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Abstract
In novels by Caribbean women writers, illness is often a rite of passage, a turning point in the protagonist’s life, and the central structuring device of the novel. Illness as metaphor can be used to interrogate power structures and unmask injustice. According to Michel Foucault, the highest duty of the intellectual is to criticize the working of institutions in order to unmask the political violence that operates obscurely through them so that one can fight them (qtd in Rabinow, 6). Illness facilitates this process by forcing characters to tap their inner reservoirs of strength and creative expression through the recovery of their personal past and their cultural history.

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Illness and Insight: Virginia Woolf and Caribbean Women Writers vs. Western Medicine

In novels by Caribbean women writers, illness is often a rite of passage, a turning point in the protagonist’s life, and the central structuring device of the novel. Illness as metaphor can be used to interrogate power structures and unmask injustice. According to Michel Foucault, the highest duty of the intellectual ‘is to criticize the working of institutions’ in order to unmask the political violence that operates obscurely through them ‘so that one can fight them’ (qtd in Rabinow, 6). Illness facilitates this process by forcing characters to tap their inner reservoirs of strength and creative expression through the recovery of their personal past and their cultural history. In Healing Narratives, Gay Wilentz argues that ‘cultures themselves can be ill’, and she examines five women writers from ‘diverse ethnic backgrounds’ (Afro-Caribbean, African American, Native American, and Jewish) who write ‘wellness narratives that explore the role of woman as healer to cure cultural dis-ease’ (1, 3). Healing discourse and other ‘alternative’ practices are not the exclusive domain of women, but women are reclaiming their traditional role against contemporary culture’s ‘masculinist’ privileging of technology and science, by using the novel ‘to transform binary modes of thinking in both form and content, and create stories to begin this healing discourse — one in which critics and readers alike can participate’ (4, 5).

Wilentz’s remarks are part of a growing challenge to Western medicine. David Morris reflects, in ‘Un-forgetting Asclepius: An Erotics of Illness’, on the millennia-long repression of the erotic element in Western medicine: ‘Asclepius and Hippocrates reflect the continuing split within medicine between eros and logos; it is a split some patients and doctors today are openly beginning to question’ (419). Morris uses the term ‘erotics’ to signify what some would call ‘alternative medicine’ or ‘spiritual healing’. He does not propose that Asclepius replace Hippocrates: ‘What matters is that an erotics of illness offers a vital supplement to the nanotech, genetic, laser-driven postmodern reconfigurations of Hippocratic practice... and in this role it inherently resists solipsistic biomedical tendencies toward domination that would confine Asclepius to the ranks of erased or forgotten gods’ (428–29). The return of Asclepius to Western medicine would provide additional therapies for patients, but doctors too would benefit from the opportunity to enrich their professionalism with human feelings. The return of Asclepius or Eros to
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medicine is evident in the recent declaration by medical authorities ‘that it is legitimate and valuable for doctors to express empathy’ (Morris 9).

Wilentz includes in her study only one woman writer from the Anglophone Caribbean — Erna Brodber. However, many factors have contributed, in the last three decades, to the outpouring of literary works by West Indian women writers. These works hold a mirror up not only to the Caribbean nations themselves but also to the United States and England whose values have undermined Creole (Afro-Caribbean) culture from colonial times until the present.

Wilentz chooses Brodber’s *Jane and Louisa Will Soon Come Home* from among many Caribbean novels because culture plays a pivotal role in the protagonist’s recovery from an emotional breakdown. With the help and healing powers of her Rastafarian friend, Baba, the protagonist, Nellie Richmond, finds the strength to break out of the protective cocoon or ‘kumbla’ that her family had woven around her consisting of middle-class pretensions, Eurocentric values, and pride in their white ancestry. According to Wilentz, ‘[t]he kumbla is a disguise that works as a metaphor for the way that Caribbean women protect their children… Specifically, for young girls, the kumbla is also used as a way to protect them against the onslaught of male aggression (or even their own sexual yearnings)’ (38). This protection comes at a great price, however, by ‘linking sexual repression with a rejection of cultural identity, a changing of color’ (Wilentz 38). With Baba’s help, Nellie begins a spiritual journey that will enable her to accept her sexuality by reaffirming her African ancestry and re-establishing contact with Afro-Jamaican (Creole) language and culture.

Illness also signifies rejection of externally imposed values and expectations in novels by Jamaica Kincaid and Zee Edgell, though in Kincaid’s *Annie John* the protagonist’s transformation is more about personal freedom than reaffirmation of ancestral ties. (It should be noted, however, that for the author, the decision to leave her home and family in Antigua and relocate to the United States was essential to her development as a writer whose novels themselves reaffirm her profound emotional ties to her family and Antiguan culture.) In the novel, Annie is suffering from a debilitating physical and emotional breakdown. When Western medicine fails to help the adolescent protagonist, her mother calls in two ‘obeah’ women, first Ma Jolie and then Annie’s grandmother, Ma Chess. Bridget Brereton explains that, ‘[t]he obeahman/woman — the magical specialist who could control spirits to harm someone, or, if he or she chose, to cure and heal and ward off ill-intentioned spirits — was a powerful figure in the rural communities of the Caribbean well into the postwar period’ (104–105). The effectiveness of the obeahman or obeahwoman, according to Brereton, depended upon his or her ability to ‘offer advice and comfort for emotional problems as well as cures [traditional herbal remedies] for physical ills’ (105). In the Caribbean, it would appear the rift between Asclepius and Hippocrates, eros and logos, has been healed, or perhaps never existed — at least among obeah practitioners and
their patients. Annie John’s mother places Ma Jolie’s little vials on a shelf next
to Dr. Stephens’s prescribed vitamins and purgatives. However, Annie’s father
‘didn’t like what he saw’, so her mother ‘arranged the shelf in a new way, with
Dr. Stephens’s prescriptions in the front and Ma Jolie’s prescriptions in the back’
(117–18). Mr. John has internalised the values of the dominant power structure, the
British colonial system, and has adopted their scepticism toward Creole traditions
and remedies, which he views as mere superstition. It is primarily the women who
keep these practices alive.

When neither Dr. Stephens nor Ma Jolie can cure Annie, her grandmother
Ma Chess suddenly appears though the steamship from Dominica was not due in
Antigua that day. ‘Whatever Ma Jolie knew, my grandmother knew at least ten
times more. How she regretted that my mother didn’t show more of an interest in
obeah things’ (123). Ma Chess lives in Annie’s room and avoids Mr. John ‘because
they didn’t see the world in the same way’ (126). Months later the monsoonal
rains suddenly stop, Annie recovers, and Ma Chess disappears as mysteriously as
she appeared. Annie senses that her condition was somehow tied to the weather.
‘I knew quite well that I did not have the power to make the atmosphere feel as
sick as I felt, but I still couldn’t help putting the two together’ (126). Rather than
build upon the bond she feels or has felt between herself and the island of Antigua
or between herself and her once adored mother, upon her recovery Annie realises
that, more than anything else, she wants to leave her island, her mother, and the
limitations imposed upon her by ‘this young lady business’: the endless cycle
of domestic drudgery that shuts women off from opportunities for achievement
in the public domain. The novel ends with seventeen-year-old Annie on board
a ship bound for England where she will study nursing. ‘I did not want to go to
England, I did not want to be a nurse, but I would have chosen going off to live in
a cavern and keeping house for seven unruly men rather than go on with my life
as it stood’ (130). If this novel is read as a fictional autobiography — and Kincaid
has said that all her novels are autobiographical (Ferguson 176) — the concluding
image is highly suggestive: ‘I went back to my cabin and lay down on my berth.
Everything trembled as if it had a spring at its very center. I could hear small
waves lap-lapping around the ship. They made an unexpected sound, as if a vessel
filled with liquid had been placed on its side and now was slowly emptying out’
(148). Paradoxically, Annie’s decision to leave Antigua will bind her even more
securely to her past, something her mother realises even if Annie does not: ‘It
doesn’t matter what you do or where you go, I’ll always be your mother and this
will always be your home’ (147). The vessel filled with liquid slowly emptying
out is a birth image, suggesting that as Annie lies on her ‘berth’ her water breaks.
The ‘child’ that is about to be born is this novel: Kincaid’s portrait of the artist as
a very young woman.

Even more than Brodber’s Jamaica and Kincaid’s Antigua, in Beka Lamb Zee
Edgell portrays Belizian culture as dis-eased and in need of healing discourse.
Beka, the protagonist, feels that she and her country have ‘bruk down’. Beka’s breakdown stems from the tragic death of her best friend, Toycie, who overcame abject poverty and illegitimacy to achieve high honours in school, but lost hope when the Catholic school she attended expelled her (though not the boy) when she became pregnant out of wedlock. If, as Wilentz claims, ‘cultures themselves can be ill’, then Belize in the 1950s is in very bad shape due to poverty, lack of sanitation, a poorly educated populace, and dependence upon wealthy nations to fulfil their most basic needs. Toycie and Beka represent different ways of responding to crisis and disappointment. Toycie collapses under pressure, whereas Beka — despite nearly flunking out of school and incurring the wrath of her father — discovers that she is stronger, more intelligent, and more creative than she had given herself credit for.

Beka has advantages that Toycie does not. The Lamb household and extended family is loving and supportive, Beka’s parents are married, and her father is a moderately successful businessman. Toycie lived in squalor with the woman who raised her from infancy, the well-meaning but mentally incompetent Miss Eila. Most importantly, Beka has grown up in a household where strong women speak their mind. Beka’s mother, though initially infatuated with all things English, comes to appreciate the value of her Belizian heritage — at least she is beginning to do so by the end of the novel when she abandons her effort to grow roses and selects indigenous flowers instead. Beka’s maternal grandmother, Miss Ivy, is heavily involved in politics on the side of the common folk against the money and power brokers. She also admits to Beka at the end of the novel that like Toycie, ‘I turned to rocking the cradle’. ‘But at least you didn’t break down and die’, Beka responds, and her grandmother concurs (170). By this point Beka has come to terms with her friend’s death, and she realises that although the misogynistic Father Nunez and the rigid Sister Virgil have much to answer for, Toycie herself lacked the inner resources to face trouble when it came. Still, the novel provides a scathing indictment of the Catholic clergy whose unfair treatment of women and girls is the catalyst for Toycie’s suffering and eventual death. Father Nunez warns the girls in his charge that their bodies have the power ‘to unleash chaos upon the world’ (90), and Sister Virgil justifies expelling Toycie, but not the father of her unborn child, because ‘we believe it is entirely up to the modesty of the girl to prevent these happenings’ (119).

Not all the priests and nuns are as hypocritical and uncaring as these two. At Beka’s lowest point she turns to her friend and mentor, Sister Gabriela, who tells her, ‘[y]ou must go as far as the limitations of your life will allow. Find a way to do what you can, even though things seem to be crashing all around you. Try to recognize the pattern even if it is one you don’t like, then maybe you can do something about it’ (116). Sister Gabriela’s advice reflects the metaphoric role that illness often plays in novels written by Caribbean women in the second half of the twentieth century. Physical and often mental collapse coincides with the
breakdown of ties to home and family, as well as the transition from child to woman. This transitional time tests the protagonist’s courage and strength, and more often than not she emerges phoenix-like from the ashes of her childhood to take her place in the life of her community, her country, or even beyond.

In novels by Afro-Caribbean writers, even elderly black women are strong. Kincaid’s Xuela Richardson, in *The Autobiography of My Mother*, is as proud and uncompromising at seventy as she was in her prime. And the protagonists of Beryl Gilroy’s *Frangipani House* and Paule Marshall’s *Praisesong for the Widow* have turned the infirmities and physical limitations of old age into opportunities for advancement. In Marshall’s novel, an affluent African American widow, Avey Johnson, impulsively abandons her friends and the cruise ship *Bianca Pride* in Grenada, where she joins a charismatic old man, Lebert Joseph, and his fellow pilgrims on an expedition to the tiny island of Carriacou. The events that follow — her debilitating sea-sickness, the ritual bath, and ‘the Carriacou Tramp, the shuffle designed to stay the course of history’ (250) — reconnect Avey with her roots in the South Carolina Tidewater where as a child she listened to great-aunt Cuney’s tales of the Ibo people who walked on water, despite their chains, all the way back home to Africa. Her spirit healed by the pilgrimage, Avey finds that she is no longer trapped in the cycle of ‘getting and spending’ to keep up with her affluent white neighbours back in North White Plains, New York. She resolves to sell her big house and return to the Tidewater region where she will pass down Aunt Cuney’s stories about the Ibos to her grandchildren and their friends.

In contrast to these depictions of strong black women, Jamaica Kincaid has commented to Moira Ferguson on the weakness and nihilistic posturing of female characters in novels by white women. Kincaid observes ‘that the Americans, the women from the centre of the world, lack that sense of self-invention or renewal, self-discovery. They don’t have that, unless of course they are a repressed group like black women in America. But the white women in America and European women, you know, they don’t have that at all’ (177). Kincaid attributes this to the white woman’s investment in the status quo: ‘[e]ven as they are oppressed within their group, they are still of the privileged. I think that change for them would be very threatening because when we rebel we want the whole thing washed away, turned upside down. But they can’t do that because they would lose something too’ (177).

Oddly, Kincaid refers to Marguerite Duras and Jean Rhys as examples of ‘decaying’ white writers ‘from the center of the world’, yet neither woman was born in Europe or America. Duras, whose family lived a financially precarious existence in French Indochina, falls outside the Anglophone perimeter of this study. Elsewhere, however, I have argued that the white Creole Jean Rhys, who spent the first sixteen years of her life on the tiny island of Dominica, created characters who were not weak or decaying. Anna Morgan, the narrator of *Voyage in the Dark*, and Antoinette Cosway, in *Wide Sargasso Sea*, are willing victims,
not hapless scapegoats. ‘Viewing Rhys’s novels against the background of Caribbean colonial history helps to explain many attributes of the so-called “Rhys woman”: her self-destructive behavior, apparent passivity, sexual debasement, and fatalism… [Rhys’s] novels constitute a somewhat twisted tale of remorse and repentance for the white Creole’s complicity in slavery and colonial domination’ (Wilson 74). Rhys uses madness, obeah, and suicide to expose the Western world’s original sin: slavery. Her characters must pay, in Antoinette’s case with her life, for the sins of their slave-owning forefathers. For both characters, illness and near or actual death become means to an end. Anna’s abortion and Antoinette’s suicide symbolise the end of their bloodlines and the collapse of a world that was destined to fall because it was rotten at the core.

Virginia Woolf is a writer whose privileged background and place of honour in the modern British canon make her a better choice than either Rhys or Duras for inclusion in this study of illness and insight in novels by Creole women from the former British colonies and white women ‘from the center of the world’. In Woolf’s novel *Mrs. Dalloway*, for example, one might question whether Clarissa Dalloway’s privileged social and economic circumstances as a member of ‘the ruling class’ (her husband is a Member of Parliament) would limit her opportunities for spiritual renewal in mental and physical illness, and in the infirmities and physical limitations of old age. Do the Dalloways’ ties to England’s vast colonial power structure compromise her spiritual development? Is Clarissa, as Jamaica Kincaid suggests of white women in general, too heavily invested in the status quo to risk bringing down the entire house of cards by her words and actions?

According to Woolf, illness calls into question the most basic assumptions of human beings regarding class and power relationships. In *On Being Ill*, Woolf describes illness as radicalising and the afflicted (including herself) as deserters and outlaws: ‘[b]ut in health the genial pretence must be kept up and the effort renewed — to communicate, to civilise, to share, to cultivate the desert, educate the native, to work together by day and by night to sport. In illness this make-believe ceases … we cease to be soldiers in the army of the upright; we become deserters’ (12). In *Mrs. Dalloway*, Clarissa Dalloway and Septimus Warren Smith are separated by class and circumstance (they never actually meet), yet these unlikely soul mates are united by illness and a shared vision or epiphany. The bond between them transcends binary constructions by virtue of their failing health. Clarissa’s recent illness has exiled her from the marriage bed. ‘Like a nun withdrawing’, she climbs the stairs to the small attic room and the narrow single bed where she sleeps alone (31). When Septimus returns to England after experiencing the horrors of World War I from the trenches, he too withdraws — not to a room like a nun’s cell but deep into the recesses of his own mind. Both, according to Caroline Webb, reject ‘society’s solemn progress’ (289). Both are ‘deserters’ from the ‘army of the upright’. As such, both must be isolated, for their own good and for the good of society. Richard Dalloway insists that after
her illness, Clarissa must sleep undisturbed. More ominously, the ‘obscurely evil’
medical doctor, Sir William Bradshaw, has convinced Septimus’s wife, Rezia, that the
people we are closest to ‘are not good for us when we are ill’, so she and Septimus
‘must be separated’ for as long as her husband remains institutionalised (147).

Septimus feels threatened by both of his doctors, Holmes and Bradshaw. Although he sees dead people and hears birds singing in Greek, prior to his suicide he acquires absolute clarity regarding his predicament: ‘[w]hat right has Bradshaw to say “must” to me? he demanded… So he was in their power!
Holmes and Bradshaw were on him. The brute with the red nostrils was sniffing
into every secret place! “Must” it could say! Where were his papers? The things he had written?’ (147). Septimus has intuited the threat to privacy, autonomy,
and integrity when medical doctors are granted the power previously reserved
for priests and the police. Illness becomes a sin and a crime, punishable by
involuntary confinement of indefinite duration.

Foucault traces the transition from a pre-Renaissance view of madness
as ‘linked to the presence of imaginary transcendences’ to the classical age
when, ‘for the first time, madness was perceived through a condemnation
of idleness and in a social immanence guaranteed by the community of labor.
The community acquired an ethical power of segregation, which permitted it
eject, as into another world, all forms of social uselessness’ (1982 30). Sir
William Bradshaw, and to a lesser extent Dr. Holmes, represent the community of
labour which has granted doctors the ethical power of segregation to protect the
bourgeois order. ‘Worshiping proportion, Sir William not only prospered himself
but made England prosper, secluded her lunatics, forbade childbirth, penalized
despair, made it impossible for the unfit to propagate their views until they, too,
shared his sense of proportion’ (Woolf 1981 99). Dr. Holmes too speaks for the
‘community of labor’ when, immediately following Septimus’s suicide, Holmes
exclaims ‘The coward!’ Society has spoken, for suicide is the ultimate form of
social uselessness.

Sir William arrives late at Clarissa’s party because of Septimus’s death, and
Clarissa, trying to pinpoint the source of her dislike for the man, observes that
‘one wouldn’t like Sir William to see one unhappy. No; not that man’ (182). For Bradshaw worships not only the goddess Proportion but also her sister
Conversion, the ‘fastidious Goddess’ who ‘feasts most subtly on the human will’
(100). Submit to Sir William’s regimen, obey his commands, merge your will
with his or risk the consequences, which for Septimus would have been indefinite
incarceration, separation from his loving wife, and denial of access to his books
and writing materials. ‘Life is made intolerable’, Clarissa reflects, by men like
Bradshaw, and she intuits Septimus’s final moments as moral victory: ‘[d]eath
was defiance. Death was an attempt to communicate… There was an embrace in
death’ (184–85). Fortified by Septimus’s defiance, Clarissa opts for life, returning
to the party after withdrawing to reflect on the significance of Septimus’s suicide
and the nightly solitary ritual of her elderly neighbour whose progress toward bed/death Clarissa watches from her window.

*Mrs. Dalloway* is a critique of a medical profession that has lost sight of its patients’ humanity, a call for reform of an institution that worships Logos at the expense of Eros in all its manifestations — spiritual as well as physical — and thus fails to treat the whole person. Clarissa’s experience of oneness with a dead man she never met is a sign of the novel’s emphasis on spirituality or ‘the universal human desire for transcendence and connectedness’ which, according to Judy Kaye and Senthil Kumar Raghavan, is stronger in those with serious illness (233). Numerous studies have shown that transcendence, ‘a transformation of the perception of the human condition’, can help alleviate feelings of hopelessness and helplessness among the disabled and those with serious illnesses (233). Clarissa’s spiritual awakening leads to a renewed appreciation for life, and life’s brevity is no longer a cause for despair but rather a reason to seize the moment and celebrate: ‘An offering for the sake of offering, perhaps. Anyhow [the party] was her gift’ (122).

Given the importance of mental attitude in the treatment of illness and injury, why has Western medicine been slow to acknowledge that spiritual practice can facilitate treatment by providing peace of mind and serenity in troubled, uncertain times? Woolf asked that question eighty-five years ago, and *Mrs. Dalloway* is her attempt to answer it. It is a question with profound implications for her writing in general, as seen in the following passage from her essay ‘Modern Fiction’: ‘[l]ife is not a series of gig lamps symmetrically arranged; life is a luminous halo, a semi-transparent envelope surrounding us from the beginning of consciousness to the end’ (287–88). Woolf suggests that illness and suffering contributed to her rejection of realism in favour of stream of consciousness, for pain transports us beyond ‘this monster, the body’ by making ‘us taper into mysticism, or rise, with rapid beats of the wings, into the raptures of transcendentalism’ (2002 6). ‘In illness’, Woolf continues, ‘words seem to possess a mystic quality… Incomprehensibility has an enormous power over us in illness, more legitimately perhaps than the upright will allow’ (2002 21). For Woolf, the ‘literature of pathology’ (Lee xxiii) is integral to her vision. Illness is much more than a plot device: it is a doorway to higher consciousness.

Asclepian ‘narrative medicine’ and spiritual healing provide Clarissa Dalloway and other ‘outlaws’ with the strength to embrace life with renewed fervour. Clarissa does not ‘lack that sense of self-invention or renewal, self-discovery’ that characterises the protagonists of novels by Afro-Caribbean women writers (Ferguson 177). Jamaica Kincaid’s distinction between white women writers ‘from the center of the world’ and marginalised black writers is an example of binary thinking which healing discourse seeks to mend. Kincaid is well aware that nothing is simply black or white, good or evil. Although she grew up poor and black in a colonial setting, she is now — compared to most people — rich and
famous. She has told Moira Ferguson that she turned the tables on the colonisers by means of the excellent education that they provided (175). Living and paying taxes in the United States presents an ethical dilemma: ‘I contribute to some pretty horrendous thing… I live in a nice house in a country that does pretty horrendous things’ (183). Kincaid’s frank assessment of the complexity of her own position echoes Foucault on the cyclical nature of power relationships:

The successes of history belong to those who are capable of seizing these rules [of law], to replace those who had used them, to disguise themselves so as to pervert them, invert their meaning, and redirect them against those who had initially imposed them; controlling this complex mechanism, they will make it function so as to overcome the rulers through their own rules. (1984 85–86)

Ultimately, however, even the rise and fall of ethnic groups and entire civilisations will be reduced to ‘a tale / Told by an idiot, full of sound and fury, / Signifying nothing’ (Macbeth V, v, 27–29). Death is the great leveller: it does not distinguish between races or genders or classes. The powerful and those on the margins of society will come to the same end. And illness is practice for the inevitable. ‘What the bedridden invalid gains in resigning worldly power is access to truth… Health conceals not only the solitude of the individual, which illness chillingly exposes, but also the compensating link between illness and eros’ (Morris 428). The refrain from Cymbeline that haunts several of the characters in Mrs. Dalloway — ‘Fear no more the heat o’ the sun’ — is not an invitation to sit in judgment on the protagonists’ courage or lack thereof. Although they follow different courses of action, both Clarissa and Septimus are motivated by insight they obtained as a result of their illnesses, insight into the nature of power and the dearth of empathy in modern medicine. The enemy is not death but fear of death. When one has overcome that fear, the question is no longer ‘to be or not to be’ but how to make the most of these precious gifts, life and consciousness. Septimus’s suicide is not an act of despair but an act of defiance, a refusal to live on any terms but his own. Death does not frighten the war hero, but life on Bradshaw’s terms terrifies him. Like the Ibo in Praisesong for the Widow who walked into/across the sea rather than live as slaves, Septimus chooses physical death over death of the spirit. His death renews Clarissa’s commitment to life: ‘[s]he felt glad that he had done it; thrown it away. The clock was striking, leaden circles in the air. He made her feel the beauty: made her feel the fun’ (186). Clarissa ‘assembles’ herself and returns to the party where her fading beauty and immense charm are still capable of working their magic. Clarissa’s awareness that Septimus has suffered ‘some indescribable outrage’ at the hands of Sir William Bradshaw has, in a sense, transferred the young soldier’s life force to her soul — ‘She felt somehow very much like him’ — and her triumphant re-entrance is his as well.

By seeking common ground between Virginia Woolf and contemporary Caribbean women writers, I am attempting to overcome binary thinking in postcolonial criticism. Criticism as ‘healing discourse’ does not ignore history or
justify a race-neutral, ahistorical perspective that Kamau Brathwaite sees as a way of masking or denying or reassigning white guilt (Brathwaite 73). The atrocities committed by the colonial powers in the name of some ‘civilising’ mission must never be forgotten. Colonialism, imperialism, slavery, and genocide constitute the original sin upon which the contemporary world is built and the root cause of so many of our social problems. But it is as dangerous to look only backwards as it is to ignore the past. The abolitionists’ logo of 1787, and its updated version focusing on gender oppression, works both ways: ‘Am I not a man and a brother? Am I not a woman and a sister?’ (Kristof online). Black and white, African and European, female and male: are we not sisters and brothers? Healing discourse acknowledges the horrors of the past and the injustice of the present but also looks ahead, with cockeyed optimism, to a future when everyone, not just the sick and dying, can challenge those social institutions that question or deny our shared humanity.

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