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# Decolonising Dis-ease

Feeling our way through intergenerational melancholia, shame and fragility

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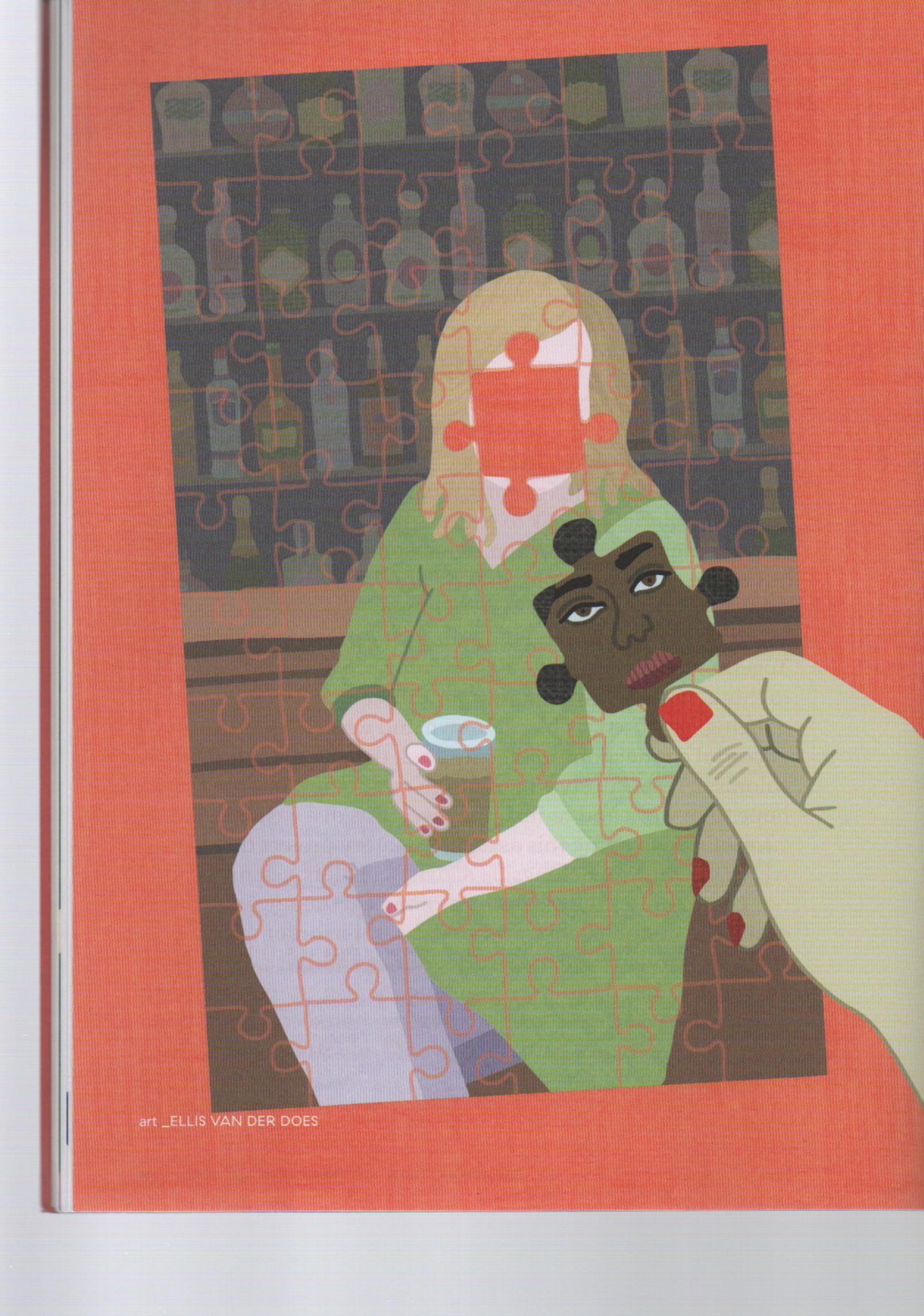
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"O my body, make of me always a man who questions!" (France)
Fanon, 1952, p. 181)

Recent years have seen both the increasing visibility of white supremacist rhetoric and movements in the global North and the increasing visibility of struggles for Black, Indigenous and Immigrant emancipation in these same places. Inspired by Frantz Fanon, we seek to engage the body as a guide for responding to this political moment; one that we understand as an enactment of coloniality. We are three emerging scholars/ activists/artists who have a commitment to decolonial work in our field, academia, our communities and in ourselves. Together through our work and friendship we have begun to think and feel through how our different experiences of being racialised, as black, brown and white - and thus ancestral connections to the enslaved, the colonised and the coloniser, respectively - manifest in our bodies. In doing so we hope to re-work and re-imagine disease as dis- ease. We are currently developing this as a participatory project through which we will work alongside activists, healers, scientists and our communities to stretch the biomedical frameworks that otherwise dominate approaches to health in order to make space for those rooted in history, politics and spirit. Below we tentatively trace our personal and political entry-points into this project. We will then consider how our shared commitment to decoloniality shapes both the content and form of our work.



## Stephanie

As a mixed-race black child raised in a majority white town in post-colonial Britain I struggled with a sense of strangeness and otherness that I could not name or make sense of, that felt almost tangible but that I could never quite grasp. At the same time there were painful silences on my Jamaican side around our family and cultural histories, which meant my questions about who we were as a people, about my ancestors and our place and status here in British society were left unanswered. This engendered a sense of loss, but also a kind of knowing of the unknown - a feeling of carrying these unspoken histories in the body, spirit and psyche. The melancholic sense of otherness, the feeling of unexplained loss and weight of unspoken histories were a constant that could not be named or fully understood; alongside this into my adult life I experienced bouts of depression for which the doctors had no answers except to medicate to numb or soothe or silence what was trying to bubble up to the surface. It wasn't until my late 20s and 30s that I began to find a language for understanding coloniality, racialisation, blackness, whiteness, and connect this with the dis-ease in my body/spirit/psyche.

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I have begun to make sense of those melancholic childhood experiences of otherness, loss, painful unspoken histories and consequent depressive illness through the lens of 'coloniality' (Maldonado- Torres, 2007) - how the histories of colonialism and slavery shape my (and your) presence/present in the world. Finding the work of Frantz Fanon (1986) and his concept of the 'third person consciousness' was a revelation, in which one's sense of self is contradicted by a world that already has a meaning to impose on the colonised, it spoke to my experience of otherness and strangeness - that I was not other or strange in myself but I was in fact the object/subject of a process in which I was being made other and strange. I began to teach myself the histories that we were never taught in school, and as an adult persisted in slowly gleaning small parts of my Jamaican family's painful histories of colonialism and migration from my relatives. Barbara Fletchman Smith's (2011) psychodynamic work on the unacknowledged legacies of slavery and the emotional wellbeing of Caribbean diaspora families has been powerfully illuminating in understanding the losses of slavery, colonialism and migration that are passed on to each generation and given a name to the embodied weight of those painful histories: intergenerational trauma. Turning to Caribbean-West African spiritual traditions of Lucumi and ancestral worship I have found a connection to my ancestors and their wisdom. This has engendered a spiritual understanding that the pain and depression are not just individually 'mine' and that I am a conduit, a vessel for healing and bringing light to my ancestors, myself, my family, my communities and our futures. Through this practice I am also able to connect with the ancestral blessings, abundance and strength of my family histories steeped in resistance - and the knowledge that as a free black woman I am my ancestors' wildest dreams.

In this project I then challenge the individualistic and ahistorical biomedical approach to depression, instead emphasising intergenerational trauma, racial melancholia (Eng and Han, 2000) and the losses of slavery, colonialism, migration and assimilation. I refuse the silences around processes of racialisation in British post-colonial episteme and its nostalgia for the colonial. Instead I work with and listen to the depressive knowledge in my body/spirit/psyche through which I connect with my ancestral histories, wisdom, rage and traditions of resistance and spiritual practice to refute my otherness, the denigration of my people, and as an ongoing challenge to white supremacy and coloniality. Knitting together decolonial and psychoanalytic theory alongside a reclaiming of West African-Caribbean spirituality and ancestral worship I hope to explore the possibilities of re-thinking and decolonising dis-ease, and of decoloniality as a mode of healing for the enslaved and their descendants.

### Tehseen

As someone who has studied drugs ranging from antipsychotics to psychedelics, I'm becoming increasingly interested in a far more prosaic psychoactive: alcohol. I have a long experience of blackout drinking. The first time I got really drunk it involved firemen, police officers, a distraught taxi driver, Waterloo and Railtrack security and, finally, an ambulance and overnight stay in a London hospital. To friends the story was legendary and I would retell it for years. As I got into my late teens blacking out was always associated with funny events, suddenly appearing in places I had no idea how I had come into.

In my early 20s an almost-imperceptible shift occurred, as more and more friends began drinking less, sometimes following an embarrassing event, and a sense of shame came to shroud blacking out. I carried on - not drinking at all for several nights in a row, but then going into overdrive, considering my explosive gregariousness on a 'big night out' as an integral part of me. It was zero to 100, no shades of grey. The thrill lay in the force of acceleration and not the constancy of the plateau. I'd get very good at trying to suss out what I had done in conversations over the following days, playing the detective looking for clues, often unbeknownst to friends who assumed I had been perfectly functional at the time - this as distinguishing blacking out from simply passing out. Drinking became a trap for me - fears that I was locked in a pattern of blacking out every time I drank, with the attendant spectre of full-blown alcoholism, created an inescapable gravitational pull: pseudo- pathology as self-fulfilling prophecy.

After a divorce in my early 30s, I went through a year of drinking a lot, in part to manage the shame I felt in how our relationship ended, producing of course more. It was at the tail end of this when I finally got to understand and disrupt these patterns, in a decolonizing intervention that is still bearing fruit. During another research project a friend and expert in the phenomenology of addiction suggested the dynamics of remembering and willful forgetting are tied up with a drive to control, whose shadow is to fully and wildly let go. My friend suggested that those who like to be in control of their surroundings must occasionally give 'the controller' some time off. This made a lot of sense to me because it explained the relief I would always feel the next day, as if I'd pressed a reset button on a timer that was counting down to the next blackout.

What was the control about? I thought back to my child-hood, to feeling hypervigilant as a second generation British Indian, about racist slurs, about being seen as different. Growing up in a small predominantly white town, I was so used to encountering resentment, anger, disgust. I wanted to opt out of the images I projected. So I chose instead to be the hilarious one, the life and soul of any big event, the so-not-pious brown Muslim amongst my largely white British friends.

In recent years I've discovered that blackout drinking happens to many in my extended family. One cousin is convinced of a genetic explanation for his excessive drinking. For him, genes do the work. For me this once-problem is now a source of great curiosity. The object of my cousin's blame, my grandfather (or the genes he expressed), moved to England as an economic migrant in 1950. Recently translated letters back to his family in India reveal the hardships he endured after arriving in an England steeped in racism and xenophobia, and his entirely understandable self-medication. Then, as now, these matters are tricky, as my subcontinental heritage works hard not to bring shame upon oneself or one's family. But it is clear from the letters that for my grandfather, coming as a proud and talented doctor, his life in London was shrouded in shame.

As depth psychology teaches us, shame is a gift of great fecundity if only we can enter it. Blacking out has constellated my shame alongside control, memory and forgetting. With Fanon as inspiration and my body as guide, I now wonder how to bring intergenerational transmissions out of the language of (even epi)genetics and into racialized phenomenologies, to explain so complex a phenomenon as the will to black out.

#### Rachel

Two years ago, in 2016, a fascist leader won the presidency of the United States, revealing colonisation as an ongoing, organising force for white supremacy. That same year, while living in New York City, I was diagnosed with Ankylosing Spondylitis (AS) – a musculoskeletal condition involving the inflammation of all my joints and gradual fusion of my spine. The rheumatologist told me that the disease is particularly common in people of my ethnicity – Pākehā New Zealanders – as it is passed down through

our British ancestry, leading me to wonder whether if one mapped the global prevalence of AS they might also map the British Empire. Shortly thereafter my participation in a healing ceremony suggested that my bones have come to die in me while I am still alive because they have a story to tell. Around the same time I learned from a novel that the well-known word for tribe in te reo Māori - the native language of Aotearoa New Zealand - is also the lesser-known word for bone ("iwi"). Spiralling around my slowly disabling body in rapid succession, these three happenings - one science, one pagan, one art - colluded to remind me that my bones are my ancestors. And that my ancestors are whispering, speaking, shouting. I can feel it in my bones.

My interests lie at the intersection of disability justice and decolonising movements. Guided by Franz Fanon's final prayer - "O my body, make of me always a man who questions!" - I am combining science studies, pagan practices and art activism to engage in dialogue with my AS about coloniality and decoloniality. Specifically, I am entering the fragility, fusion, discomfort and dislocating in my bones to ask questions about the fragility, fusion, discomfort and dislocating of my settler ancestors in the hope of contributing to efforts for resisting contemporary white supremacy. For example, Fanon writes of whiteness as an experience of "affective ankylosis" because the "white world" gets in the way of any ability "to liquidate the past once and for all". In other words, the colonial episteme wraps, traps us in ignorance, making it difficult to move and be moved. Engaging the process of fusion in my bones-cum-ancestors may thus provide a useful muse for engaging the process of fusion in whiteness. In turn, and again following the demands of my bones, this points me to the role of movement/s in healing contemporary conditions of white supremacy - whether individual, collective, psychic, physical, spiritual, political or all of the above.

Given that my AS is (from) my British ancestors, I am in particular expecting my bones to speak of cosmological violence: my British ancestors were missionaries. Sylvia Wynter places the "de-supernaturalisation" of our modes of being human at the core of colonisation and therefore the emergence of modern-day medicine. With this in mind, my previous research/art described how the neocolonial security state depends on a blocking of otherworldly correspondence conducted in part through the paranoid coils of Science. Thus, in an attempt to at least not reproduce this violent legacy, I attend to form as much as content and creativity as much as criticality. The dialogue above, then, involves experimenting with old and new ways of approaching AS not as a disease that I try to quiet and kill but as a dis-ease that I try to amplify and animate. A kind of unsettling more-than-human collaboration for hearing not only about the white workings of coloniality, but also from the otherworldly. And thus for knowing that an-other world is possible, perhaps even inside. That the decolonial lives on within the colonial.

In being guided by our bodies and working with dis-ease we hope to make visible coloniality and white supremacy and how they shape our presence in the world. A commitment to decolonising dis- ease demand decolonising both in content and in form. We see the radical vulnerability of reflexive inquiry and sitting with the discomfort of dis-ease as key to the project of decolonising. Decoloniality requires unsettling and troubling the detached gaze of the 'scholar', the dualism of mind and body, the individualism that traps us in time and space, and the ahistoricity and secularity of science. In this way, by collaborating with community experts, activists, healers and scientists and reclaiming practices that have been pushed out of legitimacy, we ultimately advocate for decoloniality as a mode of healing. .