*jeunes Algériens*” (Algerian youth) that Fanon highlights the pathological violence that is normalized by coloniality (*Damnés* 194). These are the lessons being passed down to the next generation: kill and be killed.

In the second case, although the French officer, who notably referred himself to psychiatric care as opposed to being ordered to attend, clearly “realized that ‘something was wrong’” (Fanon, *Wretched* 196), he is nevertheless unable to verbalize the fact that torturing others has changed him. “Doctor,” he says, “tell me why as soon as someone confronts me, I feel like hitting him. *Even outside work* I feel like punching the guy who gets in my way. For nothing at all,” as if to emphasize the normalcy of his violent work (Fanon, *Wretched* 197, emphasis added). One night he turns his rage on his wife, who complained of his being too hard on the children, and his response is to tie her to a chair and beat her; the cries of his children alone kept him from going further than he already had. When Fanon asks the officer how torturing makes him feel, he tells of how exhausting it is for him and details the process of determining whether and how long to beat the prisoner. The officer ends his account by abruptly returning to “this business with my wife. I must have a screw loose somewhere. You’ve got to straighten me out, doctor” (Fanon, *Wretched* 198). Here, Fanon makes abundantly clear the connection the reader has already made: “This man knew perfectly well that all his problems stemmed directly from the type of work conducted in the interrogation rooms, though he tried to blame everything on ‘the troubles’” (*Wretched* 198), which the officer himself had

perceptively already labeled—against his commanding officers—the “war in Algeria” (*Wretched* 197).¹¹⁰ The officer, however, had no intention of leaving his post and so sought help in continuing his role as a torturer. As Fanon notes in a revealing footnote at the end of this case study, this is but a sign of “the existence of a coherent system that leaves nothing intact. The torturer who loves birds or quietly enjoys a symphony or a sonata is simply one stage. The next stage is nothing more than radical and absolute sadism” (*Wretched* n.p., footnote 25).

A non-Algerian *colonisé*, Fanon embodies the colonial administration as well as the experience of the oppressed.¹¹¹ This complicated existence, as well as his access to patients from both sides of the conflict, is what ultimately pushes Fanon to resign his position as medical chief of the psychiatric hospital in Algeria as he is forced to grapple with the colonial state’s purposes for “healing” and his own. Elsewhere Fanon notes the widespread use of “truth serum” by French doctors to torture Algerian prisoners in order to extract information, thereby linking the role of the colonial doctor to that of state surveillance.¹¹² In the case of the French officer, for example, Fanon’s goals in providing treatment are clearly at odds with that of the colonial administration: where Fanon seeks an end to colonialism, the officer seeks to enable a return to the violent work of brutalizing the colonized without damaging his personal relationships. As Fanon-the-doctor recounts, “he asked me in plain language to help him torture Algerian patriots without having a guilty

¹¹⁰ The officer, complaining about the increasing number of hours of torture he is tasked to perform, says, “Those guys in the government say there’s no war in Algeria and the police force must restore law and order, but there is a war in Algeria, and when they realize it, it’ll be too late” (Fanon, *Wretched* 197).

¹¹¹ Martinique was a French colony until 1946, when it became a department of France.

¹¹² For more on the use of truth serum, see Fanon, “Medicine and Colonialism” 137.

conscience, without any behavioral problems, and with a total peace of mind” (*Wretched* 199). Reading these case studies together thus allows us to move beyond vilifying the individuals on either side of the colonizer/colonized dichotomy, and instead turn our attention to the systemic, sociogenic transformation needed. This is not to say that the colonizers are exonerated from their violence, but these case studies enable readers to better understand how structures of power shape human behavior.

What becomes clear for Fanon as well as for his readers is that the state sanctioned goals for healing those wounded by coloniality prove limited, if not outright unethical. Unable and unwilling to acknowledge the role of colonization in producing mental and physical illnesses, colonial doctors are rendered incapable of providing true and lasting rehabilitation of either side of the colonizer/colonized dichotomy. Healing as conventionally understood, then, is not enough. As Fanon argues, only liberation from oppression can offer true healing. “*La période d’oppression est douloureuse*” (*Damnés* 215); the period of oppression is painful,

but the liberation struggle’s rehabilitation of man fosters a process of reintegration that is extremely productive and decisive. The victorious combat of a people is not just the crowning triumph of their rights. *It procures them substance, coherence, and homogeneity.* For colonialism has not simply depersonalized the colonized. The very structure of society has been depersonalized on a collective level. (*Wretched* 219-220, emphasis added) ¹¹³

¹¹³ The French reads, “La période d’oppression est douloureuse, mais le combat, en réhabilitant l’homme opprimé développe un processus de réintégration qui est extrêmement fécond et décisif. Le combat victorieux d’un peuple ne consacre pas uniquement le triomphe de ses droits. Il procure à ce peuple densité, cohérence et homogénéité. Car le colonialisme n’a pas fait que dépersonnaliser le colonisé. Cette dépersonnalisation est ressentie également sur le plan collectif au niveau des structures sociales. Le peuple colonisé se trouve alors réduit à un ensemble d’individus qui ne tirent leur fondement que de la présence du colonisateur” (Fanon, *Damnés* 215).

In this way, Fanon's case studies do not ask the reader to recognize the humanity of the colonized or the colonizers, but rather, their shared recourse to and rationalization of violence within the colonial system. It is the system that is on display as the common enemy. As Fanon concludes, "We now know perfectly well that there is no need to be wounded by a bullet to suffer from the effects of war in body and soul" (*Wretched* 217).¹¹⁴ Overcoming these wounds requires a new narrative of humanity.

FARMER'S CALL TO WITNESSING IN MEDICINE

Early in *Pathologies of Power: Health, Human Rights, and the New War on the Poor*, doctor, activist, and medical anthropologist Paul Farmer expresses his ambivalence toward grounding his discussion of structural violence in the narratives of his patients, an attitude that in many ways contrasts with Fanon's willingness to let his patients' narratives speak for themselves. Farmer is best known for his humanitarian work as co-founder of the international social justice and health non-profit Partners in Health, whose "mission is to provide a preferential option for the poor in healthcare" ("Our Mission"). He is a familiar figure within medicine and global public health circles, as he holds a medical degree as well as a doctorate in medical anthropology, and is currently a professor of global health and social medicine at Harvard University. For Farmer, the key culprits robbing his patients of their dignity and self-worth are the global, economic structures that ensure that people who are most marginalized remain so. Like Fanon, Farmer sees a connection

¹¹⁴ Here the French reads, "Actuellement, on sait parfaitement qu'il n'est pas besoin d'être blessé par balle pour souffrir dans son corps comme dans son cerveau de l'existence de la guerre" (Fanon, *Damnés* 212).

between health and social justice and strives to promote equal access to quality care. He seeks to do this through transforming the field of medicine itself by infusing it with a concern for the poor, which is not always a top priority in a field Farmer argues is more preoccupied with cost-effectiveness and sustainability (Farmer 18). Farmer's efforts to transform medicine, however, are undermined by his repeated emphasis on human dignity and human rights. Farmer never fully interrogates these terms, which mitigates the transformative power of his analysis. As such, although the narratives of lived experience he dwells on serve the larger purpose of shedding a human light on the larger and, in effect, invisible structures of power, Farmer seems unaware of the need to question the very notion of the human itself.

What Farmer does seek in writing his book is to "advance... the struggle for social and economic rights, an agenda suited to public health and medicine and whose central contributions to future progress in human rights are linked to the equitable distribution of the fruits of scientific advancement" (Farmer 18). He is most concerned with engaging discussions of human rights and social justice from a health perspective. He envisions his work as a "contribution to a critical anthropology of structural violence" (Farmer 19), and as such focuses on the systemic limitations to human agency imposed from above in Haiti. Indeed, in a move reminiscent of Fanon's sociogeny, he "suggests that a broad biosocial approach" grounded in case studies "permits a critical reassessment of conventional views on human rights" by linking the "detailed case histories of individuals to broader analyses of health and human rights" (Farmer 18-19). The very title of his book, he notes, draws our attention to "the pathogenic role of inequity" (Farmer 20).

In order to bring these ideas to life, he shares the stories of Acéphie Joseph and Chouchou Louis, both of whom were doomed to suffer at the hands of the larger

structures of power. As he writes, both Acéphie and Chouchou were, “from the outset, victims of structural violence,” a term that highlights the way “suffering is ‘structured’ by historically given (and often economically driven) processes and forces that conspire—whether through routine, ritual, or, as is more often the case, the hard surfaces of life—to constrain agency” (Farmer 40). Indeed, both stories illuminate the “axes of oppression,” and Farmer emphasizes that the “*simultaneous* consideration of various social ‘axes’ is imperative in efforts to discern a political economy of brutality” (Farmer 46, 42, italics in original).

Rather than focus on the details of these stories, I want to consider Farmer’s intention in chronicling these narratives. Acéphie died of AIDS in 1991, and as Farmer writes, “her illness... was merely the latest in a string of tragedies that she and her parents readily linked together in a long chain of lamentation, by now familiar to those who tend the region’s sick” (Farmer 32). This chain of suffering includes leaving school early to help her family grow and sell produce on their small farm, and engaging in a number of precarious relationships with men who she felt would give her the stability that being a single woman in Haiti would never afford her. Chouchou’s story is one of brutal violence suffered at the hand of *duvaliéristes* who overhear him make an untimely political joke about the change in regime, which ultimately leads to his death. By elaborating on the political landscape that precipitates Chouchou’s death—years of U.S.-backed dictatorship followed by the ousting of Haiti’s democratically elected president and the military junta that followed—Farmer seeks to shed light on the historical elements that almost guarantee this deadly outcome.

Where Fanon might have allowed these stories to speak for themselves, Farmer explains that he shares these stories at the risk of having them fall on

insensitive ears because he believes they illuminate the interconnectedness of the political, economic, racial, and gendered components of the everyday lives of the oppressed. In recognizing the power of letting those outside of these spaces know what he has seen with his own eyes and that his patients have lived through their own bodies, Farmer seeks to get to the heart of the questions raised by anthropologists and socially-conscious individuals at large: “By what mechanisms, precisely, do social forces ranging from poverty to racism become embodied as individual experience?” (Farmer 30). How does the larger matrix permeate society such that individuals with families and networks of their own suffer the consequences at the local, embodied level? In this sense, the biographical details Farmer shares serve to make visible those larger structures and sound a call for institutions that will work to shift the balance of power on a larger scale. Demonstrating his attention to narrative, language, and theoretical discourse, Farmer writes that “‘Bearing witness,’ like ‘solidarity’ and ‘compassion,’ is a term worth rehabilitating” (Farmer 27-28), and it is by sharing patient narratives that he seeks to repurpose witnessing and shed light on the lives and deaths of those he serves.

Sharing these stories of suffering is indeed in line with Behar’s call for anthropologists to write vulnerably, although Farmer goes one step further by providing a theoretical context for understanding these narratives from an interdisciplinary perspective. Farmer’s literary sensibilities are on display throughout the text, which he peppers with epigraphs from Brecht and Eduardo Galeano, and as he turns toward a more theoretical discussion in Part II of *Pathologies of Power*, he emphasizes the need to bring an interdisciplinary lens to the discussion. Here, he focuses on the ways that the field of medicine would benefit

from an emphasis on social justice. His support for the “preferential treatment for the poor” as a “moral compass for future action” (Farmer 138), which he borrows from liberation theology, highlights Farmer’s attempt to reinvigorate medicine by introducing concepts from other fields, a promising move given his aims at transforming it. A decolonial perspective proves synergistic with Farmer’s efforts, for at the heart of the decolonial attitude, which “gives a preferential option for the condemned of the earth” is the goal of “tak[ing] centrally the questions, concerns, and proposals for de-colonization that emerge in the underside of the modern world” (Maldonado-Torres, *Against War* 246).

This desire to expose structural violence is at the heart of Farmer’s ambivalence regarding his use of narrative—his activist goals are central to his work, and as such he is unsure as to whether he has a right to disclose the “second silence” of his patients, that which he has learned about his subjects by going beyond the surface understanding of their pain and truly sharing in their suffering through compassion and solidarity (Farmer 27). It is because he cares *about* in addition to caring *for* these individuals that he feels unsure about whether or not to write about them. After living and working in Haiti for many years, Farmer, like Fanon, acknowledges his inability to remain objective, for in sharing the intimacy of the doctor-patient relationship and coming up against the limits of what he is able to do for those he cares for, he has only become more convinced of the social injustices heaped upon the poor (Farmer 31).¹¹⁵

¹¹⁵ A notable difference, however, between Farmer and Fanon is that while *Black Skin, White Masks* was originally intended for but rejected as his medical thesis, Farmer was encouraged to draw this connection between medicine and human rights, as the highly-regarded medical anthropologist “Arthur Kleinman encouraged this work on human rights when many department chairs would have ruled it out of order” (Farmer xx).

MATTINGLY AND THE BORDERLAND OF THE CLINIC

Where Farmer focuses on the complex issues surrounding structural failures and successes in providing care to society's most vulnerable populations, medical anthropologist Cheryl Mattingly homes in on interpersonal exchanges and how they contribute to a patient's experience of healing. In her 2010 study *The Paradox of Hope: Journeys through a Clinical Borderland*, Mattingly analyzes the dynamic interactions between the African American parents of chronically ill children and the predominantly white clinicians who care for them. While she acknowledges Fanon as a potentially productive interlocutor—indeed she cites *Wretched of the Earth*—she tends towards emphasizing his insights into the lived experience of the black subject rather than engaging and challenging his phenomenological and theoretical contributions, thereby opening up an important space for my intervention, which seeks to correct the tendency in theory to look to black experience as evidence to be interpreted, rather than building on the interpretive work that comes from “below.” To be fair, Mattingly explains at the start of the book that she will not dwell on theory because her chosen audience is comprised of readers beyond the academy. However, as I argue throughout this work, Fanon's theoretical contributions are also, and perhaps even especially, valuable to this very same audience.

Mattingly looks to moments of potential change in what she calls the “borderland of the clinic” as she observes the everyday dramas that unfold therein. Her practice of narrative phenomenology highlights the way doctors and patients come together as actors in stories that produce effects in the world by envisioning the clinical encounter as situated within the dynamic “borderland” of the urban

hospital. Here members of opposite ends of the power structure meet on and around the especially charged “border territory” of the body itself (Mattingly 12). Of note, although the goal of Mattingly’s project is to transform the clinical encounter, she leaves the question of how to transform the larger structure of medicine aside. Doctors, as her ethnography shows, remain the gatekeepers of health care, therapeutic drugs, and other services, and it remains in the hands of the patient to learn how to navigate the system to his or her advantage. In this sense, Mattingly’s ethnography records much of her subjects’ DuBoisian “second sight,” for in reading their narratives we learn about the way the medical establishment mislabels and misrecognizes African American patients as drug seekers and malingerers. Thus, her text continues to engage in a struggle for the recognition of black subjects as equally entitled to respect and care from the medical establishment, rather than offering a true call to revolutionary, structural change.

For Mattingly the “hospital itself becomes a liminal site, an ‘in-between’ space” (Mattingly 75). While her emphasis on the clinic as a borderland is useful, given the racial dimensions of her study, it is surprising that she does not invoke Gloria Anzaldúa, specifically her theorization and lived experience of the “*herida abierta*” in her study of borderlands. Anzaldúa’s open wound represents both literal, geopolitical boundaries as well as the ideological limits that impose binary understandings of gender orientation, biological sex, and socially constructed racial configurations, among other categories of oppression, which limit and silence those who fail to conform (Anzaldúa 25). Like Mattingly, Anzaldúa recognizes the possibility of change and newness in this space. Even as Anzaldúa acknowledges that “[b]orders are set up to define the places that are safe and unsafe, to distinguish *us* from *them*,” it is also “a vague and undetermined place created by the emotional

residue of an unnatural boundary. [The border] is in a constant state of transition” rather than stagnation, and this fluid state encourages us to embrace ambiguity (Anzaldúa 25, italics in original). Indeed, following Fanon, decolonial feminist theorist Sylvia Wynter highlights the racialized body as, to borrow Mattingly’s usage of the term, a particularly fraught kind of border territory, caught between society’s zones of being and non-being (Wynter, “Sociogenic Principle” 54). As Wynter explains, the sociogenic principle is in effect the “culturally prescribed sense of self” that is enacted by a society’s institutions and its “coercive semantic technology” which transforms the “genetic-instinctual self” into a socially conditioned self (“Sociogenic Principle” 48). That this culturally constructed sense of the self is inherently at odds with the subject’s embodied self makes the need for narratives that come from this border perspective all the more necessary.

Having identified this liminal space, Mattingly turns to developing her method of narrative phenomenology, which allows her to present the clinical encounter as a “dramatistic” space in which moments of agency are possible (Mattingly 41). As an ethnographic methodology, a main contribution of narrative phenomenology is the reintroduction of lived experience into the “practice theory” derived from Foucault and Bourdieu, both of whom “have offered ways to consider the body’s subjectivity as *subjugation*” at the expense of denying individual agency (Mattingly 38).¹¹⁶ In relation to Farmer and Fanon this is a particularly notable point of difference, since both Farmer and Fanon write from a position that

¹¹⁶ As Mattingly explains, “practice theory” studies are linked to post-structuralism and focus on the link between social practices and structures of power. Specifically, “[a] primary question has concerned how everyday praxis leads to the perpetuation of social structures that not only are hierarchical but reproduce vast systems of immense political, cultural, and economic inequalities” (Mattingly 38).

emphasizes the effects of larger structures (in particular global capitalism) on the bodies of the marginalized ill. Mattingly, in contrast, seeks to highlight agency at the level of the individual. For her, “reality needs to be exposed as a space of possibility and not only imprisonment or structural reproduction” (Mattingly 39), and by approaching the stories of her subjects as always in-transit and in-the-making rather than final and definitive, she allows the subjects of her ethnography the ability to project their hopes into the future.¹¹⁷

Mattingly’s insistence on differentiating her notion of “narrative” from the kind that is fixed in written texts moves her work away from the realm of Cartesian dualism within which biomedicine typically functions, for in viewing storytelling as an ongoing and embodied practice she negates the sense that stories serve as retroactive and definitive (and in any way externalized) reports on past events. As she writes,

stories offer a picture of life as “subjunctive.” Stories tell us about life in what is inevitably *in the middle*, about an unfolding present that is always situated between past and future. The in-the-middle-ness of lived experience takes on an existential primacy in stories. (Mattingly 53, italics in original)

This “in between-ness” of narrative extends to the primary storytellers in Mattingly’s ethnography—specifically, the parents who use stories as a means of reflection as they engage with their own “liminal perspective” within the medical encounter (Mattingly 53).

In Mattingly’s view, as in Fanon’s, if individuals can recognize the narratives in which they are playing a designated role, they can learn to be agents of change. One key question that arises from Mattingly’s optimism in these situations is

¹¹⁷ This is not to say that Fanon and Farmer view structure as imprisoning, and indeed, Mattingly does not engage either figure in her work.

whether her subjects' ability to learn how to become agents of change has anything to do with the fact that they live and encounter the health care system in the United States where, in contrast to the Haiti presented by Farmer, firmly situated health care institutions exist. As Mattingly describes the situation, it seems to be more about learning to navigate the system—as well as the particular, human interactions that take place within it—than about creating one from the ground up. In large part, then, her study offers suggestion for how to “work” the current system by understanding much more precisely the ways in which actors in positions of power—such as doctors and social workers—perceive those in need of their attention, than in helping doctor's understand their patients.

That Mattingly refers to Fanon's own attention to his objectification by the colonial gaze points to her understanding of the racialized elements of the medical encounters she observes and analyzes. However, because she chooses not to push her references to Fanon to their full potential, it is worth pausing over these moments in order to explore what Mattingly sees in Fanon's writings that speak to her work, as well as how much more connected they are than they appear.

In the first reference, Mattingly points to Fanon's *The Wretched of the Earth*, specifically Fanon's remarks on the way the colonized subject views the doctor as identical to the colonial administrator, insofar as both are representatives of colonial power and work together to “transform the native into the colonized, [and] self-determining people into colonial or racially marginalized subjects” (Fanon cited in Mattingly 92-93). While she highlights his writing here in order to elaborate on the way medicine constructs a black identity that has been deemed other, Mattingly does not discuss her subjects' internalization of the medical gaze. Instead, she launches into a discussion of how they have become fearful and distrusting of

medicine, which is not really what Fanon argues in the passage cited. Where Mattingly perceives mistrust of a particular field, Fanon sees an accurate assessment of the role of colonial medicine, for it is indeed, in his view, an extension of the oppressive regime in its support for the status quo. This is not to say that Mattingly does not recognize the structural elements of this problem of mistrust. Rather, what I highlight here is her choice to focus on the way individual interactions between doctors and patients are influenced by larger structures, whereas Fanon emphatically seeks to expose structural oppression itself.

In her second reference to Fanon, Mattingly recalls how Andrena, one of the parents in her ethnography, whose daughter battles an incurable brain tumor, demonstrates a deep awareness of the racial dynamics at play in the medical encounter during an especially tense visit to the Emergency Room. Because Andrena's daughter does not exhibit any obvious symptoms that would indicate that she is in need of emergency care, the doctor who treats her is unable to place her within her narrative expectations of the ER scenario. Andrena, however, insists that more be done. When the doctor leaves and closes the door of her office—a door that, as Andrena notes “all that time... was open” (Mattingly 107)—Andrena understands that a social worker has been sent to “deal with” her, and the doctor, Mattingly notes “is represented as not only hostile but fearful of Andrena” (Mattingly 107). In Mattingly's assessment of the scene, “It is not difficult to imagine that an emergency room doctor could attribute Andrena's panic and refusal to accept her diagnosis (nothing is medically wrong) to a mother's precarious state, or worse, to her being an abusive parent” (Mattingly 102). As she concludes, “Andrena's account communicates her own double bind. If she is to try to get care for her daughter, she is forced to act in such a way that she appears to the (mostly white,

overwhelmingly middle class) doctors as a menacing person” (107-108). Mattingly then refers to the beginning of Fanon’s phenomenological encounter with the white gaze in *Black Skin, White Masks*, when he is interpellated by the call “Look! A Negro!” Here, she draws on Fanon simply in order to highlight the fear occasioned in the white subject by the black, but does not analyze the difference contexts (an anonymous, colonial, and public encounter versus a modern hospital visit) that occasion each reaction. Although the white doctor is clearly in a position of power in terms of being able to bar Andrena’s movements within the clinical space, the fact that the clinician views Andrena’s concern for her child as “menacing” highlights the way she views Andrena as dangerous, and the suggestion here is that the doctor would not have coded Andrena’s behavior as frightening and potentially violent were she white.

The fact that Mattingly has read both *Black Skin, White Masks* and *The Wretched of the Earth* but does not make the connection between her own work and Fanon’s sociogeny provides me with an opportunity to build upon the important and valuable work that Fanon develops to heal colonial wounds. In this sense, Fanon’s experience is placed alongside Andrena’s as part of a catalogue of racially charged encounters, which does not do justice to Fanon’s theoretical labor in developing his theory of sociogeny. For as Fanon would help make clear, it is not only that Andrena is “fixed” as a “person who menaces” (just as Fanon is “fixed” as a specimen of “the black man”), as Mattingly suggests; nor is it only a “double bind” in which she finds herself. As a black woman, what Andrena experiences is her own “existence in triple,” which itself draws on Du Bois’s double consciousness, in which she is aware of how she appears as an embodied subject within the white gaze (*Black Skin* 92). That Mattingly makes no reference to double consciousness (despite referring to Du

Bois elsewhere in her text) speaks to a key point of difference between her engagement with phenomenology and Fanon's: although Mattingly acknowledges the fact that her study centers on the lived experiences of African American families, she resists making her considerations of race central to her study.

As she explains, although her aim is to "paint portraits that are reflective of the personal and social histories in which people live," Mattingly does not "intend this work to be some kind of definitive race story, or a book that speaks only or uniquely about the experiences of African Americans" (Mattingly 7). Where in his own work Fanon takes Sartre to task for not understanding that "the black man suffers in his body quite differently from the white man" (*Black Skin* 116), Mattingly generalizes her method of narrative phenomenology across the clinical encounter to include both sides of the examination room. While this effort to open up the applicability of Andrena's narrative to others is valuable, the speed with which Mattingly generalizes Andrena's experience provides an opportunity for my work to more fully articulate the specificities of black lived experience. This is not to say that a Fanonian ethnographic project would produce findings irrelevant to a diverse audience; however, it would nevertheless be necessary for such an account to center on the liminal experience of the racialized other.

Mattingly's choice not to center her study on the racial dimensions of the encounter inadvertently points towards an element she shares with Farmer: her position as a white ethnographer observing black subjects. That both she and Farmer are so careful regarding how to write about and represent their subjects helps them avoid exoticizing the individuals in their respective ethnographies. However, their shared insistence on making racialization one of *many* factors under consideration marks their projects as fundamentally different from Fanon's. Indeed,

one of the primary critiques of *Black Skin, White Masks* is Fanon's commentary on gender, which, although an admittedly troubling aspect of his work, serves to demonstrate the centrality of race to his work, even if at the expense of other equally important categories of difference. Therefore, just as a feminist perspective would serve to strengthen Fanon's work, a more Fanonian engagement with narrative phenomenology would home in more closely on the lived experience of blackness, including the ways the legacies of slavery and colonialism constitute a central point of departure within the medical encounter.¹¹⁸ Nevertheless, Mattingly's focus on intersubjective lived experience makes her approach useful to a project interested in the healing power of narrative, for as she remarks early on, her book "concerns the immense and complex work that parents, and sometimes children, do to create healing dramas in the midst of disability and serious illness in their own lives and bring these to the clinic" (Mattingly 18). In her attention to those ephemeral moments of possibility, she provides narrative tools that enable a closer analysis of the individual actions that provide opportunities for the kind of shared compassion and solidarity for which both Farmer and Fanon advocate on a structural level.

FANON'S NEW NARRATIVE OF THE HUMAN

Despite the many differences in the projects they pursue, as Fanon, Farmer, and Mattingly ultimately all demonstrate, to understand narrative is to create the potential for individuals to make choices about the roles they play, whether within those narratives or as witnesses to the same. It is here, at the individual's point of

¹¹⁸ Of note, Mattingly does acknowledge that the group she is investigating "continues to bear the mark of its colonial history, [is] still subject to racial stigma, political violence, and economic suppression" (41), so it may be that because her project is about "hope" she prefers to veer more towards the universal desire for it.

contact, that Fanon experiences the most injury, and yet it is also where Fanon seeks to achieve self-fulfillment. As he poignantly writes in his first work, “I wanted simply to be a man among men. I would have liked to enter our world young and sleek, a world we could build together” (Fanon, *Black Skin* 92). Fanon’s desire to co-create a new world and a new human propels his work and makes him a clear precursor for both Farmer and Mattingly in their own efforts to transform the medical encounter. As all three figures model for us, by looking more closely at embodied forms of narrative across genre and discipline we will be able to form a deeper understanding of those moments where hope for that new world are possible.

In the final words in *Black Skin, White Masks*, with which I began this project, Fanon calls for a move beyond superiority and inferiority complexes, towards a realm in which mutual understanding and discovery can take place and which requires a shift in perspective as scholars approach narratives of suffering and illness. As Fanon asks,

Superiority? Inferiority?
 Why not simply try to touch the other, feel the other, discover each other?
 Was my freedom not given me to build the world of you, man? (*Black Skin* 206)

This concern for the other reminds us that part of what makes Fanon’s work so compelling is precisely that this two-sided exploration is, as Sylvia Wynter writes, “carried out from the liminal perspective of what it is like to be both *Man*...and its...Other; to be both the embodiment of the western bourgeois criterion of what it is to be a good man... and its anti-criterion” (“Sociogenic Principle” 58).

Indeed, in the final pages of *The Wretched of the Earth* Fanon implores us to “reexamine the question of man” (*Wretched* 237). As he writes, “Let us decide not to imitate Europe and let us tense our muscles and our brains in a new direction. Let us endeavor to invent a man in full, something which Europe has been incapable of

achieving” (Fanon, *Wretched* 236). “Let us reexamine the question of cerebral reality,” he continues, “the brain mass of humanity in its entirety whose affinities must be increased, whose connections must be diversified and whose communications must be humanized again” (*Wretched* 237-238).¹¹⁹ In emphasizing the body and brain, Fanon asks us to rethink recognition, specifically its emphasis on cognition and the requirement to attain recognition from an oppressive majority, which obscures other aspects of the self-other relation, such as the co-constitutive nature of intersubjectivity. In short, for Fanon,

[i]t is the very basic question of not dragging man in directions which mutilate him, of not imposing on his brain tempos that rapidly obliterate and unhinge it. The notion of catching up must not be used as a pretext to brutalize man, to tear him from himself and his inner consciousness, to break him, to kill him. (*Wretched* 238)

“No,” Fanon insists, “we do not want to catch up with anyone” (*Wretched* 238), and this new way of thinking, of breaking free from emulating European ideals, takes the form of narratives that reshape the human and go beyond previous definitions that rely upon recognition from normative structures. New ideals must be created, and in this way Fanon urges a connection between words and action, between discourse and the body.

¹¹⁹ The French reads, “Aujourd’hui, nous assistons à une stase de l’Europe. Fuyons, camarades, ce mouvement immobile où la dialectique, petit à petit, s’est muée en logique d’équilibre. Reprenons la question de l’homme. Reprenons la question de la réalité cérébrale, de la masse cérébrale de toute l’humanité dont il faut multiplier les connexions, diversifier les réseaux et réhumaniser les messages” (*Damnés* 231).

CONCLUSION | OUR QUESTIONING BODIES

Mon ultime prière :

O mon corps, fais de moi toujours un homme qui interroge!

(Fanon, *Peau noire, masques blancs* 188)¹²⁰

I conclude *Invisible Wounds* by returning to Fanon's final, haunting prayer to remain a man who questions, for it is from this questioning and question-generating form of embodiment that I argue decolonial healing can emerge. Rather than reinforce the separation of the man and his body, Fanon here urges the unity of the two as he humbly implores to his body that his investigations into the physical and mental health of those afflicted by coloniality remain grounded in lived experience. A decolonial perspective, which considers health, illness, and disability within the context of a larger set of binaries that function to mirror and reinforce limited conceptions of health and healing, is thus transformative across a broad interdisciplinary landscape that includes scholars working at the interface of literary criticism, critical race studies, disability studies, and the medical humanities.

My interest in joining the abstract and the concrete, the theoretical and the practical, has motivated my exploration of the invisible wounds of coloniality as well as my efforts to contribute to new forms of knowledge production, and by way of conclusion I bring to the fore the ways in which Fanon's questioning body serves as an ongoing impetus for transforming conceptions of health and healing from a decolonial perspective. Decolonial healing challenges modern, biological understandings of health and illness to account for the wounding legacies of slavery

¹²⁰ "O my body, always make me a man who questions!" (*Black Skin* 206)

and colonialism by working to dismantle the dualist thinking at the heart of coloniality. As I have discussed throughout this work, the colonial wound stems from the epistemic rupture enacted by the European encounter in the Americas and which resulted in the devaluing of non-Western forms of embodied knowledge. By epistemic rupture I mean the disruption of systems of knowledge that occurs when a colonizing force violently devalues and displaces the belief systems and processes of knowledge production of the colonized. As both a literal and metaphorical concept, the colonial wound highlights the pain and suffering of those oppressed by the legacy of coloniality, while also emphasizing the valuable knowledge these subjects produce by virtue and in spite of their very woundedness.

Working at the interface of literary studies, decolonial theory, and disability studies, my dissertation has sought to challenge contemporary conceptions of health, illness, and disability by engaging literature and film across a variety of genres, including fiction by Ralph Ellison, Gabriel García Márquez, Toni Morrison, and Junot Díaz, as well as ethnography by Paul Farmer and Cheryl Mattingly. I examined how U.S. and Caribbean literary narratives about illness and disability in English, Spanish, and French contribute to understanding racial formations and ameliorating colonial wounds. In this way, I aimed to develop a critical framework for understanding the ways in which a sustained encounter between critical race studies, disability studies, and the medical humanities can generate new conceptions of health and healing. I accomplished this through a reassessment of the writings of Fanon, a decolonial theorist and physician who used narrative case studies and ethnography to illuminate the imbrication of race, illness, and disability. By introducing a decolonial perspective to the study of these narratives, this project not only challenged the medical humanities and disability studies to consider the

experience of race and the effects of colonialism, but also foregrounded questions of disability and illness within the fields of race theory where they have until now received minimal scholarly attention.

The significance of the questioning body lies in its ties to the decolonial revaluation of knowledge produced “from below,” from the perspective of the marginalized, from the other, what Gloria Anzaldúa called “*los atravesados*” (25), a term that connotes incoherence and a mixed, non-binary existence, as well as those whom Fanon named *les damnés de la terre*. Where the decolonial project has consistently sought to reintroduce marginalized perspectives across the axes of race, gender, and socioeconomic class, my project suggests the inclusion of illness and disability to further complicate the embodiment of these figures. Doing so allows new questions to emerge by broadening the definition of the “body” proposing these lines of inquiry. Grounding the production of knowledge in this more capacious understanding of embodied experience is thus essential to fully considering what it means to be human. Fanon’s questioning body serves as an important model for engaging in this critical work.

Chapter one analyzed Junot Díaz’s short story “Monstro,” which centers on a fictional epidemic in Haiti that transforms the afflicted into cannibalistic zombies, darkening their skin in the process. Linking blackness, disease, and the monstrous, Díaz’s narrative enriches Fanon’s analysis of the colonial body as much as Fanon’s theorizing provides important concepts and questions to interpret Díaz’s story. This post-apocalyptic story highlights the power of society’s most marginalized individuals to transform the world, and Díaz’s joining of destruction and creation reveals the author’s willingness to challenge binary thinking. This anti-hegemonic impulse is grounded in Díaz’s engagement with writers and theorists of color, most

notably Frantz Fanon and Toni Morrison. In a revealing interview with Paula Moya about his thoughts on decolonial love, Díaz specifically highlights Fanon's final prayer in a discussion of the women authors of color who influenced his work and who sought to transform the world through their work. As he tells Moya, thinking back to

that final line in [Frantz] Fanon's *Black Skin, White Masks*: "O my body, make me always a man who questions!" I remember... suddenly realizing... that women-of-color writers were raising questions about the world, about power, about philosophy, about politics, about history, about white supremacy because of their raced, gendered, sexualized bodies; they were wielding a genius that had been cultivated *out of* their raced, gendered, sexualized subjectivities. (Moya)

In doing so, Díaz continues,

these women were not only forging in the smithies of their body-logos radical emancipatory epistemologies — the source code of our future liberation — but also they were fundamentally rewriting Fanon's final call in *Black Skin, White Masks*, transforming it into "O my body, make me always a woman who questions ... my body." (Moya)

This woman-centered transformation of Fanon's final prayer would become the "basis of [Díaz's] art" (Moya), and from this perspective Fanon's words become not only an imperative to be followed but also one to be transformed through the specificities of embodiment. Where Fanon seeks to remain a "man" who questions, the women of color authors that inspire Díaz do so precisely because they perform the dual task of creating new epistemologies that in turn transform the theories and methods that came before them. In this way, Fanon's call is infinitely malleable, for it is grounded in the particularities of lived experience across all axes of difference. Ultimately, Fanon's questioning impulse, as taken up by these authors, remains consistent with his efforts to heal the wounds of coloniality as well as his work to unify the self and society through sociogenic analysis.

Chapter two took Mark Robson's 1949 Hollywood film *Home of the Brave* as the starting point for an analysis of essays by Fanon and Ellison about the relationship between the social and the psychological to challenge the health/illness binary. If we read the film through Fanon's questioning body, the tension between the army doctor's insistence that Moss is "just like everyone else" and Moss's attempts to assert his lived experience of racism points to Fanon's call to look to the body as a source of valuable knowledge about the world that ultimately finds its revolutionary power in its ability to expose a point of view that is silenced by hegemonic thought, in this case with regards to health and healing. Unfortunately, the fact that Moss ultimately succumbs to the doctor's interpretation of events, as well as the newly-amputated soldier Mingo's understanding of Moss's blackness as commensurate with his disability, suggests the uphill battle inherent in revaluing marginalized perspectives.

Like Moss, the protagonist of Ellison's *Invisible Man* remains for a long time unable to acknowledge the valuable information his body seeks to impart about the racist world in which he lives, precisely because it contradicts the information he finds in books. The black veteran at the Golden Day attempts to highlight the discrepancy between these two forms of knowledge when he calls the protagonist a "zombie" and a "mechanical man," passionately lamenting the fact that the young man "fails to understand the simple facts of life" because "[h]e registers with his senses but short-circuits in his brain" (Ellison, *Invisible Man* 94). As Ellison asserts in a passage that bears repeating, "formal education... provides [the black man] with neither scientific description nor grounded philosophical interpretation of the profound forces that are transforming his total being" ("Harlem" 325). This transformation of being is what is required in order to enact decolonial healing.

In chapter three I compared Toni Morrison's iconic neo-slave narrative *Beloved* and Gabriel García Márquez's neglected *Of Love and Other Demons* to explore how the subversive power of decolonial love challenges racist, imperialist love to foreground black lived experience and knowledge. There, I examined the expression and meanings of pathologized love in colonial and decolonial contexts as well as the authors' efforts to resist pathologizing their characters. I argued that decolonial love challenges the mind/body dualism that remains the basis for distinguishing between the rational and the irrational, a distinction that lies at the center of the colonial difference. Thus, I read Fanon's reflections on love as an extension of his concerns with healing the colonial wound, and argued that the practice of an anti-hegemonic form of love is at the heart of the process of decolonial healing.

For both Morrison and García Márquez, new forms of love suggest different ways to heal the wounds of coloniality by working against hegemonic versions of interrelation that oppress marginalized subjects. If we take up Junot Díaz's reading of Morrison's writing as a transformed and gendered reworking of Fanon's embodied efforts to keep his inquiry grounded in the body, then Morrison's emphasis on Sethe's embodied connection to her children before, during, and after birth, along with her phenomenological relationship to her painful history as an enslaved woman signals an important contribution to embodied knowledge that addresses race and gender, perspectives that are necessary in order to promote healing across the continuum of gender and sexuality. In this vein, García Márquez's novel also offers an important gendered intervention that transforms the questioning body, for as Sierva María, who self-identifies as María Mandinga, reveals, the valuable knowledge that emerges from the body may not conform to the gendered and raced

expectations of coloniality. The girl's embodied relationship to black slave culture through her connection to African language, dance, and the black slaves who raise her may ultimately lead to her corporeal death; however, as the novel's end makes clear, her ability to live on in folklore illuminates new ways to understand life and death.

Finally, building on Fanon's clinical writings and phenomenological descriptions of the bodies of colonized subjects, chapter four examined two U.S. American ethnographies of illness centered on communities of color—medical anthropologist and physician Paul Farmer's *Pathologies of Power* and anthropologist Cheryl Mattingly's *The Paradox of Hope*. I considered these ethnographies in relation to Fanon's *The Wretched of the Earth*, which itself can be understood as a radical form of ethnography, and argued that ethnographic narratives in postcolonial contexts should take seriously Fanon's revolutionary call for the creation of a new narrative of the human not defined by European standards.

Through an attention to narrative's potential and limits, Farmer and Mattingly gesture toward an understanding of divergent humanities, an understanding that can positively impact the power of fields such as anthropology and medicine to enable a more capacious kind of healing. While these texts offer promising points of departure when we consider the current scholarly landscape, Fanon's earlier work goes further by questioning the very concept of humanity itself. As the preceding analysis suggests, in response to Fanon's call for a new narrative of the human, which was born of the colonial situation, joining together ethnographies that constructively engage narrative with discourses of the literary can work to illuminate the suffering of others in ways that can shed light on oppression from the perspectives of the oppressed. In this way, bringing the literary into conversation

with ethnographies grounded in the space of the medical encounter can prove especially fruitful as a method for rethinking the way narratives of the liminal body can propel us toward full liberation from dualist thinking at the heart of regimes of oppression.

For Farmer, access to quality health care is a fundamental human right and as such is intimately tied to social justice. His efforts to make this connection clear to the medical community thus serve to bolster the idea that a healthy body and mind lead to social transformation. Like Fanon, whose clinical work serves as the point of departure for his revolutionary thought, Farmer's engagement with ill bodies as a physician pushes him to ask questions about transforming medicine and the world at large. Mattingly's interest in narrative phenomenology points to her understanding of the performative roles we inhabit in the clinical setting, thereby opening up a discussion about the ways in which doctors and patients alike can heed the messages produced by their lived experience of the medical encounter to produce more ethical and humane outcomes, even in the face of terminal diagnoses.

Beyond the rhetorical force of ending his first work with his final prayer, then, the full import of Fanon's gesture is to encourage questions we might not even know we need to ask. Indeed, Fanon's insistence on seeking new possibilities is perhaps most evident in the conclusion to his final work, *Les damnés de la terre*, where he urges his readers to take part in the creation of a "new man," to break from limited and limiting definitions grounded in European ideals and in this way create a new world. As he writes, "if we want humanity to take one step forward, if we want to take it to another level than the one where Europe has placed it, then we must innovate, we must be pioneers" (Fanon, *Wretched* 240); the power is in our own hands. This insistence on innovation is essential for the transformation of

knowledge across the disciplines, for even in the world of the medical humanities Rita Charon, a pioneer of the field, acknowledges, “We inherit an unfinishable task, a practice that opens itself to unannounced and unforeseen responsibilities” (Charon 234). Thus, as Fanon insists, “for ourselves and for humanity, comrades, we must make a new start, develop a new way of thinking, and endeavor to create a new man” (*Wretched* 240). This “new man” and this “new way of thinking” are linked to the production of new knowledge, and the notion that reimagining a new kind of human being is intimately linked to knowledge produced and instigated by the body brings both Fanon’s and my work full circle, illuminating the role of embodied knowledge in the decolonial project of rehumanization.

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