

"The Body is a Bloody Battlefield": Jackie Kay and the Body in Flux

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Abstract:

This article focuses on the poetry and short stories of the Scottish writer Jackie Kay and seeks to investigate possible reasons why the black feminine body in Kay's texts is often represented as either diseased or in a state of conflict. Thompson demonstrates how a longstanding mythical association between blackness and disease may have affected black subjectivity. Her claim is that the mental and physical states of dysfunction that Kay utilises may be read as a metaphor for a bifurcation of the mind and body due to a damaging discourse that has designated her body as "other." Thompson argues furthermore that, because black women may experience their environment differently from white women (due to prejudice and ostracism for example), such a rift could be due to living in a largely racist society.

1 In Jackie Kay's poem "Where It Hurts," from which the above quotation is taken, and which opens the collection *Off Colour*, the body is depicted as a network of illnesses that is unceasingly being subjected to disease and pain (9-12). In this text, the body is in constant conflict, failing to resist the multifarious afflictions that befall it, eventually culminating in the prophecy of death. The poetic persona predicts that she will die, "A great thumping death." Unlike other "light people" who will "take flight / like graceful swallows," she will be a "huge pig / squealing," ending her life with "A fucking great fucking big death." Whilst this reference to "light people" here could simply be referring to body mass, it could also be alluding to skin colour, implying that those with "light" skin (white people) may experience both life and death in a different (perhaps easier) way.

2 This ambiguous duality present in the notion of "light people" is also present in the title of the collection itself. Richard Dyer points out in an interview with Kay that "Off Colour" can refer to both not feeling well and to mixed race-ness (57-61). That these two states of being are simultaneously present in the indeterminate phrase "Off Colour" alerts the reader to the idea that health can, in some way, be connected with identity; in this case, racial identity. This correspondence between race and health is also suggested in many of the poems in *Off Colour*, as well as elsewhere in Kay's writing. Because in the above poem the implication is that being black and female is almost co-existent with being "Off Colour" or physically unwell, one could infer that an individual's skin tone may be involved in the state of health of that individual. And, for the protagonist in "Where it Hurts," inhabiting a body that is not "light" seems to have increased her suffering.

3 Whilst I acknowledge there are other equally important elements to be considered, such as regionalism, Scottishness and issues of class, I believe these have been more than

adequately dealt with elsewhere. (See for example Papaleonida, Somerville-Arjat and Wilson, Hagemann, and McMillan, For this reason, I am choosing to limit my focus to an exploration of the textual link between the black feminine body and sickness, both physical and mental. In this endeavour particular reference will be made to *The Adoption Papers* (1991), *Other Lovers* (1993), and *Off Colour* (1998); as well as Kay's collection of short stories *Why Don't You Stop Talking* (2002).

4 This notion of the body-as-text, able to convey meanings that are outside of verbal language, has secure theoretical foundations. For example, Michel Foucault posited the notion of the discursivity of the body, citing its ability to display symptoms that, according to Bryan Turner are thus "a system of signs which can be read and translated in a number of ways" (Body and Society 208). Similarly, Susan Bordo claimed that a woman's anorectic body, defeminized by the process of starvation, may be perceived as articulating a rejection of patriarchally constructed roles. In her thesis, the emaciated body, therefore, must be "read" as a "text of femininity" (16, emphasis added). It is because these theoretical propositions suggest that the body can supplant language as a means of expression, that I believe we need to interpret Kay's representation of corporeality as something other than mimetic.

5 It is important to note at the outset that the history of the relationship between black people and health issues has been a problematic one. Racist discourse has associated blackness with bodily disease and contamination, as well as with a variety of mental disorders. Chris Shilling notes that, during the period of colonial slavery, black Africans were seen as "diseased and dirty" (58). Similarly, there has been an assumed equivalence between blackness and insanity. Sander Gilman informs us that the Victorians believed it was "specifically the physiology of the blacks which predisposed them to mental illness" (Difference 138). Categories were invented by the white plantation owners to "explain" the slaves' behaviour. For example "rascality" was the name given to a disease "peculiar to negroes," the symptoms of which caused slaves to run away or behave in a lethargic manner. Such "symptoms" were pathologized rather than considered as a rejection of the institution of slavery. Gilman claims elsewhere that these kind of racist mythologies were promulgated because "[M]edical tradition has a long history of perceiving this (black) skin colour as the result of some pathology" ("Black Bodies" 250). Black women, he argues, were particularly singled out in this regard. The medical mythology engendered in the nineteenth century designated the black woman as hypersexual and, as a result, a likely carrier of syphilis. Because of her perceived lascivious and "deviant" sexual appetite, it was believed that "the qualities of blackness, or at least of the black female, are those of the prostitute" ("Black

Bodies" 148). It is not difficult to see how promiscuity, madness and disease thus became conflated in the Victorian imagination.

6 The legacies of these damaging, mythical stereotypes have been pernicious and enduring, and the black woman's perceived hypersexuality continues to be used as a dominant image in various forms of representation. The link between sexuality and ill-health, although now perhaps less explicit, nonetheless remains a subtle undertone in the many depictions of her as an exotic, predatory or deviant force. But, as well as having been constructed as the carrier and sufferer of disease, black women have paradoxically received a documented lack of care and prejudice from those in the health services. Writing in the 1980s Beverley Bryan et. al. highlight the imbalance of power in the doctor/patient relationship and claim that this is perhaps most intensely felt by black women. They state that: "[W]hen a Black woman enters a doctor's surgery, there is another dimension to this experience, particularly if the doctor is a white, middle-class man, as he usually is" (Bryan 102). They also point out that it is they (black women) who are most vulnerable to ill-health (both mental and physical) because of the social conditions that many inhabit which are influenced by a combination of race, class and gender (Bryan 90).

7 Although written many years later than Bryan's account, much of Kay's work seems to be entering this debate by suggesting that the problematic association between black women and health issues has not gone away. For example in "Where It Hurts," the protagonist recounts how, during a visit to the doctor, she recognizes the prejudice in his eyes: "[H]e looks at me as if I were a germ, a sudden outbreak" *Off Colour* (10-12). The patient, clearly cognisant of the fact that the doctor believes in the mythical association of blackness and disease, replies with more than a touch of irony:

I come from a long line of sufferers.
We lived with live-in disease-ridden beasts.
We caught rabies, had babies, passed madness down.
We clenched our crossed teeth. (10)

Despite her brave attempts to overcome his racist gaze through a lightness of tone, the deleterious consequences of inhabiting a body that is so stigmatized is made explicit in the lines:

The sick headache tightening the screws. Zigzags.
My moods swing. My sinuses scream. I look like a hag,
There's not a pain I haven't had. (12)

This shows how the protagonist's body, racially coded and marked by a medical gaze that has constructed her as "a germ," has resulted in the sensation of real physical pain. That there

might be a causal link between this type of prejudice and ill health is confirmed by *The Future of Multi-Ethnic Britain: The Parekh Report*, a document outlining Britain's attitudes towards racial diversity published in 2000. It suggests that: "[R]acism [...] and the stress of living in a hostile society - *directly harms health*" (Runnymede Trust 178, emphasis added). Pamela Ashurst and Zaida Hall concur with this notion, stating: "[H]ealth is that state of equilibrium that we enjoy when we thrive in the context in which we live. Illness, or dis-ease, represents a deviation from that healthy equilibrium" (9). The idea being proposed here is that individuals who perceive themselves or are perceived by others as socially "acceptable," are more likely to be healthy, whereas those who find their identity is sometimes "unacceptable," (due to skin colour in "Where It Hurts"), will be more prone to disease and sickness. This is certainly borne out in the poem above, where there is a clear psychosomatic connection between the protagonist's ill health and the experience of racism.

8 Her only method of negotiating the doctor's damaging constructive gaze, which is emblematic of a wider belief system, is to separate mind and body in an attempt to be liberated from pain, both physical and mental. The protagonist's longing for disembodiment is indicated by her wish: "If I could have a day, an ordinary day, / away from the worry - the body - I would be happy" (10). The price of this freedom, however, results in becoming alienated from herself, illustrated by the fact that she loses command of her mental and physical faculties: "It's got that bad I've started to swear, / I've begun to think in obscenities, I can't stop - cunt. (11). The consequent tension between the controllable and the uncontrollable elements of her corporeality leads to confusion, as she asks: "How did I get like this? So far away from myself." (11). The powerlessness felt by black women in the face of mythical representations of blackness and disease is thus suggested here. And although the protagonist is "[S]ick to death of being sick," she knows there can be no real freedom when "[T]he body is a bloody battlefield" (9).

9 The consequence of inhabiting a body that is ostracized because of racist beliefs is further suggested in the short poem "Somebody Else" (*Off Colour*). The first three lines state:

If I was not myself, I would be somebody else.
But actually I am somebody else.
I have been somebody else all my life. (27)

The duality proposed here indicates that subjectivity is not necessarily unitary or stable and there is the possibility of both a self and a non-self existing simultaneously. James Olney concurs with this in his ideas about human memory, stating that because it (memory) is disjointed and often incomplete, one could argue that "selfhood is not continuous; for it brings up one self here and another self there" (24). Commenting on the above poem in an interview,

Kay admits that for her this feeling of embodying a duality of selves comes from having been adopted. She says, "[W]hen you are adopted you always have this possibility of having been somebody else [...] I think lots of people (adopted or not) have a sense of this other self that they could have been" (Dyer 59). I would add to this the idea that being black in a predominantly white (racist) society also can cause this splitting of the self. And for the subject in "Somebody Else," this has resulted in an existential uncertainty whereby she has become distanced from her "self." As well as interpreting this poem as a textualisation of the dualities inherent in being adopted, it could also be usefully read as a text connecting black femininity with the discourse of racism.

10 The disembodied self and loss of identity that can be experienced as a result of illness have clear symmetries with the self under attack from racism, as both can produce similar responses. Bryan Turner states, "we often experience embodiment as alienation ... when we have cancer or gout [...] The importance of embodiment for our sense of the self is threatened by disease" (7). Similarly, Robert Dingwall states, "disturbances affecting the body [...] present immediate and important problems for the interpretive scheme being employed by the individual in any situation." As a result, he states that "[T]he automatic expectation of a stable and predictable relationship between a person and his body cannot be sustained" (98). Indeed, in material terms, the body does literally become "other" in some cases. For example, immunologists have noted that in cases of cancer, healthy cells are replaced by "alien" or unhealthy ones, resulting in the body gradually becoming "non-you" (see Babiker and Arnold). In the case of cells that cause viral or bacterial infections, these are potentially immortal, and can survive even after the host body has died. Germ cells too can truly be considered "non-you" as they are the only part of the body generally considered to be non-somatic:

The mortal part is the body in the narrower sense - the 'soma' - which alone is subject to natural death. The germ-cells, on the other hand, are potentially immortal, in so far as they are able, under certain favourable conditions, to develop into a new individual, or in other words, to surround themselves with a new soma. (Weismann qtd. in Freud 252)

Illness then, in the same way as racism and prejudice, can cause a feeling of "somebody-else-ness," an identity crisis if you like, that can destabilize the relationship between the known and the unknown self. Bodily displacement engendered because of feelings of unbelonging perpetrated by a society that alienates and stigmatizes can mean, as Kay describes in "Somebody Else," that "people mistake you / you mistake yourself" (*Off Colour* 27).

11 "In My Country," a poem from Kay's collection *Other Lovers*, encapsulates how these

processes of racism can perpetrate feelings of estrangement, and how they can be present in apparently innocent remarks. Written in the first person, it tells of a walk by the sea interrupted by a woman who passes round "as if I were a superstition; / or the worst dregs of her imagination." Eventually being asked by this onlooker "*Where do you come from?*", the poetic persona answers "Here. These parts" (*Lovers* 24), emphasis in original). The question, accentuated by its italic print, is said by Kay to insinuate that "you don't belong *here*" and is one that is loaded with subtle xenophobic undertones (Somerville-Arjat and Wilson 121, emphasis in the original). This interactive quality of belonging-ness and identity is reiterated by Bryan Turner who claims that: "[T]he body is the most proximate and immediate feature of my social self, a necessary feature of my social location and of my personal enselment" (8). Much of Mary Douglas' renowned work in the field of anthropology is based on this symbiosis between the situatedness of the body and an individual's agency (see for example *Implicit Meanings: Essays in Anthropology*). If Turner and Douglas' views are accepted, then it must be the case that the pernicious influences of racism can affect both the body and the mind. Instead of an interconnectedness between the mental and the physical that occurs when a body "belongs" to society, these poems show how the two have become distanced or alienated from each other because of externally imposed prejudicial beliefs.

12 This disjuncture between the physical and social self is also addressed in Kay's collection, *The Adoption Papers*, a text that is concerned with the underlying tensions inherent within genealogical connections and disconnections. It investigates these ideas in relation to blood, a bodily fluid which in terms of health can be life-sustaining, circulating food, oxygen and molecules of the immune system around the body, as well as potentially life threatening, conveying bacteria, cancer cells and poison. In terms of identity, blood is often thought of as that which distinguishes us from one another (Buckley and Gottlieb). It is this latter idea of blood being a potent indicator of identity that is explored in *The Adoption Papers* through the polyvocal narratives of three women: an "adoptive mother," a "birth mother," and a "daughter."

13 The interconnectedness of blood, health and identity is evidenced by the daughter's quest to gain information about her biological parents. She knows little more than that her mother is white and her father black, having been separated from them when a young baby. Attempting to learn of her ancestry, she asks "*What Is In My Blood?*" and "I want to know my blood" (*Adoption* 25, 29, emphasis and capitalisation in the original). The implication is, of course, that by knowing where her blood has come from (in terms of genealogy) she can understand herself better. Blood is therefore shown to have great importance in the daughter's

quest to delimit the self. She sees it as a significant way of finding out about her familial (and, in this case, racial) identity. Alison Lumsden claims that the poems in this collection "assert the desire to locate oneself within the perceived certainties of a biological past - a desire reinforced by the photograph 'Human chromosomes' on the collection's cover" (80). It is notable in the context of this paper that the daughter is aware that, without an understanding of her genetic background, she cannot know her medical history. On visits to the doctor and dentist we are told they always ask her "the old blood questions about family runnings," to which she is forced to reply "I don't know what diseases / come down my line" (29).

14 Such ontological and teleological uncertainties that result from her mixed race status and lack of contact with her "real" parents are further complicated by the fact that her non-biological parents are white. This leads to an ambivalent attitude with regard to her desire to locate and define her biological identity, evidenced by a strong desire to "know" her blood, at the same time as wishing to reject the idea that blood connections are important. The denial of the significance of blood relationships is perhaps influenced by her adoptive mother's stance on the issue, for whom racial and familial "ambiguities" do not matter. She states:

Now when people say 'ah but
it's not like having your own child though is it',
I say of course it is, what else is it?
she's my child, I have told her stories
wept at her losses, laughed at her pleasures,
she is mine. (23)

Indeed, the adoptive mother believes there are other factors that can supersede familial bonds:

See me and her
there is no mother and daughter more similar.
We're on the wavelength so we are.
Right away I know if she's upset.
And vice versa. Closer than blood.
Thicker than water. Me and my daughter. (34)

Blood connections and racial lineage are thus shown to be unimportant in this particular relationship. For the adoptive mother, "all this umbilical knot business is nonsense" (23), an idea reflected in the literary form of the last two lines above. A rearrangement of the syntactical structure of the well-known axiom "blood is thicker than water" suggests that an emotional and psychic alliance that "is closer than blood" can override the complex nexus of familial and biological bonds.

15 Unfortunately the daughter cannot entirely abandon the quest to "know" her blood, despite her adoptive mother's willingness to disregard differences. This could be due to the fact that other people will not let her forget her racial identity and who: "keep trying to make

it matter, / the blood, the tie, the passing down / generations" (29). This constant reminder of her ambiguous identity is suggestive of an implicit form of racism that concerns notions of blood purity. Although there is no scientific evidence to prove that there is any difference between the blood of one race or another, the "one-drop rule" has had (and arguably still has) currency. This quantitative metaphor of blood is present in a racist ideology which advocates the belief that miscegenation will infect and contaminate "pure" white blood. The prohibition of blood-mixing in the Indian caste system, where those who have the lowest blood status are thought to be "untouchable" due to their "unclean" blood, also reflects this fear.

16 This idea of "purity" and "impurity," as well as the belief in racial differences detectable in blood, is demonstrated by a teacher at the daughter's school. When practising for a dance show, the daughter finds difficulty in performing the "Cha Cha" and the ironically named "Black Bottom." Because of the teacher's assumptions about essentialist characteristics, she shouts "[C]ome on, show / us what you can do I thought / you people had it in your blood" (25). This claim to know more about the protagonist's past than the daughter herself by a naïve reference to biological determinism puzzles and upsets her pupil who reacts:

My skin is hot as burning coal
like that time you said Darkies are like coal
in front of the whole class - my blood
what does she mean? (25)

So, whilst the text clearly recounts the daughter's quest for blood identity as a means of locating and understanding her "self," it seems that it is external forces (such as her teacher and medical professionals) that have a greater influence than her own internal desires. Struggling to define herself in the midst of opposing and ambiguous identities, her adoptive status has implications, both for herself and for those around her. Thus we can read Kay's use of the theme of blood as both metaphor and metonymy. The daughter's search for her "blood" stems from a desire to feel at ease both within her family nexus, as well as the wider society she must inhabit. She longs for a stable and knowable identity, where her body is acceptable both to herself and those around her. The fact that this is so difficult to achieve, and that the text is not conclusive about the outcome of her search could be read as an allusion to the shifting and uncertain nature of identity for black women in this country.

17 These many references to blood discussed above show how racism and racial identity are intimately bound up with the body and issues of health. I have suggested that bodies that are ambiguous, ontologically unreliable or physically dysfunctional may be understood as articulating a feeling of social dis-ease in Kay's work. Whilst most of these texts show the

consequences of such alienation in ways that relate to the *physical*, in her recent short story collection, *Why Don't You Stop Talking*, there are also depictions of women suffering from a variety of *mental* "disorders." (Of course I recognize that mental disorders often manifest themselves in physical symptoms, but for my purposes here, I am choosing to analyse them separately.) As is well known, many white women have written about their personal experiences of "madness" in an attempt to offer a corrective to the patriarchal texts that have at times depicted femininity as almost synonymous with madness. One of the ways they have challenged this idea is by demonstrating that, rather than women's behaviour being anarchic or unfathomable, as it is sometimes designated in patriarchal discourse, it should be seen as a rational response to their oppressive domestic and social situations. Black women writers have entered this literary arena too, often depicting similar causal factors in the onset and progression of mental "disturbances"(for example, Jean 'Binta' Breeze's "Riddym Ravings (the mad woman's poem)" and Andrea Levy's *Every Light in the House Burnin'*) For black women, however, there may also be the added environmental component of racism to consider as a contributory factor in issues of mental health.

18 This emphasis on the environment as an aetiological contributory factor is fundamental to Kay's depictions of mental illness in several of her short stories. In the title story, "Why Don't You Stop Talking," Thelma, (the black female protagonist), is perceived as "mad" by others in her community largely because of her outspokenness. When pushed aside by a man in a queue at a cash machine, humiliated by a young woman in the supermarket, and shunned by another on the London Underground, she (understandably) cannot remain quiet. Similarly, on seeing a young mother shouting at her son, Thelma feels it her duty to stand up for the child, saying, "Easy does it love, he's just a little fellow." The mother reacts aggressively with "Mind your own fucking business [...] Beat it! [...] Shut your fucking trap" (45-46).

19 Whilst the story relates her dysfunctional family background as contributing to Thelma's behaviour, it is also the case that the present social situation in which she finds herself is far from hospitable. In her attempts to make conversation with others, for example, she receives panic-stricken looks. She states, "People often look like that when I talk to them as if I'm trapping them or something when I'm only trying to be friendly" (48). Because her interventions all elicit such overtly unpleasant responses, one suspects this socially alienating behaviour may be a reaction to something about Thelma other than her outspokenness alone. The idea that her outbursts are always in response to other people's impolite behaviour, and, as such, may be justified, is clearly never considered by her interlocutors. Rather, they are

repeatedly construed as inappropriate or the ramblings of a "mad" woman. Her claim that, "If I feel wronged, I have to speak up. Simple as that" (44), suggests that her responses are more to do with a social conscience than with insanity. Sadly, however, she has come to think she is to blame for the trouble she causes: "All my life I've been told by so many different people: 'That tongue of yours will get you into trouble one day'. And all my life it has" (50).

20 Thelma's realisation that, "Just because I talk a lot people think I'm mad" (48) highlights the association sometimes made between the outspoken woman and perceived "insanity." This belief has been applied to all women of course, but for the forthright black women such controlling labels sometimes ignore the racial and cultural element inherent in perceptions of madness. In Thelma's case, her behaviour, which does not conform to society's "norm," is stigmatized and misunderstood. Jane Ussher states that: "it is important to note that definitions of madness are consistent within, though not necessarily between, cultures [...] and a diagnosis of madness acts as a means of [...] controlling what is "normal" in a given society." She quotes one researcher who claims: "[W]hat we recognize as pathological behaviour is usually a matter of common consensus in a society, the standards of consensus vary from one society to another" (138, 139). In this way, the perception of Thelma as "mad" has not taken into account the possibility of such cultural differences. And the text implies that such unsympathetic responses from others, who have been quick to judge her behaviour as "abnormal," may have actually been a contributory cause of her madness.

21 The fact that there is an apparent mis-match between the ratio of Afro-Caribbeans in Great Britain (3%) and the number of black inmates in mental hospitals (17%) indicates that cultural perceptions of "madness" still affect the medical profession (Dennis 193). According to recent sociological research by James Nazroo, "it is well known that, as well as being more likely than any other ethnic group to be hospitalized for psychotic illness, Caribbeans are more likely to be compulsorily treated and to be treated on locked wards" (319). Similarly, in another study it is claimed that black people "are more likely to be ... diagnosed as 'schizophrenic' and treated with anti-psychotic drugs than white people are" (Babiker and Arnold 48). Astonishingly, according to Anna Marie Smith, "there are several "black-specific" categories of mental illness currently in use: 'West Indian psychosis', 'paranoia', 'religious mania' and, for Asian women, 'marital psychosis'" (88). Ussher notes that this is a factor in some diagnoses when labels of madness are more readily imposed on those from other ethnic backgrounds, and are therefore "clearly reflections of xenophobia or racism" (139).

22 In order for Thelma to avoid one of these stigmatising labels she must conform to

certain patterns of behaviour. If she does not remain contained within society's code of "acceptable" conduct (which in this case is to remain silent and hide her anger), she may be prejudicially assessed. As Smith points out, "Where black women break the boundaries of that containment [...] they are often pathologized" (88). Similarly bell hooks states "where black women exceed the boundaries of soliloquy, they are punished in terms of both physical abuse and madness" (qtd. in Smith 88). Women's anger has long been misunderstood and feared and, for this reason, has been perceived as symptomatic of someone who is "mad." By attaching this label to behaviour that is sometimes seen as potentially anarchic, women's anger has thus been controlled. The fact that those who have the power to make such evaluative judgements (in medical and legal professions for example) are largely white and male, has serious implications for black femininity.

23 Thelma's social environment is obviously one that has attempted to contain her anger. Whilst Thelma does manage to break out of such bonds (although of course at the expense of stigmatisation and isolation) there are many who remain unable to find a voice. For these, it may be that their only way of "speaking" is through exhibiting symptoms of mental illness. R. D. Laing (a key figure in the Anti-Psychiatry Movement of the 1960s) supports this idea that the behaviour exhibited by some people needs to be seen, not as the impenetrable conduct of an "insane" person, but as a means of communication. In this way, Laing believed, the "symptoms" exhibited by schizophrenics, for example, rather than being associated with pathology, could be usefully understood as "a special strategy that a person invents in order to live in an unliveable situation" (95). Although Laing's work does not specifically address issues of race, it is clear that his philosophy espouses the idea that "deviant" behaviour (regardless of an individual's age, race or gender) can be misinterpreted.

24 In "Shell" (*Why* 137-155), Kay describes such an "unliveable" situation and the resulting "deviant" behaviour. Doreen is a black single mother, silenced and criticized by her bullying son, Louis; deserted by her son's father; and shunned by neighbours. Unable to articulate her despair, Doreen descends into a form of "madness," and as she sinks deeper and deeper into herself, the pain of her life intensifies. Interactions with her son have reached a point where, "Louis has decided to talk at her though the idea that she might have anything to say hasn't crossed his mind" (143) and, "She doesn't bother to answer anymore [...] She can't bring herself to get involved" (138). Because she has no voice and no listener, the body becomes the primary focus of her attention. She stops eating anything nutritious, loses control of her bowel, defecating in the bath, finally developing a delusion that there is a shell-like growth on her back.

25 The course of her "illness" culminates in the belief that she has actually metamorphosed into a snail. Asked by her son why she will no longer be able to take him to school, Doreen answers "I'm a bit encumbered" (154). As well as the satirical aspect inherent in this interchange, Doreen's shell could be read as a metaphor for the burdensome role that she has involuntarily had to adopt in order for herself and her son to survive. In this way, her "encumbrance" is analogous to the story of racism. Irene's shell (although imaginary is nonetheless "real" in her mind) is emblematic of a stigmata that marks her as different, in the same way that visible differences in skin colour mark some as "other." The physical and mental "weight" referred to in *Off Colour*, that is connected with being black in a prejudicial society, could be allegorically associated with the "burden" Irene must carry. Such an encumbrance has literally driven her to think and behave in a way that could be defined as "mad" - crawling along the ground and eating buttercups for example. For Irene, however, the shell becomes, not only a weight or burden, but a comfort too.

She almost feels tenderly towards it, as if her shell is a lover, a solid companion that knows and accepts all her faults. Nothing could surprize or shock her shell now. Since she had it, the neighbours haven't bothered her. She has retreated. (150)

The difficulties she must face within her "real" environment (the "unliveable situation" if you will) are thus replaced by the protection of her imaginary one.

26 The above texts, by depicting a diversity of social pressures brought to bear on the sufferer, whether because of prejudice, misunderstanding of cultural specificities, or other oppressive forces, enable the reader to consider the predicament that has led to such "abnormal" behaviour. Rather than the conduct of the above protagonists being construed as "mad," it could be interpreted as the "symptoms" of a kind of "postcolonial disease" (Hussein 19) or "the schizophrenia of the colonial experience" (Peters 45), and as such should be read as a language that speaks of dissatisfaction, anger and confusion. The "treatment" Kay's protagonists receive, whether medical or social, is shown to be part of the cause and in this way could be described as iatrogenic. It has been well publicised by R.D. Laing and others, that the ways in which mental disorders are managed (with ECT and drug therapy for example) can create disturbing complications that perpetuate the behaviour previously considered "mad." I would suggest that these texts are articulating the notion that such "treatment," in all senses of the word, is a key component in the genesis and development of the protagonists' psychological state.

27 Another way in which sufferers can articulate dissatisfaction or anger with their social environment is through the medium of obsessions and self-harming behaviours. Like "Shell" above, several other stories in *Why Don't You Stop Talking* narrate the lives of protagonists

who become fixated on objects or ideas. However, unlike Irene whose shell obsession is purely imaginative, some of Kay's other characters translate their obsessions into reality by expressing a wish to cut themselves or abuse their bodies in some way. Such sensitive issues, rarely broached in fiction, have been, until relatively recently, much maligned and misunderstood by the medical profession and sufferers' families alike. For example, although the authors of *Self-Mutilation* admit that this kind of behaviour can be a cry for help, they also believe that the "treatment" for those who self-harm should involve a punitive element (Ross and McKay). Recently, however, deliberate self-harm (DSH) and obsessional behaviours are seen in more sympathetic terms. Gloria Babiker and Lois Arnold in *The Language of Injury - Comprehending Self-Mutilation* state: "More than perhaps any other human action, self-mutilation speaks of distress, torment and pain" (1). In a Laingian sense, DSH must therefore be seen as a behaviour that needs to be understood rather than condemned. Luise Eichenbaum and Susie Orbach claim that obsessions should be seen as "distractions from the real underlying feelings of distress" and are "attempts at solutions to painful problems" (174). For those black women who have the added feelings of alienation and estrangement from themselves and society and who may have no channel for their anger, self-injurious behaviour may be the only available "solution," and as such needs to be seen as significant.

28 Such pain and frustration is clearly felt by Irene in "The Woman with the Knife and Fork Disorder" (85-108). Having been left by a bullying husband, despised and victimized by her only daughter, Irene's mental pain becomes unbearable. Initially her anguish manifests itself in an obsession with cutlery, culminating in a belief that the knives and forks in her kitchen are "acting up" (89). Her unnatural focus on cutlery reaches the point where these inanimate objects become anthropomorphized in her mind:

She went to put a knife away in the knife section. When she next looked down that same knife had somehow cut loose and joined the teaspoons, lying blatantly across them, almost smiling, a wide silver smile. (88)

Irene's obsessions are treated with the anti-depressant Prozac by her doctor, a referral to a psychiatrist and the suggestion that she should have a brain scan. Whilst the doctor obviously sees the problem in purely physiological terms, Irene knows that her "disorder" may have something to do with the oppressive drudgery of her life that has meant she has been "drying her dishes and putting them away for years" as well as a (metaphorical) "broken heart." Inhabiting an unloving family environment, as well as feeling lonely because the friends she had shared with her husband, "plumped for Iain after the separation" have thus created an "unliveable situation" (85, 99, 102).

29 According to Babiker and Arnold, doctors are less likely to refer black patients for

counselling or psychotherapy, and "[T]hose who self-injure are thus given fewer opportunities to translate their expressions of distress from the 'language of the body' into verbal communication" (48). In Irene's case, this lack of opportunity to articulate the "real" cause of her problems is channelled or translated into her obsessional delusions. Because her attempts to "speak" through symptoms do not elicit helpful responses from her doctor (or her daughter for that matter), she considers another outlet, seeking solace in the idea of cutting herself. We are told: "Irene was seized by an overwhelming desire to take a sharp knife and stab it into her heart. The desire was so strong she could almost see herself doing it" (101). Although the act of self-harming exists only in her imagination, it is the *prospect* of pain that brings excitement and the beginnings of psychic relief: "She could visualize the dynamic and dramatic red of her own blood, sputtering, stuttering, *saying see, see, see, I told you so*" (102, my emphasis). By cutting herself, not only will she be able to assuage her mental pain, this quotation shows how the action itself will also "speak" for her, thus highlighting the linguistic component inherent in self-harming behaviours.

30 By literally inscribing the body, the ensuing scars can tell a story of inner conflict. Unlike the legitimate scarrification that results from rites of passage in certain cultures which could be read as symbolically telling a positive story of belonging, the scars that Irene wishes to make paradoxically could be interpreted as signs of *unbelonging*. Babiker and Arnold state that: "[M]any people *somatize* rather than *speak* [...] produce(ing) physical pain at moments when they cannot tolerate psychic pain" (8, my emphasis). In this way Irene's wish to "mark herself" and to "[R]ip her own useless, pathetic skin till it split, till she was wounded" (101) is thus a method of both easing and articulating her inner pain.

31 If we consider deliberate self-harm as another kind of language, "translating" psychic pain into bodily inscriptions/mutilations, what are the ramifications if the self-harmer focuses on the tongue as that which is to be injured? In the story "Why Don't You Stop Talking" this is exactly what happens. Above I argued that Thelma's anger, construed as "madness" by others, is an understandable reaction to an environment that is, at times, inhospitable. As well as outwardly directing her rage, however, she also turns her anger inward, believing she is to blame for other's aggressive behaviour. The story culminates in Thelma's conviction that "Every time my tongue gets me into trouble, it will be punished" (50). It is this organ that has, in her view, caused all the trouble. The disturbing image of Thelma slicing her tongue with a razor is accompanied by her knowing that "the pain feels good. The pain feels deserved." (50).

32 Because, as H. G. Morgan states, "the communication or language aspect of deliberate

self-harm is of great importance," by making the tongue the focus of Thelma's harmful intentions, creates a stark paradox (123). This has a particular resonance with the regime of slavery, when slave's tongues were sometimes brutally removed as a punishment. By injuring the principal organ of speech, Thelma is decreasing her own ability to speak, at the same time as trying to "speak" through the act of self-harming. However, there is no-one present to "listen," evidenced by her last words in the text: "I wish they could all see me now" (50). The fact that no-one can see the mutilating behaviour which symbolically "speaks" of her unhappiness, as well as the possibility that she will not be able to fully articulate her pain due to a mutilated tongue, is a disturbing metaphorical illustration of the historical silence and silencing of black women.

33 Because of the similarity between physical and mental pain, (The Oxford English Dictionary's definition states pain is both "a strongly unpleasant *bodily* sensation" as well as "mental suffering and distress," my emphases) the two sensations become conflated in their interchangeability. The blurring of the boundaries between mind and body that characterizes self-harming behaviour thus potentially permits a metaphysical unification. For Thelma, the act of self-mutilation permits her to "translate" the psychic into the somatic, enabling her to mesh mind and body together. Because, according to Elaine Scarry, "to have pain is to have certainty," deliberate self-harm can be seen as a self-affirming behaviour in that it makes the body real and undeniable (7). At the same time, of course, it is overtly self-destructive and needs to be understood as a literal embodiment of "an implicit connotation of something unbearable, unutterable that is communicated in this act" (Babiker and Arnold 1). For Thelma, like Irene above, this is the oppressive "weight" of domestic unhappiness and social prejudice. Because skin is where the nerve endings are situated which relay sensations to the central nervous system, by cutting it she will both stimulate and damage the nerve cells, symbolising her desire to feel and not to feel at the same time.

34 Another way of embodying and inscribing an "unliveable situation" is demonstrated in "Trout Friday" (67-81) which narrates the story of Melanie, a young black travel agent. As the title suggests, the text focuses largely on food and the way that Melanie has organized her life around routines and obsessions. For example, with regard to her teeth, "she makes sure she brushes for the length of time it takes to boil an egg. She has an egg timer in her bathroom" (68). She has also created a dietary regime for herself which involves having the same meals each week: "salmon Monday, prawn Tuesday, cod Wednesday, haddock Thursday and trout Friday." At weekends, "she splashes out and has takeaway: Peking duck with pancakes, lamb with spicy leaves and nan bread, or Kentucky Fried Chicken with large fries" (67).

35 Living alone after the death of her mother, her father having left when she was a young child, and losing her own baby through miscarriage, Melanie is isolated. The progeny of an Irish mother and a Trinidadian father, she had inherited skin colour "that was a mixture of the two" (69). The text demonstrates how this has caused Melanie to doubt her bodily racial identity:

[S]he didn't like it when one of the girls at work called her half-caste because it sounded insulting and she didn't like *mixed-race* because it made her feel muddled. Certainly not *mulatto*, it made her think of mules. Definitely not people who said to her, 'You're neither one thing nor the other' because that made her feel left out, belonging to nobody. (69)

As well as "belonging to nobody" in the relational sense, she also belongs to no "body" in the physical (racial) sense. She is between two ethnic identities, a fact that she is reminded of by a stranger who says, "Must be hard for you lot, the blacks don't want you and the whites don't neither" (69, 70). The ensuing racial and familial loneliness has caused her to develop ways of coping with the pain. By such strict control of her daily habits, which are largely centred on diet and liquid intake and therefore could be described as symptomatic of an eating disorder, she can maintain a certain kind of "sanity" in her unhappy life.

36 Behaviour that focuses on food and diet also come within the generic term of deliberate self-harm and, as such, exemplify Susan Bordo's claim that eating disorders need to be interpreted as a physical manifestation of inner conflicts. According to Eichenbaum and Orbach, for the woman who tries to change the shape of her body, this is an indication that she is attempting to change the shape of her life (174). The "shape" of the majority of Melanie's life is unchangeable and out of her autonomous control. Her skin colour is obviously immutable, and it is for this reason, I would argue, that her body size and shape become the focus of her attention. These obviously can be changed with just a little bit of self-control - for example by rejecting the "chunky chips cooked in olive oil" because they are "too fattening" (79). Rigidly governing her intake in this way in order to maintain a certain size stems from Melanie's bodily dysphoria. The prejudicial comments she is subjected to, as well as her familial isolation, are contributory factors in maintaining the belief that her body is not good enough without bodily "changes" or "modifications."

37 It is perhaps significant that it is the skin that is the main locus of the self-harmer. Either by slicing it or by changing its shape through abnormal eating habits, the surface of the body is the focal point of the self-harmer's attention. For many, in fact, "self-injury which does not involve breaking the skin (for example, banging and bruising) is not experienced as so effective or 'satisfying'" (Babiker and Arnold 68). As the boundary between the self and the

non-self, as well as that which "contains," skin symbolizes the limits of physical corporeality. The alteration or destruction of its surface indicates a blurring of inside and outside that parallels the lack of self-definition felt by Melanie, Thelma and Irene. As the place where pigmentation resides (that which dictates skin colour), another element can be added to the issue of deliberate self-harm for those with black skin. Because skin hue is arguably the most visible marker of racial difference, it is possible that its laceration could be read as symbolic of a racial self-hatred which results in an attempt to minimize by "interrupting" the pigment content. Because of the whipping, slashing and branding that was cruelly carried out on the skins of slaves, significantly referred to as a "hieroglyphics of the flesh" by one black American critic (Spillers 67) and defined as "the white masters' text" by another (Henderson 71), such self-imposed markings could also "tell a story" of oppression. Deliberate self-harm, whether read symbolically or figuratively, indicates a desire to be something or someone different. This disjuncture between the physical body and the world external to it, which for Irene, Thelma and Melanie, is due to racist, domestic, and societal oppression, can thus be perceived as a way of registering their rebellion and dissatisfaction for those who care to "listen."

38 Instead of adopting a simplistic, monovocal viewpoint, as has been the case in a (largely racist) dominant discourse, Kay's short stories utilize a more dialogic and interrogative form that has the effect, in accordance with Laing's suppositions, of suggesting that mental illness is a social construction with discernible causes. Elaine Showalter claims that "[T]he madwoman is the author's double, the incarnation of her own anxiety and rage" (4). If this is the case then Kay's texts of "madness" could be perceived as not only articulating her characters' anger, but also her own. In this way, her work may be usefully understood as signalling the discomfort of having to inhabit an environment that is inhospitable, and as such can be seen as "a sane reaction to an insane situation."

39 In conclusion, the black female body in Kay's writing is frequently either a sick body, suffering pain and disease, or a body in flux because of racial uncertainties. Such "dis-ease," I have argued, is a means by which the body discursively communicates, "speaking" that which has perhaps previously been unspoken. This article has attempted to show how Kay's texts often associate physical and mental dis-ease with a hostile social environment, causing her protagonists to feel uncomfortable because of their racial status. The external world, which for many of Kay's characters is domestically and racially oppressive, is "translated" into internal states of conflict, which, in turn, reveal themselves as physical or mental illness. Kay's recurrent use of this trope of the sick female body or the fluctuating, uncertain body, is

therefore both figurative and metaphorical. Firstly, it is figurative because, in terms of psychosomatic medicine, we know that the mind can powerfully affect the body, and therefore illness (both physical and mental) can occur as a result of a distressed mind. Secondly, the inscription of this link needs to be read metaphorically as an indication that for Kay and, by implication, other black women in Britain, there is a self-dislocation and a disequilibrium that is yet to be "healed."

40 Of course, it could be argued that Kay's frequent allusions to sick black feminine bodies reinforces the discourse that has constructed the black person, and particularly the black woman, as the carrier and bearer of disease and contagion. However, I would maintain that by showing the vulnerability of the black feminine body, she is subverting the image of the strong, enduring "mule" who is constructed as being able to bear greater pain than others. In this way, whether metaphorical or not, she is writing the sick body as a means of signalling the need for attention, diagnosis and possible reparation, in the same way that actual illness can be an indication of some other neediness. By articulating racism as that which can, via psychosomatic processes, be the cause of illness, I believe the poet is asking us to reassess these (often unopposed) medical mythologies of blackness.

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