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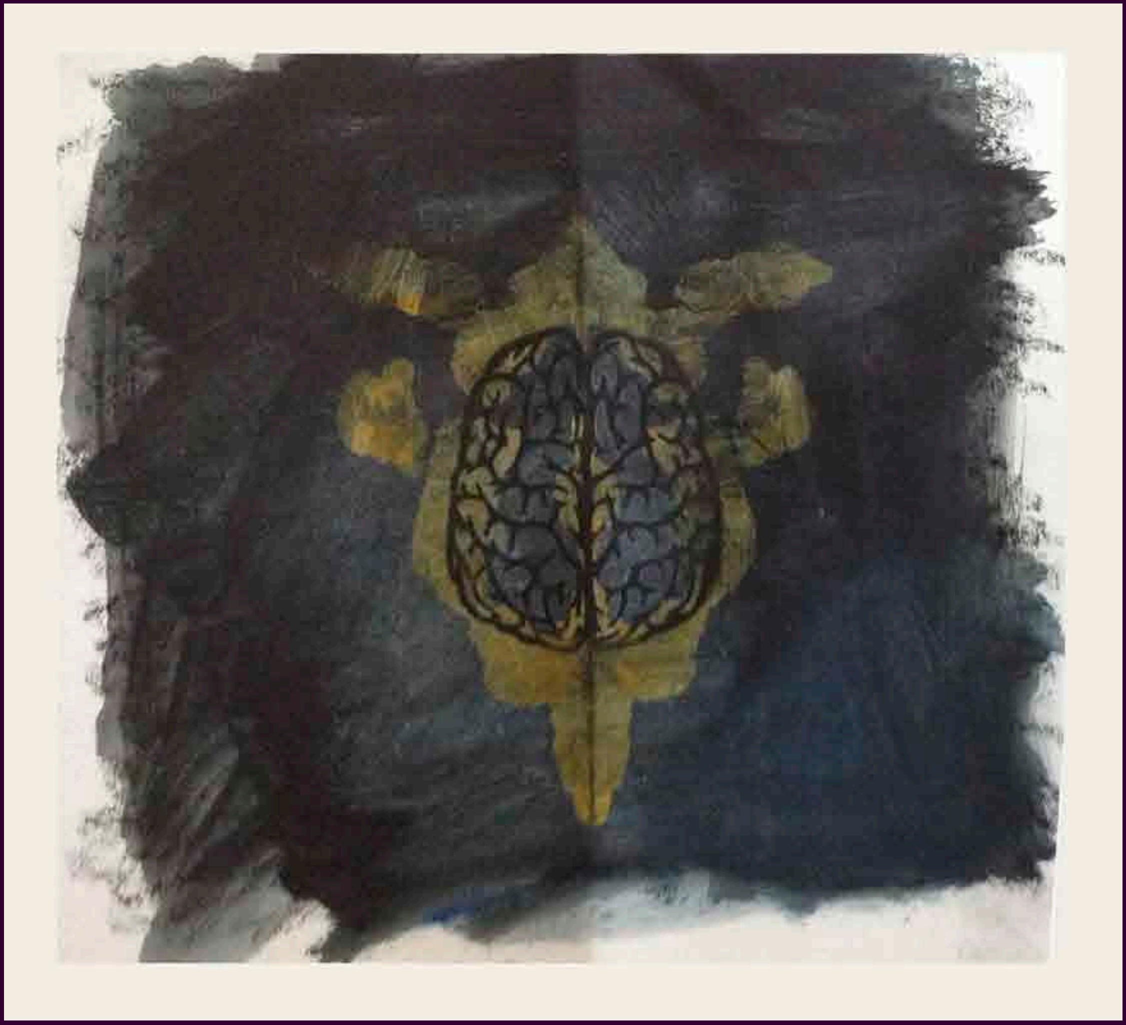

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Disability, Mental Health, and Disablement

Editors: Savitri Persaud and Dr. Fatimah Jackson-Best

December 2021

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Disability, Mental Health, and Disablement

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CARIBBEAN REVIEW OF GENDER STUDIES
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Mental Health, Madness, Disability, and Gender in the Caribbean and Diaspora: Engaging and ongoing discussions

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Introduction

We are honoured to present this issue on disability, mental health, and disablement for the Caribbean Review of Gender Studies. The thematic focus of this issue was borne out of numerous conversations and a shared interest in engaging with ongoing discussions about the intersections of gender, disability, and mental health in the Caribbean and Diaspora.

We remain deeply inspired by the words of Audre Lorde, whose lessons from her germinal text, A Burst of Light and Other Essays, continue to resonate: "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare" (Lorde 1988, 130). Forever a visionary, by linking care to her survival, Lorde reminds us that participating in liberatory work necessitates a prioritization of our wellness and well-being. We have seen other Black and Caribbean feminists make similar assertions: Angela Davis (2016) says, "Self-care and healing and attention to the body and the spiritual dimension – all of this is now a part of radical social justice struggles." And Llana James (2007), who writes: "Feminist activism and theorizing within the African Diaspora [...] must include discussions about our physical and psychic well-being in order to truly generate strategies for surviving and thriving" (229). Grounded by these reminders, this issue is offered as a contribution to our collective care, and we hope it will be utilized as a mechanism for survival and our eventual liberation.

Justice and liberation are particularly urgent themes in this issue due to its thematic focus. In the region and across Caribbean communities in the Diaspora there is increased discourse about mental health and disability, but policies and protections for people with these lived realities and challenges have been slower to materialize. Accessibility remains a major barrier across the Caribbean, and this prevents people living with disabilities from equally participating in society. We also know that stigma and discrimination worldwide continue to marginalize those who live with mental illness (Jackson-Best and Edwards 2018). We often see discourse and talk prelude action from our states and governments; however, in the wait time between political promises and action, we experience the impacts of adverse health outcomes and lives lost as a consequence of this delay. As proponents for gender justice, it is essential to remember that the pressure we apply to our governments to advance the rights of women and LGBTQIA groups must also include advocacy for the rights and recognition of people living with mental health challenges and disabilities, and that oftentimes these identities overlap in unexpected ways.

The contributions in this issue mirror the many ways mental health, disability, and disablement are spoken about, worked through, and actioned on in our communities. The papers, commentaries and reviews hone in on the academic work that has been generated on these major themes. The contributions to the Gender Dialogues section provide arts-based approaches that explore these topics.

Sue Ann Barratt's paper explores how Caribbean university students cultivate strategies to navigate diagnosed mental illness and academic achievement. The paper is unique for several reasons, including the ways it decentralizes conceptions of expertise by centring students' experiences and narratives, and its provision of insight into how students develop and apply treatment strategies to deal with diagnosed mental illness. Using "personal testimony as a demonstrative research narrative", Barratt (2021) outlines a roadmap developed by students which uses lessons learned through their experience managing their mental health within academic environments.

Fatimah Jackson-Best's commentary paper focuses on findings from two studies conducted by the author; a maternal depression research study conducted in Barbados and a global-health focused systematic review of stigma and intersectionality. These studies provide evidence that mental illness and disability stigma amongst Caribbean women exists, but questions why so few retrievals from the systematic review of stigma focused on this group. The commentary also includes observational analysis from research in the Anglophone Caribbean and makes the case for increased research on mental illness stigma and physical disability stigma focused on Caribbean women across racial, linguistic, geographic and ethnic differences.

Laura Loth's essay examines disability, trauma, and the role of the metaphor through an engagement with the work of Guadeloupian-French author Gisèle Pineau, whose memoir – Folie, Aller Simple: Journée Ordinaire d'une Infirmière (2010) – details Pineau's parallel careers as a writer and a psychiatric nurse working in France. The reception of the metaphor as an analytical tool is contentious throughout diverse fields of study. For example, it is often considered problematic within disability studies, while it tends to hold a place of prominence in trauma studies (Berger 2004). Loth argues that Pineau's memoir offers a space of coexistence and fluidity for disability and trauma. Through the use of what Loth describes as Pineau's "Poetics of Disaster" and disaster imagery, Loth examines and interrogates how Pineau creates space to critically engage with the material conditions of immigration, displacement, and postcolonial relations within and between France, the Francophone Caribbean and its Diaspora. Loth's paper offers a nuanced literary perspective that is rooted in understanding the multifaceted socio-politico-economic relations that are indelibly shaped by imperialist and capitalist histories and relations between the West and the Caribbean. Loth's contribution gives us pause because it reminds us of how these relations are evermore seething, present and exacerbated in the age of COVID-19.

Ria Mohammed-Davidson's contribution analyzes the degree to which the issue of double discrimination is sufficiently attended to in Commonwealth Caribbean jurisprudence. Mohammed-Davidson illustrates how Commonwealth Caribbean law – specifically in the areas of criminal law, family law, and constitutional law – has not effectively addressed the particular concerns of disabled Caribbean women, whose material contexts are adversely shaped at the intersections of gender and disability discrimination. The law, in some cases, upholds harmful stereotypes about disabled women or often relies on a formal approach to equality, which does not consider substantive differences that uniquely impact this specific group. However, international law and jurisprudence emerging from Guyana and Belize offer points of contrast. Mohammed-Davidson underscores how these examples, attuned to the gendered dimensions of disability, provide lessons for a new way forward and can be utilized to call for substantive change. Her paper is crucial in bringing attention to the shortfalls of Commonwealth Caribbean jurisprudence and the adverse effects experienced by women with disabilities. Mohammed-Davidson's advocacy for a dignity-centric approach is a necessary and vital intervention concerned with comprehensively addressing and ameliorating the disadvantages and negative outcomes experienced by disabled women in the Caribbean.

The essay by Ryan Persadie engages with artistic productions and Caribbean understandings of madness, mental health/illness, and disability at the crossings of soca music, race, colonial histories and inheritances, and Carnival. Persadie asserts that soca creates spaces of strategic performativities – avenues to think, communicate, and express selfhood – where the metamorphization of madness illuminates Caribbean logics, histories, lived experiences, and the liberational spirit of the tradition. Like Loth, Persadie analyzes the function and capacity of the metaphor within diverse areas of study as he thinks through the problematics and consiliences that shape the use of the device. Persadie acknowledges and questions soca's heavy use of ableist language and tropes as he fastidiously apprehends how – by building on the scholarship of Shalk (2018), Erevelles (2011) and Barker (2011) – "the construction of disability works through the material and metaphorical simultaneously and must be theorized in their historical, representational specificity, and lived contexts" (Persadie 2021). Particularly through his examination of soca artist Uncle Ellis' Carnival hit "I Doh Mind", Persadie (2021) explores how this song is full of "multidimensional complexities in performing madness as a practice of self-making by someone who is identified and self-identifying as 'mad' outside of soca performance". Persadie explores and unmasks the limitations and possibilities of the metamorphization of madness; his careful interventions offer us comprehensive and responsive ways to disrupt conventional uses and understandings of the device in favour of a complex and context-specific analysis that attends to distinct Caribbean realities.

F.J. Genus' creative offering in the Gender Dialogues section is an exploration of transgender identities depicted through the experience of a Black queer transgender man named Nate who is on a journey of self-exploration. Genus' piece provides nuance in a representational landscape that has seen an increase of transgender narratives and stories, but still tends to depict the transgender experience through binary frameworks which focus on either masculine or feminine representations. The creative piece is written from a point of acknowledgement that such representations fail to convey the diversity of the lived experiences of transgender people, and his short story, "Identity", works to give a fuller depiction of these realities.

The short story "Giving Voice to Avril" by Fatimah Jackson-Best draws on a phantom character from author Naomi Jackson's 2015 debut novel The Star Side of Bird Hill. The story follows two young sisters sent to spend the summer with their maternal grandmother in Barbados of 1989. One of the underlying tensions in the book centres on the girls' mother, Avril, who is living with mental illness in Brooklyn and sent them to Barbados after experiencing a severe mental health crisis. After her suicide, the impact of her undisclosed mental illness and the mourning for what once was can be felt beyond borders and oceans. The short story seeks to give voice to Avril, through a first-person narrative from her perspective as she grapples with her past, her mental illness, and the decision to send her daughters home to her mother. The narrative illuminates tensions in Avril's life as she wrestles with issues around motherhood, mental illness, stigma and notions of "home".

Amilcar Sanatan's creative non-fiction contribution to the Gender Dialogues section discusses the trauma of childhood sexual abuse experienced by boys. Through evocative and cutting prose, Sanatan explores how patriarchal belief systems – informed by hegemonic masculinity and ideas of male sexual dominance and virility – operate to silence victims by preventing them from acknowledging abuse and inhibiting them from seeking social supports to address their trauma. The poignancy of Sanatan's (2021) essay is particularly felt when he writes about the sexual abuse and violation of young Omar at the hands of an adult, a woman: "Back then, I did not accept that there were big women like the big men in maxis who targeted children, carried them places away from innocence and left them to decide what happened to them in the silence of a fallen sky." Sanatan's discussion of the taboos and stigma surrounding this issue is candid and bold. His work pushes us to have honest conversations and to expose these harms – to recognize and to name these crimes as abuse, molestation and sexual violence in order to confront and combat these injustices and to compassionately address trauma.

Karen Naidoo's contribution provides a detailed review of the edited collection Caribbean Healing Traditions: Implications for Health and Mental Health (Sutherland, Moodley, and Chevannes 2013). Naidoo's review of this important text highlights how Caribbean people – across diverse ethnic backgrounds and communities (African, Indian, Chinese, Indigenous, European) – have holistically cared for themselves and have been responsible for their wellness and the preservation of their societies before and after colonization and imperialism, which ushered in the Western biomedical model. Significantly, Naidoo's contribution points to a gap in the reviewed text as she calls for more engagement with the mental health issues affecting those in the Diaspora living abroad and outside of the Caribbean region. She incisively highlights how Caribbean communities stand to benefit from the inclusion of this research because of what it reveals about the nuances of these particular experiences.

At the time of publication, we have marked a grim anniversary and have spent over one year living through the ruptures of the COVID-19 pandemic. This virus has claimed over 2.5 million lives worldwide, with thousands succumbing in the Caribbean region (Dong, Du, and Gardner 2020). Curfews, physical/social distancing, quarantines, and border closures have characterized many of our experiences since March 2020, as we have radically changed how we engage with our communities in order to limit the spread of this virus. Over the last year, we also witnessed COVID-19 lay bare the consequences of structural inequalities and inequities persisting in our societies. This has created an environment for the pandemic to wreak havoc on the lives of those among us who have been made even more vulnerable. This includes Black, Indigenous, and racialized communities; poor people; LGBTQIA groups; and persons who live with disabilities and mental health challenges. Bain, Dryden, and Walcott (2020) write that "racism, poverty, incarceration, limited literacy, over-crowded living conditions, lack of social supports and limited access to health services are chronic conditions that must be considered during this pandemic." Indeed, these issues were not borne out of the pandemic, but they have been exacerbated by COVID-19. This is a sobering reminder for us to reflect on and to consider our routes of advocacy and action as we imagine a future that centres those who have been most marginalized.

The pandemic has upended what is so commonly referenced as a normal way of life and living. Our news is filled with a kind of nostalgia whose subtexts and direct appeals are often a desperate call for a return to this normal. Politicians, in particular, are central orators and advocates of this call. But what is this normal that is longed for? As we experienced the full effects of COVID-19 lockdown measures, Dionne Brand (2020) – the distinguished poet, novelist, essayist and professor born in Trinidad and Tobago and teaching at the University of Guelph in Ontario, Canada – wrote a poignant piece in the Toronto Star that, in part, asks us this very question. She outlines the material realities and implications of returning to a normal that was never informed or practiced with the liberation of all people in mind. Brand (2020) is surgical in her analysis:

> The repetition of "when things return to normal" as if that normal, was not in contention. Was the violence against women normal? Was the anti-Black and anti-Indigenous racism normal? Was white supremacy normal? Was the homelessness growing on the streets

> normal? Were homophobia and transphobia normal? Were pervasive surveillance and policing of Black and Indigenous and people of colour normal? Yes, I suppose all of that was normal. But, I and many other people hate that normal.

And while Brand (2020) knows “the more benign meanings of normal; having dinner with friends; going to the movies; going back to work (not so benign),” she tells us that this perceived, nonthreatening type of normal is predicated on a “dis-eased” one. It is the malignancy, insidiousness and inhumanity of this “dis-eased” yet familiar normal, which denies the most basic of rights and dignity to marginalized people that Brand is concerned with. It is this normal that must be contested, halted and disassembled.

The “endoskeleton” of this normal that Brand (2020) references is one that is knowing to Caribbean people living with a range of disabilities and mental health challenges in the region and in the Diaspora. The reality of these COVID-19 times strips bare the injustices that these groups already understand so intimately; injustices that are constitutive parts of this normal long before the global pandemic. In 2020, the gruesome killing of Susan Bogle, a disabled woman who was shot dead in her home by a member of the military during a police-military operation in Jamaica, is a part of this normal (The Gleaner 2020). The violent death of Steffon Francis in 2019, who was an inpatient at Guyana’s National Psychiatric Hospital at the time of his killing, is a part of this normal (Stabroek News 2020). In Haiti, the 2016 murders of three deaf women – Jesula Gelin, Vanessa Previl, and Monique Vincent – who were perceived as lougawou or lougarou (monstrous, evil spirits in Haitian and Caribbean mythology) and were tortured and beaten to death, is a part of this normal (Leach 2016). In Canada, the 2014 police killing of Jermaine Carby, a man whose family immigrated from Jamaica and who experienced mental health challenges, is a part of this normal (Nazareth 2016; Paul 2014). In 2012, the wrongful detainment of Cheryl Miller, who was “dragged from her office and forcibly committed to the St. Ann’s Psychiatric Hospital” in Trinidad, is a part of this normal (Achong, 2019). All of these cases and countless others are symptoms of this longstanding normal in societies where social suffering among equity-seeking groups is intensified and made worse by the COVID-19 pandemic (Alleyne 2020; Bennett 2020; Gopaulchan 2020; Red Thread 2020; Smith-Cartwright 2021; Trebucq 2020; UN ECLAC 2020; Wilson-Harris 2020). The virtue-signaling and gradualism of the insincere forms of "help" that is so barefaced and ham-handedly offered by Caribbean governments and politicians to poor and marginalized people is inhumane; this form of incrementalism, done in the name of "progress" – whose "progress" though? – must be rejected and fiercely countered because such pittances will never be sufficient in fostering equitable societies. The dismantling of this normal and the necessary rebuilding that will accompany it must centre the voices and priorities of equity-seeking groups, including Caribbean people living with a range of disabilities and mental health challenges in the region and in the Diaspora.

The contributions in this special issue offer critical perspectives that examine and question this normal. The authors skillfully identify the taken-for-granted assumptions of this normal and ask pointed and necessary questions about which people are welcomed to participate as full members in the realm of normalcy. They pose critiques and make demands of a normal in need of demolition. More pressingly, these contributions, in their own way, are a call to action and an appeal for continued and sustained theory, research, and activist praxis in this budding area. It is our hope that readers engage these contributions with an open mind and leave with a greater understanding about how specific issues of disability, mental health, disablement, and their resonances touch the lives of Caribbean people. To this end, which we hope is a beginning, we conclude with Brand (2020), who engages a moving paraphrasis from the work of Haitian academic and anthropologist, Michel-Rolph Trouillot:

> But I hear what they say and many others do as well, "Look we should never live the way we lived before; our lives need not be

framed by the purely extractive, based on nothing but capital.” Everything is up in the air, all narratives for the moment have been blown open – the statues are falling – all the metrics are off, , if only briefly. To paraphrase Trouillot, we want ‘a life that no narrative could provide, even the best fiction.’ The reckoning might be now.

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“Find Your Anchor”: Navigating Mental Illness and Academic Achievement

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Abstract

Students, at all levels of learning, continue to grapple with multiple challenges including mental illness and its complications. In this paper, I set up a peer-to-peer conversation to offer plausible strategies to confront and manage the effects of mental illness on a student's academic journey. These students who contributed their perspective and experiences reinforce "finding your anchor" as foundational to building their own capacity to thrive while managing challenges presented by mental illness, and explained that such involves more than seeking medical and counselling help but requires consciously confronting the fear of social and cultural taboos and stereotypes. To interpret and clarify their explanations I utilize a case study research design, collecting data through in-depth interviews and elaborating significant meanings within that data through content and narrative analysis. Ultimately, students provide more than testimony, they map routes to take and express an encouraging voice that demonstrates how, though confronting challenges, they were able to harness available resources to help them live with mental illness and still achieve their goals as students.

Keywords: Mental illness, student achievement, tertiary education, treatment, therapy, help-seeking behaviours

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Introduction

How does a student meet high expectations, achieve tangible goals and thrive while managing the challenges of diagnosed mental illness? This paper offers a plausible strategy based in the experiences discussed by select students within the tertiary level peer group. These students reinforce “finding your anchor” as foundational to building their own capacity to thrive while managing challenges presented by mental illness, and explained that such involves more than seeking medical and counselling help but requires consciously confronting the fear of social and cultural taboos and stereotypes. This paper presents their “how to’s” and the lessons they learned while applying these to their experiences.

To elaborate their strategies, I foreground their standpoint and sense making to harness the potential of personal testimony as a demonstrative research narrative. I view these students as experts of the experience in focus and capable of providing insightful revelation, recognisable voice and context, and plausible personalised connection, be it viewed as a close or far connection. Through their testimony, I set up a peer-to-peer conversation to address a research problem which I view as persistent and significant, i.e. mental illness within a specific context, a teaching and learning context. I do not claim these select experiences as prototypical or representative, noting that such claims would be impractical and invalid because of the variability and complexity of living with mental illness.

The problem I address emerged through my experiences as a lecturer at The University of the West Indies for about a decade and a half. Each year, I encounter students, the number varying per semester, who expressed concern about their academic progress because they felt hindered by the impact of varied challenges of living with suspected or diagnosed mental illness. Though the numbers who came to me were not in the majority, the consistency of one or some individuals seeking counsel each year prompted the need for further exploration and for strategic and pragmatic efforts to assist students. My aim is to make salient the insights of the experiencing subject, and to make accessible, to students who need to manage the effects of mental illness on their lives within and beyond their academic journey, implementable strategies which have proved 'tried and true' for those students who share their experiences.

To achieve this, I utilize a case study research design, collecting data through in-depth interviews and elaborating significant meanings within that data through content and narrative analysis. The case study design is both exploratory and descriptive, with the 'how' and 'why' of student experiences in focus as the basis of the peer-to-peer conversation set up (Baxter and Jack 2008). As case studies must be bounded by specific criteria (Harrison et al. 2017, Baxter and Jack 2008; Rowley 2002), I have defined this category of analysis by context, definition and sex category. Therefore, two students form the core sample selected, one male and one female, both being students of The University of the West Indies, St. Augustine Campus at the time of interviews, and both graduating successfully while managing diagnosed mental illness.

Additionally, though the purpose and scope of this paper accommodate to the research design, I acknowledge the pros and cons of personal testimony as discussed by Langellier (2003) for example. I also acknowledge the ongoing debates about small sample sizes in qualitative research and the validity of saturation as a standard (Malterud et al. 2015; Fusch and Ness 2015; Marshall et al. 2013; Trotter 2012; Dworkin 2012). Therefore, as a reflexive strategy, I apply respondent-driven sampling (Trotter 2012) to access additional members of the network of students who fit the sampling criteria outlined, and to use their perspectives to elaborate the demonstrative voice that is in conversation with their wider peer group. While an attempt was made to use student social network contacts to secure the participation of one additional male along with one additional female, potential male respondents from this peer network withdrew their participation during this process, therefore additional testimony is taken from two female respondents. The female voice is of significance in context as the peer group – the student population at The University of the West Indies, St. Augustine Campus – is female in the majority.

However, such withdrawal is notable because it not only explains the exclusion of a second male voice, it also reveals a general limitation, which affects responder participation acutely. That limitation rests in the risks associated with revealing self as affected by mental illness, a set of illnesses that remain stigmatised in many Caribbean societies. To participate in the peer-to-peer conversation I stage requires the student, who appears to excel without hindrance, to reveal a very personal struggle with mental illness. Participation involves consciously confronting taboo and secrecy and overcoming the fear of speaking about experiences often denied, marginalised or stigmatised, based on constraining stereotypical beliefs about mental illness.

Such stigma is a well-established feature of Caribbean society. For example, Ravello (2015), speaking of Trinidad and Tobago, reinforced the WHO mandate that the society needed to make a priority of the correction of misperceptions about mental illness and its treatment in the health system. In addition, Mascayano et al. (2016), in a systematic review of stigma toward mental illness in Latin America and the Caribbean, found the persistence of negative prejudices toward people with mental illness, experiences of social exclusion and functional impairment by those affected, as well as frustration, denial and grief within families with a mentally ill member. At the same time, they also found some attitudes of compassion and benevolence (Mascayano et al. 2016), which suggests that stigma is not absolute. The Trinidad and Tobago Association of Psychologists, responding to reports of suicidal ideation among preteen children, recognised in 2017 the continued challenge presented by gaps that undermine efforts to develop effective solutions to mental health problems (Julien 2017).

Therefore, efforts to fight such stigma have been persistent over time but have not yet successfully erased their relevance in Caribbean societies like Trinidad and Tobago. A look at the contemporary period exemplifies continued advocacy. For instance, Hutchinson (2012) explained the profound impact of such stigma on the mind and on social relations, advocating for an end to such belief systems that undermine awareness in the wider society, limit comfort, trust and functionality of those needing help with experiences of mental illness, and contributes to shame, secrecy and ongoing prejudice against those affected. Similar calls were made later by Sharpe and Shafe (2016) who insisted that the Caribbean needed creative and innovative approaches which focus on negating stigma and discrimination. These calls were repeated during every subsequent yearly commemoration of World Mental Health Day with concerns expressed over lack of support and fear of stigma that prevents individuals from seeking treatment in 2017, and with calls for an end to silence around mental health, for access to mental health information and for timely care in 2018 (Ministry of Health). Phillip (2018) highlighted the nature of ongoing challenges citing depression and suicide as prevalent across Trinidad and Tobago with much stigma still associated with it, and with the continued relevance of traditional beliefs around depression, ranging from the general disbelief that it is a legitimate illness to referring to it as obeah. The statistics are indeed concerning, with Deyalsingh (2019) explaining that in Trinidad and Tobago "one in four people suffer from mental illness and though the preponderance of mental illness seems to occur in the age group 25-50, clinics are also now seeing a trend of much younger patients" (Trinidad Guardian 2019). Thus, Seemungal (2019) issued an especially poignant appeal on behalf of people who live with mental illness,

> "Does anyone ever have to argue that bowel cancer or lupus are legitimate conditions? Yet this is what people with mental illness issues face every day. This has led to social stigma associated with mental diseases. These illnesses can be so debilitating that sufferers can be confined to their homes when severe. The symptoms of these illnesses are very real to sufferers. Mental illness sufferers have to endure their symptoms and the scepticism of those around them which makes it so much worse for them." (UWI Today 2019 12).

Ultimately, this spectre of stigma and discrimination has a direct impact on who and how members of the peer group chose to participate in the conversation I stage in this paper. Therefore, I have only included respondents who volunteered with full informed consent. All four respondents were well known to me and were engaged in peer counselling activities, therefore, their comfort levels and willingness to participate were influenced positively by this relationship and by their extra-curricular activity. However, I assert that the testimony from the few and the narrative outlined provide a salient example to the peer group who, with varying degrees of frequency and intensity, continue to live with the challenges of mental illness.

Mental Illness in the UWI Student Population: A Snapshot

Research has been ongoing at The University of the West Indies to understand mental illness in the wider population and the student population in particular. At the St. Augustine Campus, the experiences of medical students, as a particularly vulnerable group, have been well elaborated and have prompted action at the policy level. Seemungal (2019) explains,

> “Medical students have higher rates of depression, suicidal ideation and burnout than the general population and greater concerns about the stigma of mental illness. In 2010, Schwench et al. reported that about 50% of medical students experience burnout and 10% report suicidal ideation during medical school worldwide. Non-random estimates of depression amongst medical students at the St. Augustine Campus vary from 30% to 40% higher in certain subsets. The Faculty of Medical Sciences took the position last year that the time has come to move beyond simply measuring mental illness in medical students and has moved to create practical approaches to implementing school based solutions.” (UWI Today 2019).

Youssef has elaborated the trend in the medical students’ cohort explained by Seemungal. He reports significant negative attitudes still existing among medical students (Youssef 2018), high levels of stress and a significant prevalence of burnout and depressive symptoms (Youssef 2016), and the need for increased knowledge and education campaigns to reduce discrimination (Youssef et al. 2014).

In earlier years, Mungroo and Mohammed (2011) reported that the general population of full-time undergraduate students at the campus were mentally healthy. However, the conditions have changed over time, as Wall et al. (2014) found in a survey of undergraduate students. He reported that students outside the medical sciences also experienced depression and suicidal ideation among other mental illnesses. Wall et al. found that these students were often triggered by issues relating to family life, traumatic personal experiences, personal health, personal relationships, living expenses and arrangements, bereavement, medication side effects, sexual abuse, substance abuse, and violence. In addition, statistics collected by the Counselling Unit of the Health Services Unit at the St. Augustine Campus, show a steady increase in new student visits from 2006 – 2011.[1] While these visits indicate an increase in the number of students seeking help, they do not give definite data on diagnosed mental illness in the student population.

The prevalence of mental illness and associated challenges do have the potential to adversely affect the academic achievement of students in the peer group. Pottinger et al (2009), in a study at the UWI Mona Campus, established psychiatric illness as one hidden disability that affects students' ability to achieve academically and to develop and maintain good relationships. At the Cavehill Campus, Fayombo (2011) found similarly that psychological resilience is closely connected to academic achievement, with those students who are more resilient or more able to cope with academic stress, better able to achieve their goals at school. Informed by these findings and my own experiences as background, I craft a response rooted in the standpoint of the experiencing subject, i.e. the students who live with mental illness and who have implemented strategies to manage their experiences to ensure they attained the academic success expected of a tertiary level student.

“Find Your Anchor” – Navigating Mental Illness and Academic Achievement

The primary respondents selected from the peer group are Michelle and George, with their peers Sheniece and Angela (pseudonyms used for all), selected as elaborating voices that contribute to the peer-to-peer conversation staged. All four students have navigated multiple stages of mental illness, from an initial state of uncertain awareness to experiencing crisis to mapping recovery and establishing ongoing strategies for maintenance of their health and wellbeing. Taken together, their testimony, while by no means generalizable to the population, reflects consistency in terms of themes raised and their explanation of how they developed their capacity to manage their mental illness. This consistency, I suggest, can serve as a form of recognition, a shared narrative from peer-to-peer, an expression of a collective experience that may reassure peers that they are indeed part of a community and thus not as isolated as their illness may make them feel in a cultural climate of secrecy and shame. The four agreed that feeling a sense of community can help an individual to proactively manage mental illness.

To interpret their testimony, I utilise the tools of thematic content analysis and narrative analysis. To foreground their particular standpoint, I focus on the content of their experiences and their reflections on these, and organize their responses through apparent themes. These themes are coded and examined for the patterns of association made by the speaker (Barkhuizen 2015). To achieve the focus and purpose of this paper – peer-developed and experienced-based strategies to address mental illness – I am especially attentive to how they give meaning to their experiences as expressed in the content, structure and context of their narratives (Esin 2011). I prioritize their experience in this paper as they express it, agreeing with Lincoln and Denzin’s (2003) assertion that “experience, if it is to be remembered and represented, must be contained in a story that is narrated. We have no direct access to experience as such. We can study experience only through its representations, through the ways in which stories are told" (240).

Introduction to Respondents

Three of the four respondents were students in one or more of my classes in different academic years. Michelle and George, like other students, had shared their experiences with the challenges of mental illness in private conversations outside the classroom. The conversations occurred before formal interviews for this paper. I approached them based on our prior relationship, and they were both willing to speak openly and have their statements recorded and shared. Our familiarity was useful in building trust and comfort, with their anonymity and confidentiality assured, and their participation secured through informed consent. I was also familiar with Angela and Sheniece, Angela being a student in some of my undergraduate courses, and Sheniece a close contact of Angela's. They too were willing to speak openly and consented to have their perspective shared. All four were enthusiastic about the conversation because of their involvement in peer counselling and their feeling that the conversation was needed to help break the stigma and secrecy around mental illness.

Demographic Summary

Michelle

Michelle is a 24-year old from East Trinidad who identifies as female and feminine, Afro-Trinidadian, and non-religious. She was a first-year postgraduate student at the time of the interview, having completed her undergraduate degree with a 4.0 GPA. Michelle explained that she manages the challenges of bipolar II disorder, depression, anxiety, and deliberate self-harm. Her treatment regime includes medication, talk therapy, meditation, yoga, exercise (swimming in particular), writing poetry, and tattooing her body.

George

George is a 41 year old from West Trinidad who identifies as male and masculine, Afro-Trinidadian, and Roman Catholic. He was a third year undergraduate student at the time and explained that he is slowly learning how to manage the effects of his depression, and stress and anxiety disorders. His treatment regime includes talk therapy, exercising (particularly running), and listening to music. His overall undergraduate GPA at the time was 2.08. George’s explanation of his experiences mirrors many of Michelle’s even though, other than in terms of ethnicity, he differs from her completely.

Angela

Angela is a 26-year old from East Trinidad who identifies as female and feminine, of mixed-race, and Roman Catholic. She was a first-year postgraduate student at the time of the interview, and stated that she is diagnosed with depression and anxiety. Her treatment regime includes counselling, antidepressants, exercise and yoga/medications. She too tells the story of her experience in very similar ways to Michelle and George.

Sheniece

Sheniece is a 26-year old from East Trinidad who identifies as female and feminine, Afro-Trinidadian and Roman Catholic. She had recently graduated from an MSc programme at the time of the interview. Sheniece is diagnosed with generalised anxiety disorder. Her treatment regime includes goal setting, organizational planning, talk therapy, spirituality, and physical activity. Her narrative of her experience also reflects that of her peers in content and form.

Awareness of Mental Illness – “I just knew something was wrong”

Michelle and George both describe their experience of mental illness before diagnosis as gradual and difficult to pin down. They both suggested that though they had a sense that they did not feel their usual self, they did not immediately recognise the severity of the problem. However, they both "knew something was wrong". Angela and Sheniece told their story similarly, the development of their narratives following the same sequence as Michelle and George and their language expresses the same sense of uncertainty and discomfort before diagnoses.

Table One below outlines their shared narrative, their recounting of their sense of having an experience of mental illness. Each story is a profound telling in itself, asserting how their experience became meaningful as they witnessed the growing impact of mental illness in their lives. The highlighted phrases illustrate how, through language, their experiences take form in equally recognisable ways. George's story differs slightly from his female peers, classifying and evaluating his experience more than they who remained more descriptive in their account. The significance of this apparent gender difference is difficult to articulate with a small sample. In addition, the length of this paper does not accommodate extended analysis. However, what is most relevant is that these four students make salient how mental illness developed in stages over time. Their experience, as they mapped it over time, they recounted the starting points of deterioration, they recalled the moments their emotional state changed, they were aware that they could not manage their experience alone and were convinced that something was wrong. All four outlined in time how they gradually felt worse until the need for intervention became the only next step to be taken. Each tells a story of how they first got a sense of their illness, then they observed physical and emotional symptoms, followed by a gradual reduction in their interest to act, and in their capacity to act in their own interest. Their narrative builds their experience as it unfolded over time, with them sequencing how their illness became more real as their everyday functionality became more negatively affected even though they could not fully understand their experiences. What is significant about this mapping is that it reveals to their peers the process that mental illness can take in an individual's lives, and that this process becomes observable to self as it directly affects the things in their lives that they value.

Table One: Awareness of Mental Illness
Michelle
I started losing my grip on my happiness, I didn’t realise it, I was just in this rut and I was just doing everything, I had no time for myself, I was just going going going going…It’s almost like your emotions don’t exist, like you have a paper in front of you, you do the paper, you have no feelings about this paper, you not anxious about it you don’t think that its good or bad you have no feelings you just do what you have to do and then ***I started sleeping a lot****, at the time I didn’t know that oversleeping was a symptom of depression, and I was really, I was just, I ended up in this state where I didn’t know what to do…I wasn’t eating* ***I was crying all day*** *I got really small…I was either not sleeping or I was sleeping too much…because I was living on my own my family didn’t know and for better or for worse I don’t like to tell people things…I was miserable,* ***I couldn’t do anything****, everything was going downhill, I was going to classes and I was doing things and I just couldn’t make and I just kept trying to do it and my boyfriend was like you cannot keep doing this because he saw it happening he said I know you want to I know you want to keep doing this but you can’t do it, you going to wear yourself down and you not going to be able to finish…he saw me cracking…I had an assignment to do but I was looking at this assignment and I just couldn’t do it, I couldn’t understand the words, I would sit down take up my pen and not be able to write and…I am a writer, it doesn’t matter if I don’t know anything about a subject I can write about it. I have been a writer for my whole life I love books I love words I’ve been writing stories for my whole life…so when I picked up a pen and I could not form a word on a paper I realised something was wrong…I couldn’t write, nothing was coming it was like my mind was blank…people were talking to me and I would be like, what? What did you say? And I was asking people to repeat things over and over again and I’m not accustom to that I’m accustom to my mind going like…I’m here and we’re talking here and my mind is here and people are talking to me and I don’t understand the words that are coming out of their mouth and I was just like no,* ***something is seriously wrong****. And the other thing that made me realise was I had this dress, I really liked this dress, and I put on the dress and it fell off my shoulders and I was like ok so then I said you know what I’m going to go on the scale so I went on the scale and I was 130 pounds which sounds like a normal weight until you take into account that I’m 5’10”, and I called my boyfriend and I said babe am I really this small and he said yes you*

are tiny you have not been eating and I open my fridge and there was nothing in the fridge and I realise I couldn't remember the last time I ate something…and I was having some huge lapses in memory …and there was a day I had a midterm and I slept through the midterm, I slept for 16 hours straight and when I woke up I realised…and then I called my boyfriend and said I need to see somebody and I went to CAPS [Counselling and Psychology Services] at HSU [Health Services Unit]."

George

I found myself feeling very overwhelmed and feeling despondent, getting feelings of less than, feeling devalued in some way, feeling disappointed in some way…the thing about University life I realise that everything happens so fast pace, it's very dynamic so you faced with a situation and before you know it there is more load coming on and there is more load piling up and for me that was the greatest factor, I was feeling like there is load coming on and load coming on so, before you know it the semester start before you know it it is over, if you miss a week it means that you have to dig deep and somehow I found myself not getting the drive to dig ***deep and I found myself covered in my sorrows and feeling sorry for myself*** *and finding to reframe it in a way and say here what happen you have life it can't be that bad… there was lot of mixed emotions, there were times that I was very angry with myself, there were times that I tried to compartmentalise it there were times that I felt sorry for myself but most of the feelings were one of disappointment and anger…****all you want to do is just sleep…****I say I will start tomorrow, I get up tomorrow I feel more overwhelmed I go back to sleep again I'll start tomorrow and every day you become more overwhelmed because time is going you not taking those steps and you become just so overwhelmed and overwhelmed and overwhelmed…I got into a sense of acceptance with my less than ambitious behaviours so you start feeling comfortable in your sorrows and that is also associated with the depression, I tell myself you know maybe you can't do this and then I started to become very reserved not setting goals because I know I'm going to fail anyhow so I'm not going to set this goal…and that is part of the disease too I believe sometimes you have to go through those stages before you actually come to that place where you know you get up, there is that ah ha* ***moment I can't take this anymore****, you feel like you're disembodied you feel like you floating but yet your legs are heavy, it's a whole set of emotions you confused you angry and those mixed emotions they can do things to you.*

Angela
*Well my first experience was in Form 6, it was very strange….that was a time of a lot of change among my peers and **I felt like I was just stagnant** because I wasn’t changing like everyone else and I didn’t want things to change but I wasn’t aware that I was feeling a certain way about it, um, and then randomly eventually **I would just sit in class and start to cry** and I couldn’t understand why and it gradually became worse…so I could just be in a normal class and this feeling of sadness would just overtake me and the tears would come and I would have to put my head down on the desk and is not like something I could have stopped, is not something like I was oh I’m feeling this way let me leave because I didn’t really have a reason to feel like that…no to my awareness at the time…and I didn’t really decide to go for help, um well I went to a Catholic all girl school and of course there were nuns and I was in girl guides and one of the nuns was actually the head in my school so she knew me very well and word got around that something was going on with me because my teachers saw it as well and I exploded on a teacher, that’s the point when they were like something was up, and it was something so silly, looking back on it now, but I exploded and then she came and asked me what was going on if I was ok and I just told her everything, and at that point she said ok we do have a school councillor, who I was not aware of, because it was an outside person who would come in twice a week and I was introduced to her and when I told her all my symptoms and stuff she suggested that I go to my current psychiatrist…**I definitely thought that something was wrong because I’ve always been in tuned with myself** and I was always classed as a very sad person growing up, I would cry like that, and I was always really anxious as well and I thought this was just me growing and its growing with me so I could tell like something was wrong, like I shouldn’t be this sad and I always tried to fight it but I couldn’t explain it but then I was aware too of the possibilities because my grandfather had schizophrenia which was diagnosed really late and so did my uncle and so I was like ok, I wonder if its connected to **that so I thought ok something is up its very possible that something is wrong I never doubted** that but the feeling that something was wrong with me like I’m going crazy was always there too because you never want to admit that something is up, you want to believe that you normal, I’m one of the normal ones and I saw what schizophrenia did to my grandad and my uncle and I was like I’m not going to get there. So one part of me was open to any type of intervention but the other part of me was like no because then I’m admitting….*

Sheniece
In terms of clinical, it was when I was around 20, 21 years old, and it was something ***I chose to go because it was getting to a point where I couldn't function****, like I would have panic attacks, I would have anxiety, I would physically get sick all the time, nausea all that. So I decided to go to the UWI Clinic that they have, which was free, and is there that I went through the whole process and they would have diagnosed me there. In terms of inclinations, it was probably when I was doing SEA, um I didn't have the language to express I had mental health issues but* ***I knew something was definitely wrong*** *in terms of how I dealt with certain situations, how I would get anxious, like students usually get anxious for examinations but it was to the point where I would vomit every morning and I would have like this breakdown every morning before I go to school and I would just be overthinking things all the time, things that a 10 year old does not think about I would be thinking about so…I found it hard to trust persons because I wasn't sure of their intentions, also I would obsess about death a lot, not to the point of suicidal thought, but just like if I enter a car I would think of five different ways I could die in this car, I would think what if my mother dies, what will happen to me, or I would worry about my mom and her capability of financially raising me, so I would do things to suppress that, if I wanted something I would stop talking, I would be very reclusive, it just affected how I communicated a lot, and even up to this day I can't express my emotions properly ….and it comes to a point I would find it very exhausting…I realised my anxiety came to an intense part when my grandmother died because then someone had left me* ***and there was a point where I would just cry****, and it wasn't just grief I couldn't wrap around the fact that someone was no longer there…my ground zero was before she died, which would have been when I was 20, 21,* ***I remember just like not feeling to get out of bed*** *and then I realised this is not even just anxiety this is like a sort of depression that I'm feeling and depression came with my anxiety over failing at school,, and that was a new thing that happened for me, like I never felt that, and because UWI was a new, I wasn't aware of the structure, there are times when the classroom is large, you are just like an ant in the entire eco system and there are times when you question your own capability so I started to really like not want to go to class, want to stay in my room, cry, I even wanted to take a year off, my father refused for his own reason, and* ***I just thought to myself I can't do this*** *and because I'm so attached to achievement I couldn't see myself just flunking out of University.* ***So I knew, I said I need to go and get help, I need to talk to somebody****, I need to*

express to somebody how I’m feeling and like why is this so intense to the point where like I can’t even function, and then you know the chest pains and then feeling like I can’t breathe and the paranoia that I had, and I just said that ***I cannot do this anymore, I couldn’t fake through or function through it anymore****. Up until that point I knew something was wrong but what?*

Resisting Cultural Stereotypes and Expectations:“Everybody, Somebody, People”

In Table Two below, Michelle, George, Angela and Shiniece all express a clear awareness of the persistent relevance of social and cultural perceptions that affect how mental illness is viewed as legitimate or not. They describe the feedback from others outside of self, they express frustration, and they assert some resistance. George again differs from his peers, he recognises the impeding effects of stereotypical beliefs but he does not assert his negative evaluation similarly to his female peers, rather he suggests that it reflects his own self-evaluation, “I felt that way too”. Again, this difference is noteworthy but I do not claim its significance as an indicator of a particular gendered perspective. What is clear from these accounts of the perspective of the other is that for the three female respondents, they clearly reject such stereotypes and expectations, and evaluate such as a lack of understanding, which negates the relevance of any advice or commentary based on these. The value of their perspective in this conversation with their peers is to offer them a plausible attitude to the insidious influence of dismissal, marginalisation or stigmatisation, discussed earlier as factors which continue to undermine treatment of and respect for individuals living with mental illness. I suggest they legitimize, in their assertions, the ability to reject limiting beliefs, and this could be a very useful step in address the challenges of mental illness because it opens up more possibilities for self-motivated action by the individual.

Table Two: Resisting Cultural Stereotypes and Expectations
George
"Everyone believed I had the ability so the feedback was like George you playing the ass you need to get this, George what is wrong with you, you know, and that kind of reinforced the feelings that yeah something was actually wrong well, something was wrong with me you know…I think in terms of depression ***people don't take is serious****, they tend to categorise it under different problems, you lazy what wrong with you, I can only speak from personal experience, and I felt that way too"*
Michelle
"Honestly if somebody today were to come and be like it's all in your head, I would be like how you so sure what is in your head because…you don't know and as rude as that might sound that is what I would tell them because first of all you have no way to judge ***you don't know****…I don't want to hear go and pray about it or God will help you because I feel like if I'm told that I would try to strangle someone"*
Angela
I think people have always had problems. But if I look at my parents who would have had certain problems but they were taught to deal with them in a certain way but you know coming into the 21st Century the problems aren't the same but we have the same solutions which doesn't make sense, it's not the same people, the world is changing, we have new things hitting us as young people like social media, that they did not have long ago, ***how are you going to tell us to deal with it now****, something that you may not have had to go through, you can't just give us old tools to fix new problems, and I think we were not taught the proper coping mechanisms you know.* ***They don't understand*** *what we're going through and until they sit and have a conversation with us and really get to the bottom of things they're always going to think that we're making up things because you've never felt what we feel now, you can't really help.*

Sheniece
At the end of the day, people’s mental health issues have to exist in a space where people don’t care and if you’re in a culture where people really don’t understand how difficult it is for you to even get up in the morning appear in a workplace or appear in a classroom and function to the capacity which is of their standard you have to find some way or else you will crack, you need to go in St. Ann’s, something wrong with you, “everything always wrong with allyuh children” you know like “allyuh too soft, we never had no anxiety long time and thing and we had to tote water” and not understanding…but you have to understand that the expectations of us have risen…and the first thing, for me as a woman is that woman is emotional and you pms-ing, and all these comments happen and, “shake it off na”, if I could I would. It is the most internal excruciating thing you can ever feel because it’s like you cannot get rid of it.

Strategies for Managing Mental Illness as a Student: “Find Your Anchor”

The evaluations asserted in Table Three below by the four students are profound in their juxtaposition of what works for them personally, what does not work and what is necessary to successfully manage living with mental illness. With varying degrees of detail, they cite their personal support system or supportive factor, alongside clear psychiatric intervention. What is quite revealing in all their stories is how they clarified how, through a clear “anchor” and help-seeking behaviours1 they moved from considering the finality of suicide to successful treatment. This testimony builds a clear path for their peers, offering strategy and admitting to challenge simultaneously, it lays bare the profound experience that mental illness is, but it offers hopeful solutions and the possibilities for a better life experience.

Table Three: Strategies for Managing Mental Illness
Michelle
“I went for counselling but I didn’t like the counsellor ***so I decided to try to fix me on my own and that didn’t work… do not self-medicate***, *medication is dangerous to play with and some medication can make you worse…in the same frame if your psychologist tell you to take medication please take it…I hate medication and at a point of time I stopped taking it, I was on like four medications and I hated it and they were trying to figure out what works, it took me almost a year and a half to find a medication that works for me so I stopped taking that medication and it made me drowsy and that was a mistake, it made me a lot worse and that’s how I ended up in the hospital because a lot of time when you taking medication and you stop it can take you into suicidal thoughts…if you think meds not working for you just tell the doctor and if you don’t have a good doctor you need to find a new doctor*. ***I would say to use your support system you need a person or two or three not a big support system, but you need two people***, *why I say two people is because expecting one person to support you all the time isn’t fair and it could actually endanger their mental health…have people and have a professional…* ***I think you need to find an anchor***, *it could be a very small anchor, like my anchor was my academics I know a person whose anchor is drawing another person is reading another person who is just going out and sitting down and looking at the sky and holding on to that anchor is what stops you from disappearing, from the time you lose that you’re gone, I think if there was a point where I failed all my courses that would have been it like I would have had no anchor after that because that was what I was holding on to, I think for my other friend if somebody were to go in her library and burn all her books so you need to find that thing where nobody is around to judge you it’s just you and that one thing, whether it is going out and swimming, whether it is talking to that one person, whether it is some random game on your phone that you want to play, whether it’s a book whether you can draw or not, maybe its music, maybe it’s this one song, that was something else, one song that you listen to for three hours use it find something and use that to escape and even if you barely holding on you will still be holding on until you not barely holding on anymore”*
George
*“****You should never diagnose yourself*** *you need to go to a professional, if you self-diagnose you continue the state of isolation and depression doesn’t work well in*

*isolation as a matter of fact I think isolation encourages it to grow because you all by yourself you start to get those thoughts and there is nobody to express it to kind of identify what you going through…Get help get help you need to communicate…**I realised that my techniques were wrong,** you may feel the task is so unachievable and insurmountable but my technique was trying to do everything at the same time, which was totally wrong so what would have usually happened I try to do everything at the same time and end up not doing anything all the time”*

*“**I would have seek out help earlier**, from day one, and clarity too to get a clearer picture of what is really affecting you makes a whole lot of difference…you not alone…it’s an illness and it can be treated, there is help, the feelings and the thoughts that you get, they are not strange because I remember at a time I did feel suicidal but **there were other things to ground me** like my family and so forth so I’m thinking ok you can’t do this this is not a way out but for a student who may believe that’s the only way out its real however help is available…**what would make the difference is that support system**, which was always there mind you, but you know you take it for granted, you need to make use of it…so you want to get help so you can be properly diagnosed and a treatment regime could be designed instead of you just there”*

Angela

*In my experience, from where I am coming from, **you need to be willing to sit with yourself, but before you can sit with yourself you need to sit with somebody else** who can help you to sit with yourself because yourself is the hardest person to be with, especially if you’re dealing with like self-hatred and doubt and all these things, looking in the mirror is hard, and until somebody is willing to sit and listen to everything and ask the hard questions, are you feeling this way, can you admit that you’re feeling this way, what is really going on, how are you feeling, which is a question that I ask all the time, and all the time it might be a different answer, but until you can sit with yourself and call your emotion out for what it is you will always be battling with what the world is saying and how I should feel and you know it’s bad for me to feel like this and I mean sadness is not a bad emotion but it’s the behaviour that you attach to that. Confront yourself….**Sometimes you do need medical intervention**, sometimes you do need to be on the medication and you need other kinds of advice because I also had to start exercising as well and its all of those things mixed together that really got me out from where I was. Because I have definitely got to that point where you know like I was done and I got close to that point many times but there was that one time where I couldn’t really bring myself out of the*

darkness and I was ready to end it, and I mean I was so close because I mean I had antidepressants at my disposal, I mean you hear all these stories of people overdosing and I was like this might be the least painful way to go, at that point I didn't care, I was like I had a whole box I could just take it but ***my faith was always something I could cling to*** *and I always found some peace in that quiet and there have been times where I have experienced that relief and comfort that it will get better, that's where I found my escape.*
Sheniece
I agree with them *that you have an anchor and it is that thing now that helps you to function, it helps you now to feel grounded, it helps you now, I shouldn't say that, to come off as normal because you don't feel normal, you are aware of yourself and what you go through. For me I've only had one point where I had a thought of taking my life but because of* ***how grounded I am in my spirituality and my sense of self I was like ok, no, and then I would have gone to my therapist*** *and talked about that and we would have discussed what really went on there.*

Conclusion

These students together tell stories that clarify the experience of mental illness, how they came to terms with the experience, what social ideas they now confront and how they applied treatment strategies that worked to improve their lives. These students establish how close individual experiences can mirror each other. They carve out routes for action and they present an encouraging voice, a voice that demonstrates how, though confronting challenges, they were able to harness available resources to help them live with mental illness and still achieve their goals as students. Crucially, their shared experiences demonstrate the necessity of readily available and reliable treatment options for students who need help or need to understand how to seek help within their learning environment and beyond. The support systems – the anchor - they refer to as conditional to their thriving, and the need for professional services to enforce their healing, demonstrate the necessity for sustainable investment in and development of trusted mental health services on university campuses. I contemplate here my starting question, how does a student meet high expectations, achieve tangible goals and thrive while managing the challenges of diagnosed mental illness? While the peer-to-peer conversation I stage in this paper is a crucial mechanism, a teaching and learning environment that recognises the complexity of the psychosocial conditions that mediate students' lives is mandatory.

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[1] Figures collated by Dr. Sarah Chin Yeun Kee, Student Counsellor - Student Counselling and Psychological Services. Details suggest increasing access to CAPS – Counselling and Psychological Services.

Students Accessing CAPS Services	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010**	**2010-2011**
Total # of Consultations Offered	547	2100	1355	2046	2226
Total # of Students	584	670	459	515	606
# of **First Time** Students	257	309	314	364	424

CRGS
CARIBBEAN REVIEW OF GENDER STUDIES
A Journal of Caribbean Perspectives on Gender and Feminism

Complicating Mental Illness Stigma and Physical Disability Stigma Research: Centring Caribbean Women

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Abstract

This commentary paper presents key findings from a maternal depression research study conducted in Barbados and a global-health focused systematic review of stigma, both initiated by the author. These studies provide evidence that mental illness stigma amongst Caribbean women exists, but questions why so few retrievals from a systematic review of stigma focused on this group and this specific topic. It makes the case for increased research on mental illness stigma and physical disability stigma focused on Caribbean women across racial, linguistic, geographic, and ethnic differences.

Keywords: Mental Health, Disability, HIV/AIDS, Systematic Review, Caribbean

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In 2010 I left Toronto for Barbados with ambitions to conduct my PhD dissertation project on maternal depression. The year before I had visited Barbados and Jamaica using a travel bursary from the Centre for Addiction and Mental Health, a research and teaching hospital in Toronto, to scout research sites and begin to understand the landscape of mental healthcare on each island. During my trip to Jamaica I met a senior health official who drove me to public clinics in the northeast, and introduced me to people who were engaged in community mental health work. I recall telling this person that I was interested in doing a research project on postpartum depression,[1] and their reply was, "You won't find that here. Women have a lot of support; their sisters, mothers and grandmothers are there to help them after having a baby, so they don't get postpartum depression".

By the time I started data collection for my dissertation in Barbados in 2013, I had already heard doubts from people that women would admit to experiencing postpartum depression or the 'baby blues'[2] out loud, much less agree to be interviewed about it for a research project. I was told that having these conditions and speaking about them went against everything women are expected to be after giving birth which is happy and feeling an immediate bond with her child. Reflecting on both narratives now, I realize they share an underlying theme, which is stigma. The senior health official in Jamaica (likely unknowingly) reinforced a particular kind of stigma that renders Black women's experiences with mental illness invisible as our physical strength, emotional fortitude or close family ties are seen as being a kind of armour that prevents us from experiencing deep emotional distress, sadness, and even depression (Schreiber, Stern and Wilson 2000; Etowa et al. 2007; Jackson and Naidoo 2012). Some of the people I spoke to about my PhD research ambitions in Barbados believed that social and cultural stigma about mental illness would prevent women from participating in my qualitative study. The issue of stigma followed me from Jamaica to Barbados, making me call into question the potential impact of my dissertation project even when I found research evidence that indicated Caribbean women show higher rates of conditions like postpartum depression and the 'baby blues' in comparison to rates amongst women living in North America and Europe (see Davidson 1972; Palmer 1996; Wissart, Parshad and Kulkarni 2005; Galler et al. 1999; Jackson-Best 2016a).

Of course, the women who experienced postpartum depression and/or the 'baby blues' and participated in my dissertation project did describe experiences with stigma during the research interviews. Several women discussed how mental illness stigma prevented them from going to the local psychiatric hospital, colloquially called "The Mental", to be administered medication (Jackson-Best 2013). Women were also critical of stigmatizing beliefs about mental illness that were transmitted by their religious leaders, including one participant whose pastor encouraged her to substitute medication with prayer (Jackson-Best 2016b). And they were also vocal about establishing destigmatizing interventions such as support groups comprised of women who were currently experiencing or had previously experienced postpartum depression or the 'baby blues' (Jackson-Best 2016b).

Encouraged by these findings and spurred by lingering questions about stigma raised in my dissertation project, I initiated a global health-focused systematic review of systematic reviews on stigma across HIV/AIDS, mental illness, and physical disability during my postdoctoral fellowship which began in 2015. Systematic reviews are a research approach that require the identification, appraisal, and synthesis of high quality data related to a specific research question (Jirojwong, Johnson and Welch 2013). Focusing my review on other systematic reviews of stigma allowed me to glean a better understanding of the scope and landscape of stigma research across the three health conditions on a global scale.

I also extracted data about intersectionality from the systematic review studies to ascertain how stigma research has incorporated this concept into its approach or analysis, and to learn if there were any reviews of stigma that used the concept to analyze primary studies of stigma conducted with Black women and Caribbean women, respectively. Admittedly, I was also interested in intersectionality in my systematic review because it has become a buzzword across academic and social spheres, and its uptake has drawn both praise and critique. My work has engaged with intersectionality by first acknowledging that the concept is about power, and this facilitates better understandings about how co-occurring social identities like race, gender, and sexuality are intrinsically connected to and mediated by dynamics of power which deeply impact Black women's lives (Crenshaw 1989).[3] In my systematic review of stigma, extracting data about intersectionality also led to an important finding: while there was some research on Black women and HIV stigma in the United States which used intersectionality frameworks (see Loutfy et al. 2015; Darlington 2017), there was none about Caribbean women specifically. Also, research on mental illness stigma and physical disability stigma that focused on Caribbean women of any racial or ethnic background was less common across the body of work.

These findings were particularly surprising because of the extensive work that has been done and is being produced in the Caribbean and the Diaspora on topics that centre Caribbean women, privilege their experiences, and amplify their voices (see Massiah 1986; Mohammed and Perkins 1999; Rowley 2002; Hosein and Outar 2012; Crawford 2012; Haynes 2016). However, my review showed that systematic reviews focused on Caribbean women and mental illness stigma and/or physical disability stigma was less likely to be included in the retrievals. Some primary studies that informed the systematic reviews included in my review as well as some of the Caribbean-focused research that informed my dissertation provide context for this assertion. For example, little acknowledgment is given to the phenomenon of stigma or its effect on women who experience maternal depression in research dating back to the 1970's which explored conditions like postpartum depression and the "blues" amongst women in Jamaica (Davidson 1972), and in more recent studies on the incidence and prevalence of these conditions in Barbados and Jamaica (see Wissart et al. 2005; Palmer 1996; Galler et al. 1999; Jackson-Best 2016a). In fact, none of the Caribbean-based research that informed my doctoral research discussed, analysed, or even mentioned the term stigma[4] [5]. In my systematic review, across 60 reviews of mental illness stigma which included thousands of primary studies from all over the world, only one review focused on the Caribbean and included primary research from the region alongside studies from Latin American nations (see Mascayano et al. 2016). The primary studies in that review included a study on internalized stigma from Jamaica (Gibson et al. 2008), and a study on deinstitutionalization in Jamaica (Hickling, Robertson-Hickling and Paisley 2011). While both primary studies included Jamaican women in their samples, each explored social and public stigma in the country more generally as opposed to mental illness stigma enacted or experienced by women specifically. The reviews on physical disability stigma were significantly less in number (three) in comparison to the work on HIV/AIDS and mental illness stigma, and just one had primary studies that included women in Haiti and the Dominican Republic who experienced physical disability related to lymphatic filariasis (Zeldenryk et al. (2011). This highlights a gap in the literature, and this gap begs the question: where is the research on mental illness stigma and physical disability stigma that is for and about Caribbean women?

It is apt to pose this question in a journal that is focused on gender, disability, mental health and disablement in Caribbean and Diasporic contexts. A core ambition of this project has been to amplify the voices of individuals and groups that have been historically silenced and centre them in discussions about these conditions. Importantly, this work is made possible by conversations on these topics that have taken place previously and are currently being had in activist, academic, and non-academic spaces. Works like Michelle Rowley's (2003) which points to the simultaneous lack of attention to emotional and mental health needs of poor Caribbean women, and hyper-focus on economic indicators by the Trinidadian state. Research like Dawn Edge's (2008) in the UK which focuses on Black Caribbean-descent women's experiences with postpartum depression as they overlap with cultural beliefs about Black womanhood and their inherent strength. Academic-community collaborations like the Livity Project initiated by the Institute for Gender and Development Studies: Nita Barrow Unit which seeks to address stigma and marginalization experienced by people living with disabilities, LGBTQ groups, women, girls, youth, and seniors in the Eastern Caribbean (*The Livity Project Launched,* 2018).

Community-generated data collected through an interactive mental health workshop at the annual Caribbean Women and Sexual Diversity Conference (CWSDC), and which is centred on exploring how LGBTQIA communities experience challenges like stigma and use coping mechanisms to deal with them across the English, French, Spanish, and Dutch-speaking islands (*We are LBTQIA*, 2018). And of course, the discourse produced every day through Caribbean music, talk, and gossip that people engage in have also made this journal possible because the shifts that we have been experiencing in the region and in communities in the Diaspora reflect a growing international shift towards acknowledging and addressing disability, mental health, and mental illness in our communities (Jackson-Best and Edwards 2018). The work in this journal contributes to knowledge-building and generates information that can be used by people to inform their activism, teaching, policy-making, and research. It is also firmly grounded in the scholarship and work of previous Caribbean scholars.

It must also be reiterated that the research gaps described in this commentary paper should concern us all, regardless of gender, geographic, class, racial, and ethnic differences. It is imperative that we work to fill them with high quality data that is informed by and conducted in collaboration with communities and groups of women in the Caribbean and Diaspora. This could take the form of a regional Caribbean mental health stigma project focused on women, and more research and work generated about women's experiences with physical disability to continue building this field of data. Regardless of the forms and methods of knowledge production we engage in we must remember that in order to see a change in the existing data on physical disability stigma and mental illness stigma, and more diverse retrievals in systematic reviews then Caribbean researchers, activists, and academics must be at the forefront of this work and drive it towards being better reflective of the people it is focused on, and of the pressing issues affecting Caribbean women.

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[1] Postpartum depression is a major form of depression which may share similar characteristics of other depression, and typically occurs 4-6 weeks after birth and can last for weeks, months, and even years (O'Hara 1987; Cole 2009). Symptoms of the condition may include "sleep disturbance, poor functioning, thoughts of self-harm or harming one's child, low mood, and anxiety (Halbreich and Karkun 2006; Fritz and McGregor 2013).

[2] The 'baby blues' is a mild affective syndrome common among women after childbirth whose symptoms include despondency, irritability, difficulty bonding with one's baby, mood swings, crying, and feelings of isolation which can last up to 10 days (O'Hara 1987; Cole 2009; Halbreich and Karkun 2006; Rondon 2003).

[3] Kimberlee Crenshaw (1989) coined the term Intersectionality, but it builds on a long history of Black activist women and Black feminists who have theorized about the multiple forms of oppression we experience due to our overlapping identities and which inherently shape our relationships with structures like healthcare, housing, and the law (Truth 1995; Cooper 1995; Terrell 1995; Combahee 1995; Hill-Collins 2000).

[4] Stigma was not a term commonly used in research published before 2006 (Jackson-Best and Edwards 2018), so in addition to doing a keyword search using the term "stigma" in Caribbean-based research on maternal depression, I also included alternative terms such as "stereotyping", "discrimination", and "prejudice". The same results were received.

[5] Some of the work on postpartum depression amongst Caribbean-descent women living in the Diaspora explored stigma and found that it was a barrier for help-seeking amongst Black Caribbean women (Edge 2008).

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Gisèle Pineau's Poetics of Disaster: Trauma and Disability in Folie, aller simple

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Abstract

James Berger, in his 2004 article "Trauma without Disability, Disability without Trauma: A Disciplinary Divide," examines the prominent place of metaphor within the discourse of trauma studies and the conversely problematic reception of metaphor in the field of disability studies. Contemporary Guadeloupian author Gisèle Pineau's memoir of her parallel careers as a writer and a psychiatric nurse, *Folie, aller simple* (2013), imagines a more fluid coexistence of trauma and disability within the Francophone Caribbean and its diaspora. Her memoir lays the framework for re-imagining representations of psychiatric illness within the context of immigration, displacement and postcolonial relations in France and its overseas Caribbean departments through the metaphor of the natural disasters that shape and potentially devastate Caribbean islands.

Keywords: Trauma, disability, disaster, francophone, postcolonial

How to cite

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Cycles of trauma lend their rhythm to Franco-Guadeloupian author Gisele Pineau's *oeuvre*. From volcanic eruptions, to the devastating sweep of cyclones, to the sudden shocks of earthquakes, the events of the narrative universe Pineau creates in her novels are punctuated by the environmental and climatic episodes that shape islands and order geologic time in the Caribbean. In her works, Pineau repeatedly puts these environmental events in dialogue with the psychological traumas that touch and often break down the interior landscape of her protagonists. In her most recent novel, *Les voyages de Merry Sisal*, a disabled, displaced Haitian woman copes with the trauma of the 2010 Haiti earthquake as she attempts to find work and shelter in a neighbouring, affluent Caribbean island that Pineau names Bonne Terre, a fictional composite of Guadeloupe, Martinique and other French Caribbean territories (Pineau 2015). Pineau's critique of the exploitation of her protagonist by an inhospitable Caribbean community exists in tandem with her nuanced portrayal of Merry's grief as she comes to term with the death of her children in the earthquake.

The motivations for Pineau's dedication and meticulous attention to the suffering and the psychological landscape of her characters become clearer when one learns that she has maintained parallel careers as a writer and a psychiatric nurse for most of her adult life. In 2010, Pineau published *Folie, aller simple, Journée ordinaire d'une infirmière*, in which she shares the history of the path that led her to work in a psychiatric hospital (Pineau 2010). As a writer deeply invested in expressing both the environmental and the socio-psychological pressures on women in the overseas French departments and in the broader Caribbean archipelago, her fictional works and her autobiographical essays explore the relationship between figurative languages that express psychological trauma and the material reality of catastrophic events. The present article will adopt its theoretical framework from the scholarship that has emerged since the 2010 earthquake in Haiti on disaster discourse and in the field of literary trauma studies in order to explore what I am calling here Pineau's "Poetics of Disaster" in *Folie, aller simple*. Second, the article will interrogate Pineau's use of "disaster" both as a locally anchored metaphor for mental illness, disability, and trauma, as well as for historically and materially situated events that mark and alter the bodies and psychological conditions of Caribbean women and the communities they inhabit.

Following the earthquake that struck Haiti in 2010, media representations erupted with references to "crippling" debt, "earthshattering" poverty, "paralytic" government officials, and so on. Scholars of Caribbean Studies have joined together since 2010 to insist upon the necessity for new narratives about Haiti that recount Haitian experiences *without* falling into the metaphoric traps and tropes of disaster and chronic disablement that often characterize the mainstream media's representations of Haiti's past, present and future. Anthropologist Gina Ulysse's *Why Haiti Needs New Narratives* is a rallying cry for new representations that embrace the complexities of Haiti's economic, political and environmental realities and the imperialist and capitalist complicities, particularly of France and the United States, in Haiti's thwarted attempts to realize the potential that was marked by Haiti's 1804 independence. The predominance of language that elides Haiti with disastrousness and disability, as well as its negative--the ubiquitous trope of Haitians as so resilient as to be inoculated to the most abject of living conditions-- isolates Haiti and Haitians within a discourse that forecloses on possibilities of discussing the complexities of lived experiences of Haitians past and present (Ulysse 2015). However, language that engages with the destructive environmental and geologic realities that mark cycles and seasons in the Caribbean, and that mark bodies, psyches and material realities of the members of Caribbean societies, is indeed evitable when discussing the region. As Robert McRuer (2010) points out in his "Reflections on Disability in Haiti," not all metaphors of disaster are necessarily reductive and marginalizing; some signal "the imagining of embodied forms of resistance, and of impairment and disability themselves as potential sites for collective resistance" (McRuer 331). In concert with McRuer's revisioning of disablement discourse in regards to Haiti, Gisèle Pineau's account of her work in psychiatric hospitals in France, as well as her broader *oeuvre*, engages with the possibility of disaster imagery as a site of resistance and commemoration of collective and individual trauma in the Caribbean and in postcolonial metropolitan France.

In *La santé mentale en Haiti après le 12 janvier 2010*, psychoanalyst Lucie Cantin (2012) defines trauma as "un événement, imprévisible, invraisemblable et inassimilable [qui] marque une rupture avec tout ce qui a précédé. Imprévisible, il surgit; invraisemblable, on n'aurait jamais pu l'imaginer et inassimilable, il demeure comme un corps étranger, sans pouvoir être intégré" [An unforeseeable, unpredictable, unbelievable event (that) marks a rupture with everything that came before it. Unpredictable, it surges up; unbelievable, it was completely unimaginable, and unassimilable, it remains a foreign body, unable to be integrated] (Cantin 89).[1] Scholars of literary trauma studies have made a practice of examining the ways in which individuals have tried to make sense in writing about what Cantin calls the "unforseeable, unbelievable, and unassimilable." Drawing on accepted foundational texts of literary trauma studies by scholars such as Cathy Caruth, Shoshana Felman, Dori Laub, and Dominick LaCapra, James Berger (2012) asserts that one of the ways that the traumatic rupture occurs is through language. "Trauma theory is, in many ways, ultimately a theory of metaphor; it is a way of thinking about how some extreme event or experience that is radically non-linguistic, that seems even to negate language, is somehow carried across into language" (Berger 564). Haitian writer Dany Laferrière (2012) articulates the rupture of disaster in terms of time in his autobiographical essay about the 2010 earthquake in Haiti: "Le moment fatal—16h53—qui a coupé le temps haïtien en deux. Il y a désormais un avant et un après 12 janvier 2010" [The fatal moment—4:53pm—that cut Haitian time in half. From now on, there is a before and an after January 12, 2010] (Lafferière 34). The literature of trauma attempts to return to the moment of trauma, a moment that cannot be fully expressed or understood temporally. The moment exists out of time and is always a re-construction through an approximate, metaphoric use of language. As Berger states, "the traumatic event is defined as being so overwhelming that it cannot consciously be apprehended as it occurs; it can only be reconstructed in retrospect, is always belated, at a distance." (Berger 565). The reconstruction of the event through language and narrative calls for a "new symbolic order," as Berger puts it. Echoing Laferrière, Berger suggests that "all that preceded it and all that follows after now take meaning from that single moment; the historical rupture now functions also as a distorting-revealing conduit" (Berger 566). The post-trauma symbolic order becomes a system of representation heavily indebted to figurative language and metaphor as it attempts to transmit both the event, the rupture, and the notion that Dany Laferrière articulates of two realities that coexist—a before and an after, hinged on a moment that sits outside time. As Berger explains, "The posttraumatic world is full of signifiers, but relatively empty of signifieds and referents, for these have been destroyed or transformed past recognition. And yet, a world remains, and continues to take shape. Rupture and continuity coexist, and this coexistence may be both the precondition and the effective mechanism for metaphor. Something is not, but is; something is, but is something else" (Berger 567).

Gisèle Pineau's literary contemplations of trauma both reinforce and expand Berger (2004) and Lafferière's (2012) exploration of rupture and representation. Her fictional works illustrate that the experience of trauma is lived cyclically—through geological and climate cycles, through cycles of colonial and postcolonial exploitation and oppression, and through cycles and patterns of domestic violence. Daniel Derivois, while discussing the extent of the psychological impact of the Haiti earthquake in "Vers un modèle parasismique de la psyche collective haitienne," argues that the trauma of the Haiti earthquake has reawakened "collective, national, institutional, state, familial, and individual" traumas that reach back into early colonial times (Derivois 2012, 74). This hypothesis has long been explored by Pineau in her fictional works. Her novels often foreground the cyclical violence of Caribbean history (slavery and the plantation economy, colonial and neocolonial oppression and exploitation, suppressed and unexpressed rage of enslaved or formerly enslaved peoples). These traumas are often the hereditary backdrop for contemporary socio-economic obstacles faced by women and other vulnerable segments of the Caribbean population, namely, drug and alcohol addiction, sexual violence and abusive relationships, incest, and social and economic isolation. "Natural" and "unnatural" patterns of behaviour and experience become increasingly difficult to extricate for characters who are socialized in abusive conditions, either historical or familial. In Pineau's works, the "natural" patterns of family violence often mimic the "natural" cycles of disastrous geologic events;

however, such events also create ruptures that allow her characters to break out of patterns of trauma and violence. Like Derivois and Pineau, Laura S. Brown, in her feminist interrogations of trauma theory, discusses the problematic framing within traditional trauma theory of trauma as an "event that is outside the range of human experience" (Brown 1995, 100). Bringing into question the assumed masculinity that underwrites the normative "human" experience, Brown embraces a theory of "insidious trauma" based on the "private, secret experiences that woman encounter in the interpersonal realm and at the hands of those [they] love and depend on" (Brown 102). She defines this concept as one that acknowledges the effects of "oppression that are not necessarily overtly violent or threatening to bodily well-being at the given moment but that do violence to the soul and the spirit" (Brown 107).

As scholars of postcolonial studies evaluate the usefulness of trauma theory for understanding texts that address the multi-leveled experiences of psychological trauma in postcolonial settings, Brown's (1995) acknowledgement of the problematic nature of a theory developed around one isolated moment or event is germane to the complex collages of trauma that Pineau weaves together in her novels. In the case of *Les voyages de Merry Sisal*, the trauma of loss, grief, destruction, and poverty that ensue from the traumatic moment of the 2010 earthquake joins a constellation of traumatic events that punctuate the eponymous protagonist's life, drawn from historic, economic, political, social, environmental, and gender-related factors. In the telling of Merry Sisal's life, event-based trauma is brought into relation with "ongoing, everyday forms of traumatizing violence" (Rothberg 2008, 226). Pineau's portrayal of trauma vacillates between the universal and the particular, between the isolated event and protracted violence, echoing Rothberg's assertion in "Decolonizing Trauma Studies" that "in the interest of decolonizing trauma studies, we may want to maintain a grasp of ambiguity, hybridity, and complicity" when it comes to theorizing around trauma in the postcolonial setting (Rothberg 233).

Gisèle Pineau's project in *Folie, aller simple,* which interweaves Caribbean weather and geologic patterns with the traumas and illnesses she encounters as a psychiatric nurse in France, illuminates the ways in which representations of trauma, disability and disaster together can challenge the discourses that typically perpetuate oppressive social structures and institutions in the Francophone world. If Haitian studies scholars have critiqued the media's representation of disaster as disabling, scholars in disability studies largely agree that oppressive figurative language often normalizes disability as "disastrous." The Oxford English dictionary reminds us that "disaster" derives from the Italian *disastro* 'ill-starred event', from dis- (expressing negation) + astro 'star' (from Latin *astrum*) "ill-fated" as a disordering of "normal" processes and patterns. For Pineau, imagery that comes closer to representing the cycles, repetitions, and interconnected effects of event-based and prolonged trauma leans heavily on the metaphor of disasters. As we know from disaster studies, the causality of environmental disasters is, as Rothberg (2008) states in relation to trauma, "ambiguous, hybrid, and often complicit" with any number of political, structural, and economic weaknesses in the social fabric. What is more, as "disasters" are endemic to the specificity of the Caribbean landscape, the tautological notion of "natural" and "disaster" should be underscored. These so-called "ill-fated" moments are nothing if not natural to Caribbean geologic and climate patterns and to Caribbean epistemologies. What makes them ill-fated, of course, are the often politicized causes, conditions, suffering, and casualties that ensue. Pineau's work insists upon the necessary inevitability both of the disastrous eruptions, ruptures, and storms in the Caribbean islands, but also of the inevitability of the trauma and disability that result from socio-economic, often gender-based oppression and violence that she contemplates in her novels. Her approach to trauma, then, already distances itself from the Western, events-based trauma theory model. Moreover, her work tests whether trauma is inevitably part and parcel of the postcolonial condition. Disasters, then, often serve as the mediating metaphor that open these questions in Pineau's work.

The social, historical, economic and cultural processes that determine the way that bodies and their abilities are codified, controlled and represented are largely the focus of Gisèle Pineau's work on disability and mental illness in *Folie, aller simple*. Within the postcolonial setting, both in the Francophone Caribbean and in metropolitan France, Pineau asserts that such processes are often as traumatic as they are potentially psychologically disabling, particularly for Caribbean women, and that situations of trauma and disability often overlap. Pineau's autobiographical reflections in *Folie, aller simple* highlight her own traumatic experiences as a Guadeloupian woman of colour living and working in metropolitan France and her reflections on the treatment of people with psychiatric disabilities by their families, by the national health care system, by their healthcare workers, and by the communities they (unsuccessfully) live in. The central trauma of the narrative revolves around the suicide of one of her long-term patients, who left the clinic one morning and threw herself in front of a subway train. However, the emphasis on trauma and chronic psychiatric disability in her narrative lingers less on the experiences of the clinic's patients and looks more attentively at the reciprocal effects of mental illness, trauma, and discrimination on healthcare worker and patient. Pineau often interrogates the mutual influences of her career as a writer and as a psychiatric nurse. As Pineau the nurse parses her own reaction to the trauma of losing a patient to suicide, Pineau the writer narrates a journey through her own relationship to the racial trauma of living as a woman of colour in contemporary France, both inside and outside the psychiatric hospital. Processing her experiences through writing, she suggests, keeps her just this side of mental illness, grief, and professionally-induced trauma.

While describing her experiences within the French educational system in general and within the medical professions in particular, Pineau describes a series of moments charged with racial discrimination that fall squarely within the notion of trauma as it is understood by the field of trauma studies. She mediates this trauma through her poetics of disaster. Preparing to administer her first shot to a patient, she herself receives a reciprocal injection of racial hatred: "Madame X fait un bond dans son lit et se met à hurler. "'Je veux pas la négresse! Pas la négresse! Pas la négresse !' Il y a un moment de stupeur collective. Dans mon souvenir, le temps se fige soudain. Et puis je crois que les infirmières me repoussent vers la porte, me demandant à mi-voix de quitter la chambre. Je suis effondrée" [Madame X jumps up in her bed and begins to scream. 'I don't want the black one! Not the black one! Not the black one!' There's a moment of collective stupor. In my memory, time suddenly freezes. And then I think one of the nurses pushes me towards the door, asking me in a low voice to leave the room. I am devastated] (Pineau 2010, 149). The moment stands fixed in time in her memory, a moment of "collective stupor" and of "devastation." The narrating individual has undergone foundational shaking, articulated through a discourse of disaster.

The geologic and disaster lexicon that subtly shores up these moments of racial violence is picked up in other more overt moments as Pineau parses her understanding of mental illness and her exposure to it. "Trente ans à fréquenter de si près la folie, la violence, le désespoir aussi. Trente ans au bord des gouffres, au pied des montagnes de douleur, au chevet des corps morcelés. Trente ans à regarder la folie aller et venir […] se cristalliser, s'endormir, se réveiller, revenir en force, enragée et brulante, volcanique et superbe comme aux premiers jours" [Thirty years spent so close to insanity, violence, hopelessness too. Thirty years at the edge of the abyss, at the foot of mountains of pain, at the bedside of broken bodies. Thirty years watching insanity come and go […] crystalize, go to sleep, wake up, come back stronger, enraged and burning, volcanic and superb as it was in the beginning] (Pineau 2010, 95). Patterns of natural geologic events and their violent impact on human bodies in their path co-exist in Pineau's description of shared experience within the psychiatric hospital. While this eliding of disaster and patient, too, falls into the realm of Pineau's poetics of disaster, one may wonder here if Pineau's discourse does not adopt a more traditional, Western approach to representing the patients as "disastrous" themselves, in manner similar to the representations of disaster victims of colour in New Orleans or Haiti by the mainstream press. Her repetition of "trente ans" emphasizes the interiorizing of this cycle of anticipation and release in her own life, yet it does not make it clear that her discourse disrupts any eliding of her patients and the "disastrousness" of their existence.

The field of Critical Disability Studies lends important consideration to the potentially dangerous tendencies of narrative metaphor to erase the lived, embodied experiences of individuals living with disabilities, particularly as these experiences intersect with race and gender. As I mentioned in this article's introduction, Pineau places a disabled protagonist at the centre of her 2015 novel about the 2010 earthquake, *Les voyages de Merry Sisal*, a protagonist whose disability predates the events of 2010. The narrative presents the disability as affording Merry particular coping skills that will allow her to negotiate the changed landscape and a changed Haiti in ways that will not be as evident to the Haitians who lost limbs or became disabled during the earthquake and its aftershocks. The character increasingly becomes a vessel for innumerable pre- and post-quake traumas, and the narrative slowly transforms her into a palempsestic emblem of chronic Haitian hardship, thrusting her through the complex landscape of the social, political and economic aftershocks of the Haitian state and the exploitation of Haitian refugees in neighbouring Caribbean islands after 2010. As Gorman and Udegbe have discussed in their application of Ato Quayson's typologies of disability to two postcolonial African novels, such representations of disability as metaphor for the nation state can often veer into territory that erases the lived experiences of individuals living with disabilities in postcolonial and neocolonial contexts, particularly the experiences of women (Gorman and Udegbe 2010). Within the specific Haitian context, the veritable avalanche of misfortunes that befall the ever-persevering Merry recall the comments of a number of critics of post-quake discourse, such as Ulysse, who underscore the damage of narratives that celebrate the "ability" of Haitians to endure physical and psychological trauma, foreclosing discussions of the systems of oppression by local and neocolonial forces that perpetuate the exploitation of Haitian people. In Pineau's autobiographical essay *Folie, aller simple,* the treatment of disability-as-lived-experience coexists with the figurative language of disaster (and the metaphoric language that has been discussed above as so central to trauma narratives) to create a portrait of psychiatric disability and distress that bridges the lived and the figurative. While the reader may conclude that her depiction of psychiatric illness in *Folie* (and certainly in *Merry Sisal*) leans dangerously close to problematic, mainstream narratives of disability, Pineau's narrating perspective as a Caribbean author of colour (writing from and about a European setting that does not face such environmental disasters with nearly as much frequency and urgency) filters the cycles of illness and wellness in the hospital through the lens of Caribbean geopoetics. In so doing, she foregrounds alternative ways of knowing, seeing, and negotiating disastrous events that cause particular trauma and distress to a community's most vulnerable members, women and those living with disabilities especially.

The metaphor of disaster returns often in *Folie* to articulate the particular responsibilities of the psychiatric staff in the hospital—as first responders to an emergency, riding out the storm together: "Nous sommes tous embarqués dans la même galère. […] les infirmiers doivent garantir la sécurité des patients. Les protéger d'eux-mêmes, de leurs pulsions mortifères. Les suivre dans les zones de turbulences. Les aider à traverser les déserts et les mers. Les porter à bout de bras. Les redresser après la tempête" [We're all in the same miserable boat (…) nurses have to guarantee the safety of their patients. Protect them from themselves, from their death-seeking impulses. Follow them into turbulent zones. Help them cross deserts and seas. Carry them single-handedly. Stand them back up after the storm] (Pineau 2010, 126-7). Turning to a language of first responders and community solidarity, Pineau recalls a current in Caribbean literature that is underscored in Daniel Maximin's *Les fruits du cyclone, une géopoétique de la Caraïbe*, in which Maximin extrapolates an intrinsic sense of community deriving from the omnipresence of destructive forces in the Caribbean. "Personne ne se sent quitte s'il a été épargné cette fois, et la compassion pour l'île voisine est d'autant plus sincèrement vécue que tous connaissent la juste répartition de ces ravages d'une île à l'autre, chacune son tour" [No one feels safe if they've been spared this time, and compassion for the neighbouring island is felt that much more sincerely, since everyone knows that the ravages are shared from one island to the other, each island has its turn] (Maximin 2006, 100). Like Maximin, Pineau insists on the existence of a micro-community within the hospital that is bound together by shared trauma of these tumultuous moments of psychosis: "We're all in the same miserable boat."

The notion of reciprocity, trauma and community continues to surface throughout *Folie, aller simple*. Her reflections on "folie" extend outward to societal pressures in the metropole and turn inward in an exploration and expression of relationality. As she continues, her personal reflections in the essay explore her questions about her own mental health and its connection to her two professions. Borrowing the potentially dismissive reference to "insanity" in relation to the patients in the hospital, she confesses that, "Quand j'étais petite, je croyais parfois que je pouvais devenir une folle" [When I was little, sometimes I thought that I could become a crazy person] (Pineau 2010, 107). She imagines harming her family, having magical powers, and contemplating suicide—all conditions that are eventually explored in the narrative in relation to the patients who populate the memoir. In a passage in which she contemplates the overlap between her careers as psychiatric nurse and author, Pineau addresses the reader in a meta-reference that underscores the relation between her two vocations: "Je finis par confier à mes lecteurs—et je le pense au plus profond de moi—que si je n'avais pas eu l'écriture, j'aurais pu moi-même être atteinte d'une 'affection psychiatrique', comme on dit maintenant pour ne pas éveiller les images des fous, déments, insensés, aliénés d'antan…" [I finally confess to my readers—and I believe this to my core—that if I hadn't had my writing, I could have been afflicted by a "psychiatric disorder" as they say today in order not to conjure images of the crazy, the demented, the mad, the lunatics of yesteryear] (Pineau 2010, 171). With a vocabulary that employs the same reference to disaster and disability that she employs to explore the conditions of her patients, she explains, "J'écris furieusement comme une rivière creuse son lit. […] J'écris tel le vent qui souffle sans fin et charrie en vrac les parfums et les pestilences…" [I write furiously like a river digs its bed (…) I write like the wind that blows endlessly and spreads perfumes and pestilence at random] (Pineau 2010, 172). The image of writing as a natural (destructive) force again internalizes the disaster metaphors that simultaneously shape and deconstruct her literary landscape.

In a final passage that reunites the disordering of environmental, physical structures and the "disorder" of psychiatric illness, Pineau displaces the disaster reference to the words of an experienced nurse in Guadeloupe who declares that “folie” is as natural as any other phenomenon, an expected and natural expression of the “disability” that inhabits the human condition. “En fait, ajoutait le très vieil infirmier, on n’est jamais en paix en ce monde, tout le temps tourmenté et déchiré à l’intérieur par des questions existentielles et des pensées poisseuses, et à l’extérieur par l’enfer des autres et les éléments naturels déchainés : cyclones, tremblements de terre, éruption volcanique, raz de marée…C’est sûr, il faut être complètement inconscient pour supporter tout cela” [In fact, added the very old nurse, we’re never at peace in this world, always tormented and torn up on the inside by existential questions and sticky thoughts and on the outside by the hell that is others and the natural elements unchained: cyclones, earthquakes, volcanic eruptions, tidal waves…No doubt, you’d have to be completely out of it to withstand all that] (Pineau 2010, 230-1). It is tempting to conclude that Pineau borrows the cliché of the insane being the most sane among us as her parting gesture. What I find significant, however, given the metaphors of disaster that have been used throughout the text to articulate the cycles of disturbance and calm that punctuate life in the psychiatric hospital, is that a Guadeloupian voice discussing Caribbean environmental specificities and geologic events, not metaphors, shapes the final image of a text that is set, primarily, in France. Pineau’s poetics of disaster “unchains” itself from the figurative language of catastrophe to join the real causes of grief and trauma that haunt daily life in the Caribbean. In a relational transition reminiscent of Edouard Glissant’s *Poétique de la Relation* (1990), Pineau claims a space for a Caribbean model of interconnectedness between land and inhabitant, between overseas department and metropolitan capital that reverses the model of imposed European systems of interpretation. Caribbean environmental and human dynamics have become the central metaphor that orders the waves and eruptions of episodes of mental illness in her patients. Here, moreover, these environmental, geologic and climate-related events are brought to the fore as a pressure and force that have real, lasting, and complex effects on human lives and psyches—lessons that, in an age of climate deregulation, European citizens are finally coming to know.

Haitian-American novelist Edwidge Danticat, describing post-earthquake Port au Prince, evokes a similarly transformed, disabled post-traumatic landscape. She calls Port-au-Prince:

> a city of tremors, tremors that are sometimes felt based on your level of experience with previous tremors, where you might be sitting with someone and that person feels the earth shake and you don't feel a thing. It is a city where sometimes you both feel the tremors and panic equally, especially when others have dashed outside or leaped out of windows in fear. Traumas are sometimes as visible as amputated limbs in Port-au-Prince and sometimes they linger deep beneath the surface, like phantom limbs (Danticat 2017, 13).

As Berger (2004) has asserted, trauma and disability are often direct results of disasters, and separating one from the other denies the disabled the full range of emotion that may be attendant on their experience of disability (Berger 572). As Mark Schuller (2016), Robert McRuer (2010) and many others have pointed out, amputations and disablement, while present before 2010, became highly visible in Haiti following the earthquake (Schuller 327). Pineau and Danticat evoke the enduring effects of disaster, both psychological and physical, while also insisting upon the metaphor of the disaster as a site of resistance, mourning, disability, and survival. The metaphor of the disaster becomes a locus for a multitude of interconnected reflections, critiques, and testimonies—some communal, some solitary, some historic, some contemporary. In the hands of Pineau, as well as Danticat and other writers who have undertaken the task of commemorating Caribbean disaster through literary texts, metaphors of disaster often become the site that allows the enunciation of trauma.

Folie, aller simple marks a deliberate reflection on the continuum of traumas and disability experiences lived by francophone Caribbean women, both in the Caribbean and in metropolitan France. Pineau's portrayal of her interactions with psychiatric illness as a psychiatric nurse explores primarily the social alienation generally associated with psychiatric illness, and the power structures, cultural models, and economic imbalances that are perpetuated by European healthcare practices. She articulates her unique vantage point as a woman of colour within a Western tradition of psychiatric treatment and as a writer who uses her art to mitigate the effects of the traumas she herself witnesses and experiences as a healthcare practitioner. Only occasionally does the text reflect upon the need for greater awareness of the cultural and ethnic diversity of both staff members and patients; it is clear in Pineau's text that within the metropole, racism as a pathological condition and treatment practices that ignore the trauma lived by persons of colour in postcolonial France, as well as the traumas both inflicted during the colonial and postcolonial era, continue to deserve greater attention within the field of psychiatry.

By using the metaphors of disaster to intervene in such reflections, Pineau inserts a lyrical and political dimension in her text. Pineau's portrayal of Other as Self and this model's connection to mental illness—practitioner as patient—resonate with Glissant's (1990) theory of relation. Rather than create distinct borders between herself and her patients, Pineau identifies the patient within herself, who is cared for by the act of performing her duties as a nurse. Moreover, in Pineau's "poetics of disaster" the episodic cycles of crisis are portrayed through the discourse of the disastrous cycles that shape and lend rhythm to life and death in the Caribbean. Her disaster metaphors advance a distinctly Caribbean and relational means of interrogating, from her Franco-Guadeloupian perspective, the connections between treatment and illness, between practitioner and patient. In Pineau's literary landscape, returning to disaster as lived, traumatic, and psychologically or physically disabling event invites critical reflection on the material and political conditions that exacerbate disaster and perpetuate post-traumatic suffering. At the same time, disaster as metaphor, rather than undermine or stigmatize disability or trauma, lends complexity, nuance, instability and Caribbean specificity to the categories themselves.

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[1] Translations of this and all other texts in the article are my own.

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Women, Disability and the Law: A Commonwealth Caribbean Perspective

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Abstract

This article examines the extent to which the issue of double discrimination is adequately addressed in Commonwealth Caribbean jurisprudence. Double discrimination is an acute concern of women with disabilities whose marginalisation is amplified by the intersection of their gender and their disability. As such they face higher rates of domestic violence, unemployment and poverty in comparison to other members of society. Commonwealth Caribbean law, particularly in the areas of criminal law, family law and constitutional law, has not adequately responded to the plight of the disabled women. In certain instances, the law promotes negative stereotypes about women with disabilities. In other instances, it fails to address the complexity of discrimination claims by adopting a formal approach to equality, i.e. treating like cases alike. These shortfalls can be contrasted with the growing recognition in international law of the gendered dimensions of disability and the problem of double discrimination. These international developments, combined with recent jurisprudence emanating from Belize and Guyana in the cases of *Wade v Roches* and *McEwan et al v Attorney General of Guyana*, provide hope that Commonwealth Caribbean law can be re-crafted to ensure a dignity-centric approach which addresses the disadvantages and prejudices faced by women with disabilities.

Keywords: women, disabilities, double discrimination, equality, constitutional law.

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Introduction

The World Report on Disability (WHO 2011) estimates that there are over one billion persons with disabilities (PWDs) in the world. The Economic Commission for Latin America and the Caribbean (ECLAC 2009) estimates that the disabled population in Caribbean amounts to approximately 2,278,509 persons and by 2050, PWDs will account for almost 9.6% of the population of the region. Despite these numbers, it is widely acknowledged that PWDs lead a precarious existence marked by prejudice and discrimination. For women with disabilities, the marginalisation is amplified by the intersection of their gender and their disability. They are left to navigate the conjunctive effects of the stereotypes attached to being female and those attached to being disabled.

This article aims to examine the extent to which the law in the Commonwealth Caribbean has responded to the stereotypes and double discrimination faced by women with disabilities. The picture that emerges from a survey of the law in the area of constitutional law, criminal law and family law looks bleak. However, there are recent glimmers of hope that Caribbean jurisprudence can provide redress for disabled Caribbean women by incorporating the concept of dignity in their legal analysis.

Structure

This article is structured into five parts. Part I (Background and Context) sets the stage for the Paper by examining the definition of a disability, the models of disability and the lived experience of persons with disabilities. Part II (Challenges facing Women with Disabilities) delves into the unique challenges faced by women with disabilities, in particular the problem of double discrimination caused by the intersection of gender and disability. Part III (The Caribbean Legal Approach to Disability) analyses the approach of Caribbean legal systems in treating with disability issues. Particular focus is placed on the spheres of criminal law, family law and constitutional law to illustrate their shortcomings in addressing the challenge of double discrimination. Part IV (International Law and Double Discrimination) discusses the international approach to double discrimination using the examples of the United Nations Convention on Persons with Disabilities (UNCRPD) and the CARICOM Charter of Civil Society to ground the discussion. Part V (A New Approach to Discrimination) highlights the novel approach being taken by some Caribbean courts in interpreting the constitutional guarantee of equality as illustrated in the cases of *Wade v Roches* and *McEwan v the Attorney General of Guyana*, which may provide the solution to the problem of double discrimination.

Part I: Background and Context

What is a disability?

There is no consensus on what constitutes a disability. Scholars have observed that "[d]isability is a phenomenon that is usefully thought of as a reflection of the zeitgeist of a particular time or era" (Drum 2009, 27). As such, this article will adopt the approach taken in the UNCRPD, Article 1 of which describes PWDs as including "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." Given the record number of parties to the UNCRPD (163 signatories and 181 ratifications) this description is the closest approximation to a universally accepted statement on what constitutes a disability.

The Models of Disability

Just as there is no accepted definition of what a disability is, there is also no consensus on the theoretical approach to disability issues. The dichotomy of impairments and barriers mentioned in the UNCPRD reflects the social/human rights model of disability, which stands in contradistinction to the moral/religious and medical models.

The moral/religious model views disability as an act of God (Retief and Letšosa 2018, 4738) which is intended as either punishment or a manifestation of Christ's suffering/benevolence. The medical model views disability as a health condition that requires medical intervention, treatment and rehabilitation (Kaplan 2000, 352). Both approaches have led to the abuse and segregation of PWDs, as exemplified in the history of the treatment of mental illness. This treatment was highlighted in the 1815 Report of the Committee on Madhouses which visited several asylums including the infamous Hospital of St Mary of Bethlehem. 'Bedlam', Europe's oldest mental institution, was founded by Italian Bishop Goffredo de Prefetti in 1243. The evidence at the 1815 Inquiry into the Regulation of Asylums in England detailed the degraded and brutalizing situation at Bedlam in which patients were chained, barely clothed and kept in small cells from which they were never discharged but by death. Some appeared fully lucid and capable of coherent conversation. Such conditions cannot be considered relics of the past as seen in the 2019 police raids at a treatment facility for substance abuse in Trinidad and Tobago.

The abuse, isolation and stereotyping of PWDs became a focal point of the disability movement of the 1970s. This led to the development of the social model of disability which views disability as a social construct resulting from social and environmental barriers which produce impairments (Favalli and Ferri 2016, 546). This approach recognises the lived experience of PWDS, many of whom contend that "the *main* disadvantage they experience does not stem directly from their bodies, but rather from their unwelcome reception in the world, in terms of how physical structures, institutional norms, and social attitudes exclude and/or denigrate them" (Goering 2015, 134). Thus viewed disability can be seen as a "dynamic interaction between health conditions and environmental and personal factors" (WHO 2001).

The human rights approach builds on the social approach. It recognises and acknowledges PWDs are rights bearers and the State has a responsibility to respect, protect and fulfil these rights. This human rights approach is driven not by compassion or pity but rather by dignity, freedom, equality and inclusion. The social and human rights models of disability are reflected in the substantive provisions of the UNCRPD and these models are adopted in this article.

Persons with Disabilities: A Life on the Margins

Notwithstanding the rise of the social and human rights approach to disability encapsulated in the UNCPRD, PWDs continue to live at the margins of society (Agmon, Sa'ar and Araten-Bergman 2016, 147). There are clear linkages between disability and poverty (Filmer 2008 and Groce, London and Stein 2014), low levels of education and unemployment (Heymann, Stein and Moreno 2014), inadequate access to health care and high levels of violence and discrimination.

The statistical data paints a grim picture (Hughes et al. 2012). Adults with disabilities are 1.5 times more likely to be a victim of violence than those without a disability, while those with mental health impairments are at nearly four times the risk of experiencing violence. Children with disabilities are almost four times more likely to experience violence than non-disabled children. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers. This data led Dr Etienne Krug, Director of the WHO Department of Violence and Injury Prevention and Disability to remark that "children with disabilities are disproportionately vulnerable to violence, and their needs have been neglected for far too long."

In the Commonwealth Caribbean, PWDs are 15 times more likely to have less primary education and 40% less likely to have reached secondary and/or university levels and comprise a mere 4.2% of the working population (ECLAC 2011). They must also confront the harmful stereotypes perpetuated in Caribbean culture where disability is often viewed as the by-product of "wrongdoing, obeah or guzu, evil spirits, ghosts or duppies" (Miller 2002).

Part II: Challenges Facing Women with Disabilities

Women with Disabilities and Double Discrimination

For women with disabilities the outlook is even more bleak. Across the globe, women with disabilities are twice as likely to experience domestic and gender-based violence such as physical, psychological, sexual and financial abuse, neglect, social isolation, forced sterilization and psychiatric treatment (Ortoleva and Lewis 2012). In the Commonwealth Caribbean men with disabilities are two times more likely to gain employment than women with disabilities; with disabled women being "heavily concentrated in low-skilled, elementary occupations, routine clerical work and service sector jobs" (ECLAC 2011).

In addition, an alarming proportion of Caribbean women experience either physical or sexual violence at the hands of an intimate partner. For example, the 2016 Women's Health Survey for Jamaica revealed that one in four women (25.2%) had experienced physical violence by a male partner, 7.7 % had been sexually abused by their male partner and 27.8% reported a lifetime prevalence of intimate physical and/or sexual violence. A 2017 study of crime in the Latin American and Caribbean region revealed that the "female homicide rate in the region is twice the world average of 2.3% per 100,000 women" (Jaitman 2017). As Tracy Robinson observed "violence against women … remains in the Caribbean a pervasive and debilitating condition of women's lives" (Robinson 2004). Many of these abused women acquire a disability, further heightening their already precarious existence (Bott, Guedes, Goodwin and Mendoza 2012).

The cases of Carrie Buck and Cheryl Miller illustrate the plight faced by disabled women. Carrie Buck was committed to the Virginia Colony for Epileptics and Feeble-Minded after having a child born out of wedlock as a result of rape. She, like her mother before her, was adjudged to be 'feebleminded and promiscuous'. Therefore, she was a candidate for forcible sterilisation under a 1924 Virginia statute. The Supreme Court upheld the constitutionality of the Virginian law, with renowned American jurist Oliver Wendell Holmes Jr reasoning that "society can prevent those who are manifestly unfit from continuing their kind. …Three generations of imbeciles are enough": *Buck v Bell* (1927).

Cheryl Miller was forcibly removed from her cubicle at her workplace and involuntarily committed to the St. Ann's Mental Hospital. Her transgression - having an open umbrella at her desk, using headphones while playing music, appearing untidy and suggesting that her co-workers were against her. For 17-days she was forcibly administered long-acting psychotic drugs and allowed limited visitors. She had to file a *habeus corpus* application to secure her release. The trial judge held that Ms. Miller's detention violated section 15 of the Mental Health Act of Trinidad and Tobago: *Cheryl Miller v North-West Regional Health Authority* (2015). This legislation allows persons "found wandering at large on a highway or in any public place" who appear to be mentally ill to be taken into custody and sent for treatment at a mental facility.

It is evident that women with disabilities experience "invisibility, estrangement and/or powerlessness" (Fine and Ash 1981, 239). This puts them at risk of double discrimination; a term credited to African-American feminists who noted that persons often experience discrimination and prejudice as a result of a combination of factors (Kimberlie Crenshaw 1989, 149) . There is additive discrimination where a person experiences unfair treatment "on several grounds at the same time" (Duvefelt and Sjölander 2008) such as where a person fails to gain employment because of their language skills, age, nationality and job experience: *Perera v Civil Service Commission* (1983). Intersectional discrimination results from a "combination of various oppressions which, together, produce something unique and distinct from any one form of discrimination standing alone" (Eaton 1994, 222). This genus of discrimination is often experienced by disabled women. The post-modernist era has seen the birth of disability-feminism, explained by Rosemarie Garland-Thompson as a rejection of "the homogenous category of women and … the essential effort to understand just how multiple identities intersect" (Garland-Thompson 2001, 4).

Part III: The Caribbean Legal Approach to Disability

In general, the law in the Commonwealth Caribbean has not adequately addressed the problem of gender stereotypes and double discrimination. Rather the legal system seems to perpetuate misconceptions about both gender and disability. This is evident from a review of criminal law, family law and constitutional law cases. However, two constitutional law cases, *Wade v Roches* (2004) and *McEwan et al v Attorney General of Guyana* (2018), coupled with the approach to double discrimination in international law, provide some hope that the law in the Commonwealth Caribbean will acknowledge and address the multi-faceted forms of discrimination faced by women with disabilities.

To be clear, this article is not suggesting that law is a panacea for all the problems faced by women with disabilities. Observations regarding the challenges faced by post-colonial societies in addressing human rights issues and the disconnect between law in the books and law in reality are well-made (Chouinard 2018, 8). However, the fact remains that an inevitable consequence of the social/human rights model of disability is that women with disabilities will seek redress through the legal system. When they do so, it is imperative that the law rises to meet this challenge. To the extent that the law is falling short must be highlighted and addressed.

(i) Criminal Law

In criminal law disability issues can manifest in two ways: (1) where the virtual complainant is a PWDs or (2) where a defendant has a disability. The judicial approach to the former category is demonstrated in two Caribbean cases: *Mapp v R* (Bermuda) and *R v Silburn* (Cayman Islands). Regarding the latter, the decisions in *Douglin v R* (Barbados), *Ramjattan v the State* (Trinidad and Tobago), *Longsworth v R* (Belize) and *Toussaint v R* (Antigua and Barbuda) merit discussion.

Mapp (1999) involved an appeal against a 10-year sentence for sexual assault. The appellant pled guilty to having sexual intercourse with a woman without informing her that he was infected with HIV. The court allowed the appeal, reducing the sentence to six years. What is interesting is the manner in which the judge, Huggins J, describes the appellant and the complainant. The juxtaposition of these descriptions clearly shows gender stereotypes.

The judge describes the complainant as 43 years old woman, living in a nursing home who was "mentally challenged" and yet "world-wise." He also noted that although she was initially "upset by what had happened … there was evidence that she had put the incident behind her." In contrast he describes the appellant as a 37-year-old father of five children and whose own father committed suicide when he was 11 years old.

Thus, Huggins J seems to cast the complainant as promiscuous and the appellant as the man who had suffered a tragic loss that led to poor life choices. He pays no regard to the high rates of sexual violence which women with disabilities experience. Neither does the learned judge attach much store to the fact that the appellant had two previous convictions for sexual offences. Taken in the round, the learned judge's remark that his decision should not be taken as an indication that the court regards offences of that nature as anything but extremely serious rings hollow.

The approach of the trial judge in *Mapp* can be usefully contrasted with that taken in *Silburn* (2016). Here the appellant was charged with raping the complainant whilst she was on holiday in the Cayman Islands. Like Mapp, he was also sentenced to 10 years' imprisonment and appealed to the Court of Appeal. On appeal, he argued that the trial judge had usurped the role of the jury in expressing his views in the summing up in such a way that the jury would have been left with the impression that they had to deliver the verdict he was expecting. In particular, he complained the following passage from the summing up where the judge reminded the jury that the complainant had mental health issues:

> We don't know what the diagnosis is, we don't know any details of it. It's not something that you should be troubled by, members of the jury, in my judgment. Lots of people have mental health issues at some time in their life, doesn't make them more likely to have sex with a stranger or to make things up. So again, be careful about stereotyping mental illness.

The Court of Appeal rejected the contention that this passage rendered the appellant's conviction unsafe and dismissed the appeal. Thus, rather than perpetuate stereotypes, the court in *Silburn* actively attempted to prevent them from arising. Given that *Silburn* is the more recent authority, it is hoped that this becomes the norm in the judicial approach to complainants with mental health impairments, particularly in sexual offence cases.

In cases involving defendants with disabilities, men and women do not always fare equally. For example, the 1977 Barbadian case of <u>Douglin</u> involved an appellant who was charged with abandoning her child contrary to section 25 of the Offences Against the Person Act. She delivered her baby at the Queen Elizabeth Hospital on July 10, 1976, went home two days later and returned on August 5 to take the child home. She gave a statement to the police admitting to having put the child in the outhouse of her neighbour and that she did not want the child. At trial, the admissibility of this confession was challenged on the basis that at the time she made the statement she was suffering from post-partum depression. The defence led medical testimony from a psychiatrist who examined the appellant after she gave the statement to the police. The psychiatrist testified that the accused was emaciated, withdrawn, uncommunicative, prone to bouts of crying and had been depressed during her pregnancy. She explained that the appellant was suffering from post- partum depression psychosis and denial of her child was a part of her illness. The trial judge held that the appellant's health was not so impaired as to render her confession inadmissible. This conclusion was upheld on appeal with the court noting that in cross-examination the psychiatrist had admitted that post-partum psychosis tends to improve from day to day and she could not say with certainty what the appellant's mental condition was at the time she confessed. This decision demonstrates a lack of appreciation of the nuances of post-partum depression; which is even more surprising as the medical evidence examined the different aspects of this illness.

Over time the criminal law has developed to account for female-centric defences such as battered woman's syndrome (BWS). In the Commonwealth Caribbean the cases of *Ramjattan v the State* (1999) and *Longsworth v R* (2014) both establish that evidence of BWS can be used to establish the defence of diminished responsibility, thereby reducing a charge of murder to manslaughter. However, it is important not to overstate the effect of this development. After all, BWS is not a defence in and of itself. Furthermore, in both cases, the evidence of BWS was only accepted after it was shown as satisfying the fresh evidence rule. In addition, the decision in *Holley v AG* (2005) demonstrate the challenges faced by juries in dealing with BWS under the umbrella of diminished responsibility. As such, the ability of a female accused to adduce evidence of BWS is somewhat limited.

The challenges faced by the female defendants in the aforementioned cases can be contrasted with the decision in the 2001 case of *Toussaint*. Here the appellant was convicted of murdering his wife Sylvia. In his confession statement to the police he explained the events leading to his wife's death as follows: the couple was estranged. One night after work he showed up at her apartment at midnight asking for sex. She refused, using several expletives to express her rejection. The appellant then picked up a piece of wood which he had found in her yard and struck her several times on the head. When she fell to the ground unconscious, he placed her body in his car, taking it to the beach where he buried it.

At trial he used his confession to raise the issue of provocation. He also raised the pleas of insanity and diminished responsibility, using evidence that one year before he killed his ex-wife he had been diagnosed with and treated for a problem of anxiety and depression. His treating physician testified that she saw the appellant in 2000 and he was on medication for depression but showed no signs of mental illness. There was also evidence that whilst he was incarcerated awaiting trial he was prescribed anti-psychotic drugs. His appeal against conviction was allowed on the basis that the trial judge did not properly direct the jury on the issue of diminished responsibility. The Court of Appeal's critique of the trial judge's summation demonstrates clear gender bias. Singh JA explained that the trial judge erred in failing to direct the jury to "consider the proposition that the appellant, having been treated for the ailment of manic depression shortly before and shortly after the killing, that the balance of probability could have been that the deceased's vulgar responses to his advances could have agitated this ailment causing him to snap, triggering off his violent and cruel reaction." In this passage the deceased woman is framed as the aggressor and the appellant as the victim.

The foregoing cases provide a snapshot of the need for further refinement of the criminal law to properly address the challenges and prejudices created by the combined effects of gender and disability.

(ii) Family Law

In family law legislation across the Commonwealth Caribbean, disability is a factor that is considered in awarding spousal and child maintenance. However, problems still arise particularly in relation to the continuance of an order for maintenance of a child beyond the age of 18. This challenge would adversely affect women given the high number of single female headed households which are disproportionately represented among the poor in the Commonwealth Caribbean (Caribbean Development Bank 2016).

In Trinidad and Tobago orders for child maintenance cease at age 18 and a court can extend the order but only up to the age of 21 and only where the person is engaged in a course of study or where there are other special circumstances: Family Law Act, sections 16 and 17. In Antigua and Barbuda under the Maintenance of and Access to Children Act 2008, sections 2 and 20, a child maintenance order can be extended beyond the age of 18 on the ground of special circumstances. There is no guidance in the legislation as to what amounts to "special circumstances." It does not automatically follow that a disability would continue to qualify.

Take for example, the 1992 decision of *Bacchus v Bacchus*. Upon the dissolution of her marriage in 1977, Mrs. Bacchus was granted $25.00 per month to maintain each of her three children until they attained the age of 18. One of the children, Lennox had mental health challenges, spending intermittent periods at the Mental Health Hospital. He continued to reside with Mrs. Bacchus in the matrimonial home until it was ordered to be sold as part of the divorce. For 14 years she supported him financially. Then in 1991, she applied to the court for an order that Mr. Bacchus provide reasonable maintenance and housing accommodation for his son. She also sought reimbursement for the expenses incurred over the 13 years that she continued to provide for Lennox after the maintenance order against Mr. Bacchus had expired. None of these applications met with success.

The court, per Joseph J admitted that the fact that a child is mentally ill would be a special circumstance which would allow a maintenance order to be extended beyond age 18. Yet, the learned judge reasoned that this provision could not extend to a person aged 31. He put the matter thus:

> Would financial provisions extend to the child of a marriage who is 31 years old, whether or not the child is mentally ill, particularly when an application is made in respect of that child some fourteen years after the dissolution of the marriage?

> Again I think the answer is no. I think that the financial provision for such a person would be left to the good sense, conscience and reasonableness of both parents. If a mother seeks assistance for a mentally ill adult who is a child of the family a right thinking father surely would not refuse, but I do no think that the Court can make the order applied for by the applicant.

It appears that there is a growing recognition in the region of the challenges faced in providing for the ongoing maintenance of a PWDs. Thus section 15 of the Maintenance Act of Barbados, CAP 216 states that a magistrate may make or extend an order for beyond age 18 on the ground of mental or physical handicap. Also worthy of mention is the Maintenance Act 2005 of Jamaica which allows that in making an order for spousal maintenance, the court must have regard to whether the spouse has undertaken the care of a person of 18 years of age or over who is unable, by reason of illness, disability or other cause, to care for himself: section 5(2)(e). Hopefully these provisions will become the norm in the Commonwealth Caribbean.

(iii) Constitutional Law: The Right to Equality

No examination of the legal response to gender and disability would be complete without a discussion of the Constitution. The Bills of Rights of Commonwealth Caribbean Constitutions fall into two categories: the conventional model and the unconventional model. The former contains a preambular section with a list of fundamental rights, followed by detailed provisions which largely cast these rights in negative terms by detailing their permitted limitations. It is the most common formulation in the Commonwealth Caribbean and is found in the Constitutions of Antigua and Barbuda, The Bahamas, Barbados, Grenada, St. Kitts/Nevis, St. Lucia and St. Vincent and the Grenadines. The latter contains a list of broad, open-ended rights followed by floor of due process protections which cannot be abridged by legislative enactment and is only found in Trinidad and Tobago. Despite their diverse permeations, all Caribbean Bills of Rights recognise the normative value of equality. The raison d-être of the right to equality has been judicially described as the eradication of "unfairness and discrimination and the creation of true freedom and peace": *Sanatan Dharma Maha Sabha v Attorney General* (2009). In the conventional model constitutions there are anti-discrimination clauses which prohibit discriminatory written laws and discriminatory treatment by public officials. These clauses define discrimination by reference to a laundry list of protected characteristics such as race, place of origin, political opinion or affiliation, colour and creed. Given this status-based approach an equality claim can only be brought on one of the detailed grounds. This principle was famously laid out in *Nielsen v Barker* (1982) where Massiah JA reasoned that "[t]he word "discriminatory" in Article 149 does not bear the wide meaning assigned to it in a dictionary. It has a precise and limited connotation [and] is confined only to favouritism or differentiation based on race, place of origin, political opinion, colour or creed."

This all or nothing approach has been applied to exclude claims of discrimination based on disability. In *Spencer v Attorney General* (1998) the Opposition Leader filed a wide-ranging constitutional claim challenging a planned tourism development on the west coast of Antigua. Byron CJ, as he then was, struck out the aspect of the claim alleging discrimination based on disability using the reasoning in *Nielsen*. He reasoned that "physical disability seems to lie outside the parametric limitations inherent in section 14(3). Our court is not a super legislature and does not have the power to expand the rights given in the Constitution."

Furthermore, the conventional model Constitution does not readily permit an equality claim based on sex and disability. Only four conventional model constitutions, namely Grenada, St. Kitts/Nevis, St. Lucia and St. Vincent and the Grenadines, label 'sex' as a protected ground. The only Caribbean constitution to include both sex and disability as protected traits is Guyana but to date there has been no double discrimination constitutional claim in that jurisdiction.

The status-based approach to equality can impose unnecessary limitations on litigants whose discrimination claim involves multiple characteristics as claimants tend to plead only one ground, foregoing the others. As a result, the court may not have a full picture of all the relevant circumstances which produced the discrimination complained about. For example, in the English case of _Burton v De Vere Hotels_ (1997), two black female waitresses sought redress for race discrimination although they had been subjected to racist and sexist abuse by the late comic Bernard Manning. Hannett decries this atomised approach as unfairly minimising the complexity of double discrimination claims and allowing courts to retreat "into easily compartmentalised, discrete, essentialists understandings of discrimination (Hannett 2003, 76).

The unconventional model of Trinidad and Tobago adopts a more expansive approach to equality. Section 4(b) provides for the right to equality before the law and section 4(d) provides for equal treatment by a public authority in the exercise of its functions. There is no attempt to circumscribe the parameters of discrimination by the albatross of a protected characteristic. Although the opening recitation of section 4 does refer to character traits such as race, origin, colour, religion or sex, the equality provisions are not viewed as thusly circumscribed: see *Smith v LJ Williams* (1980), *Paponette v Attorney General* (2010) and *Public Service Appeal Board v Maraj* (2010). Therefore, in theory the breadth of the Trinidad and Tobago equality provisions should accommodate a double discrimination claim by a woman with a disability. In practice however, equality/discrimination claims based on disability do not meet with success owing to the requirement of an actual comparator.

Caribbean jurisprudence has an unyielding attachment to the construct of a comparator, as demonstrated by *Bhagwandeen v AG* (2004) where Lord Carswell explained that a "claimant who alleges inequality of treatment or its synonym discrimination must ordinarily establish that he has been or would be treated differently from some other similarly circumstanced person or persons, described … as actual or hypothetical comparators." The forging of the bonds between comparison and equality is ascribed to Aristotle who wrote that "Equality in morals means this: things that are alike should be treated alike, while things that are unalike should be treated unalike in proportion to their unalikeness."

It has been suggested that the use of comparators serves to assuage counter-majoritarian fears that equality jurisprudence, if not moored to an objective legal test, can easily devolve to a reflection of the judiciary's conception of the good life. Suzanne Goldberg notes that "because of their utility in producing inferences of discrimination, comparators have emerged as the predominant methodological device for evaluating discrimination claims (Goldberg 2011, 745).

Be that as it may, the fact remains that courts often offer precious little guidance as to how to determine when cases are sufficiently alike or similarly situated, which makes the selection of a comparator difficult. In double discrimination claims the identification of a comparator becomes even more complex. For example, must the comparator have one characteristic or both? Take the case of a woman in a wheelchair who wishes to sue a State hospital for failing to provide an accessible examination table. Who would be the relevant comparator- a man without a disability, a man with a disability or a woman without a disability?

Furthermore ,the comparator paradigm, with its "assimilationist tendency" (Fredman 2016, 719) can serve to re-enforce patriarchal notions given its frequent use of male comparators. As Catharine MacKinnon once warned "man has become the measure of all things. Under the sameness standard, women are measured according to our correspondence with man… Gender neutrality is thus simply the male standard" (MacKinnon 1987, 34).

The inability to find an appropriate comparator can inhibit the ability of PWDs to seek redress for discrimination through the equality provisions. This is clearly demonstrated in the case of *Daniel v Attorney General* (2007). Mr. Daniel, the President of the Trinidad and Tobago Chapter of Disabled Peoples International was a wheelchair user. He brought a constitutional claim arguing that the lack of wheelchair access at the Hall of Justice violated his right to life, equality and freedom of movement. Only the first claimed violation succeeded. The equality claim was dismissed on the basis that Daniel had not shown that he had been treated differently when compared to other persons who were similarly circumstanced. Counsel for Daniel argued that the actual comparator test might not be an appropriate basis in dealing with PWDs. The trial judge, Bereaux J acknowledged that "the comparator test may not always be an appropriate basis for judging equality. But… finding a suitable and more appropriate test is fraught with difficulty. The matter requires review by the Court of Appeal or by the Judicial Committee of the Privy Council."

It is interesting that in allowing the claimed breach of the right to life, Bereaux J's analysis was heavily influenced by US 14th Amendment jurisprudence (equal protection of the law) and the UN Declaration on the Rights of Disabled Persons (the precursor to the UNCPRD). The learned judge seemingly suggested that the rights of disabled persons warrant heightened scrutiny in light of the systemic discrimination to which they have been subjected. He also relied on the concept of dignity reasoning that:

Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of same age which applies first and foremost to the right to enjoy a decent life as normal and full as possible. Bereaux J's analysis resoundingly approved on appeal to the Privy Council. It echoes the reasoning in the earlier decision of *Matthews v Transport Commissioner* (2000), a judicial review claim challenging the decision of the Transport Commission to refuse to issue a taxi licence at a taxi driver with a prosthetic leg on the basis that he posed a safety risk to the travelling public.

However, despite the success of these claims, the use of a comparator has serious shortcomings. It affects the ability of the law to expand beyond notion of formal equality, i.e. treating like cases alike. One of the pitfalls of formal equality is that it can be satisfied by consistently bad treatment (Hepple 2008, 1). For example, a State-run bank that fails to provide bathroom accommodation for PWDs can successfully resist a discrimination claim by showing that either it does not have such facilities for any of its customers or if it does have them, by removing them altogether. This phenomenon known as 'levelling up/levelling down' was famously demonstrated in the US case of *Palmer v Thompson* (1971) where Mississippi responded to a racial discrimination claim based on 'white only' public swimming pools, by closing all the public pools. It was held that this action did not violate the 14th Amendment of the US Constitution.

In addition, formal equality does not address the underlying causes of inequality such as historic prejudices and disadvantages which are acute concerns for PWDs. Such historic discrimination can be remedied by a substantive approach to equality which pursues four objectives: (1) redressing disadvantage, (2) countering prejudice, stigma, stereotyping, humiliation and violence based on a protected characteristic, (3) enhancing voice and participation, countering both political and social exclusion and (4) accommodating difference and achieving structural change (Fredman 2016, 727).

For example, one way to address the low levels of employment of disabled persons might be to establish quotas for employers. This is provided for in the Persons with Disabilities (Equal Opportunities) Act 2014 of The Bahamas, section 14(3) which requires every employer having more than one hundred employees to employ not less than 1% of qualified PWDs. As Amartya Sen notes "[e]qual consideration for all may demand very unequal treatment in favour of the disadvantaged (Sen 1992). However, such programmes would violate the uniformity and consistency cherished by Aristotelian equality.

Part IV: International Law and Double Discrimination

What of International Law?

The treatment of double discrimination in international law can provide a means of confronting the current challenges facing women with disabilities in Caribbean jurisprudence. After all, as far back as 1975 Caribbean courts have had recourse to international law, particularly in the area of constitutional adjudication: see *Trinidad Island Wide Cane Farmers Association v Seereram*. This trend has continued in modern jurisprudence, as illustrated by the 2002 trilogy of death penalty cases - *Reyes*, *Hughes* and *Fox*.

The concept of double discrimination features prominently in the UNCRPD which has been signed by almost every Caribbean country. The UNCRPD has been recognised as the first treaty to specially recognise women with disabilities by adopting a “gender lens in its terms and provisions” (Ortoleva and Lewis 2012, 17). Article 6 recognises that women and girls with disabilities are subject to double discrimination. Article 16 requires the development of legislative, administrative, social and educational measures to combat exploitation, violence and abuse, including their gender-based aspects. This gender-centric approach to disability also permeates Article 8 which requires awareness-raising measures to combat harmful stereotypes and prejudices, especially those based on sex and age, Article 25 which requires gender-sensitive health-services for PWDs and Article 23 which provides for the right to marry and have a family, inclusive of access to reproductive and family planning education as well as the right to retain one’s fertility.

Under Article 34(4) of the UNCRPD, the Committee on the Rights of Persons with Disabilities, the treaty’s monitoring body, is specifically mandated to ensure “balanced gender representation” in its composition. The Committee has embraced this mandate and has used its voice to highlight the high rates of sexual violence, discrimination, abuse, forced sterilization, female genital mutilation, sexual and economic exploitation, institutionalization, marginalization and termination of parental rights faced by women with disabilities. In its 2016 General Comment, the Committee has also recognized that women with disabilities are prime candidates for "intersectional discrimination which recognises that individuals do not experience discrimination as members of a homogenous group but, rather, as individuals with multidimensional layers of identities, statuses and life circumstances."

Explicit recognition of the gendered dimensions of disability has also occurred at the regional level in the CARICOM Charter of Civil Society (the "CARICOM Charter") which was adopted on February 19, 1997. It is the product of *Time for Action: the Report of the West Indian Commission* which recognised the need to provide for normative moorings for the regional integration movement. The CARICOM Charter is comprised of 27 Articles and contains explicit protections for PWDs. Article II includes disability as a protected characteristic in the general guarantee of non-discrimination and respect for fundamental rights and freedoms. This is bolstered by Article XIV which provides that "Every disabled person has, in particular, the right not to be discriminated against on the basis of his or her disability; to equal opportunities in all fields of endeavour and to be allowed to develop his or her full potential; [and] to respect for his or her human dignity so as to enjoy a life as normal and full as possible." The CARICOM Charter also explicitly recognises women's rights and calls for "the promotion of policies and measures aimed at strengthening gender equality, all women have equal rights with men in the political, civil, economic, social and cultural spheres" including the right to hold public office, equal work and equal pay, non-discrimination and legal protection against domestic violence, sexual abuse and harassment: Article XII. Although it is not legally enforceable the CARICOM Charter does impose an obligation on States to discharge of their legislative, executive, administrative and judicial functions in a manner that ensures respect for and protection of the human dignity of every person: Article III.

International courts have also demonstrated a willingness to address gender stereotypes and double discrimination. In this regard, two recent decisions from the Inter-American system are worthy of note. *Maria da Penha v Brazil* (2001) involved a petition to the Inter-American Commission of Human Rights (IACHR) by a woman who had been the victim of repeated acts of domestic violence since 1983, culminating in her attempted murder. As a consequence of these attacks she suffered irreversible paraplegia. She challenged the State's failure to ensure that the perpetrator, her ex-husband, was brought to justice despite the evidence implicating him in the attacks. The case meandered through the court system for over 15 years creating the risk of impunity given the 20-year statute of limitations. Whilst noting that the State had taken some positive action such as establishing special police stations and shelters to assist battered women, the IACHR concluded that these initiatives had no effect in curbing the problem. Furthermore, by failing to prosecute and convict the aggressor, the State was tolerating and condoning his actions which served to "perpetuate the psychological, social and historical roots and factors that sustain and encourage violence against women." As such, there was a breach of the rights to life, equal protection of the law and the duty to condemn, prevent, punish and eradicate violence against women.

The 2016 decision of *I.V. v Bolivia* went even further. The case involved a woman who was granted asylum after fleeing the Fujimori dictatorship and had her tubes tied, without her consent, following complications with a caesarean section. She brought her case to the Inter American Court of Human Rights (IACtHR), after the criminal case against the doctor was dismissed. The IACtHR found that there had been a violation of, *inter alia*, the right to humane treatment and privacy and the duty to eradicate violence against women. In its judgement the court stressed the importance of autonomy and informed consent and also highlighted the women's control over their reproductive health can be affected by a combination of factors such as discrimination in access to health, power relations with respect to her husband, family and community, gender stereotypes and additional vulnerability factors such as race, disability and socioeconomic status. In finding a violation of the right to non-discrimination the IACtHR stressed the values of autonomy and human dignity. As noted by Martín Hevia and Andrés Constantin, the *I.V.* case "marks the first time in which the Inter-American Court has connected gender stereotypes to forced sterilization and has recognized the role that gendered power relations play in reinforcing gender stereotypes and social practices that position women as dependents and subordinates" (Hevia and Constantin 2018).

Also worthy of note are the 2018 observations of the United Nations Special Rapporteur on the Rights of Persons with Disabilities which highlighted the issue of forced sterilisation of women with intellectual and psychosocial disabilities. The Rapporteur called on States to "[g]uarantee that health-care services and programmes include a human rights-based approach to disability, are non-discriminatory, seek informed consent prior to any medical treatment, respect privacy and are free from torture or other cruel, inhumane or degrading treatment (UN Doc. 2018, 21).

As such, on the international law front there is growing recognition of the multiple factors which operate to subjugate women and the need for special protection for women with disabilities.

PART V: A New Approach to Discrimination

Glimmers of Hope: *Wade* and *McEwan*

Given the willingness of Commonwealth Caribbean courts to engage with international law especially in claims brought by PWDs (see *Daniel* (ibid) and *Matthews* (ibid),) it is hoped that Caribbean jurisprudence will reflect a better understanding of the gendered dimensions of discrimination and double discrimination in particular. In this regard, two cases represent glimmers of hope on the horizon.

In *Wade v Roches* (2004) the Supreme Court of Belize showed its willingness to recognise the limits of formal equality, adopt the principles of substantive equality and take account of double discrimination. Ms. Roches brought a constitutional claim after being dismissed from her teaching position at a Roman Catholic school because she became pregnant out of wedlock. In its defence, the school used male teachers as the appropriate comparators and argued that the policy regarding pregnancy out of wedlock applied to both sexes.

Conteh CJ rejected their submissions, reasoning that although the rules of the school authorities applied equally to both men and women, they would "more assuredly, naturally and readily impact" females. Thus, the court was willing to look beyond formal notions of equality and embrace principles of substantive equality. Furthermore, though the case was not argued as one of double discrimination Conteh CJ reasoned "it was Ms. Roches' pregnancy while unmarried that was the issue", thus recognising the combined effect of her sex and marital status. The learned Chief Justice therefore concluded that in "dismissing her because of her pregnancy while unmarried does not accord with the protection afforded by Section 16 (2) and (3) of the Constitution against non — discrimination on account of sex."

McEwan et al v the Attorney General of Guyana (2018) involved a challenge by four transgender persons to the constitutionality of section 153(l)(xlvii) of the

Summary Jurisdiction (Offences) Act of Guyana which makes it a crime for a man to appear in female attire or a female to appear in male attire in a public place for an improper purpose. The Caribbean Court of Justice (CCJ) found that there was a violation of the right to equality and non-discrimination contained in Article 149 of the Constitution of Guyana. The Court adopted the substantive approach to equality considering the historic discrimination against transgender persons in the Caribbean which meant that section 153(I)(xlvii) would disproportionately affect them. The CCJ stressed the link between equality and dignity, stressing that Article 149 "signifies a commitment to recognising each person's dignity and equal worth as a human being despite individual differences… The constitutional promise of equality prohibits the State from prescribing legislative distinctions or other measure that treat a group of persons as second-class citizens or in any way that offends their dignity as human beings."

The concept of dignity finds expression in several international human rights documents such as the American Declaration of the Rights and Duties of Man, the Universal Declaration of Human Rights and the Charter of the United Nations. It is hardly surprising therefore that the preamble of almost all Commonwealth Caribbean Constitutions refers to the concept of dignity. The Preamble of the St. Lucian Constitution sets out the belief that "all persons have been endowed equally by God with inalienable rights and dignity." Trinidad and Tobago's Preamble refers to the "dignity of the human person and the equal and inalienable rights with which all members of the human family are endowed by their Creator." Belize records similar sentiments but goes even further, stating that state policies should eliminate economic and social privilege and disparity and ensure gender equality. These preambles set out the norms that lie at the heart of the Caribbean constitutional enterprise and "breathe … life into the clay of the more formal provisions: see *Attorney General v Boyce* (2006). There is a growing recognition in Caribbean constitutional jurisprudence of an "umbilical cord" (*Bowen v Attorney General* (2009)) between the preambles and the Bill of Rights: see *Cal v Attorney General* (2007) and *Maya Leaders Alliance v Attorney General* (2015). As such there is room to use the concept of dignity as a means to address the historic disadvantage and prejudice suffered by women with disabilities.

Conclusion

In many respects the ability of the Commonwealth Caribbean legal system to address the challenges facing women with disabilities, especially the problems associated with double discrimination and gender stereotypes, leaves much to be desired. That being said, the principles of international law coupled with two recent equality cases from Belize and Guyana give hope that the law can address the plight of the disabled woman in the Caribbean. Dignity that is "an acknowledgement of the intrinsic worth of human beings": *S v Makwanyane* (1995). Dignity is a value that finds expression in almost all Commonwealth Caribbean Constitutions. The second-class citizenship of women with disabilities in the Caribbean is the antithesis of a dignified existence. It is hoped that in time the law can assist in addressing this injustice.

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"Deh Say I's Ah Madman": Soca Performance, Afro-Caribbean Masculinities, and the Metaphorization of Madness

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Abstract Despite its prevalent usage within soca music, little scholarly literature has explored how sonic, lyrical and embodied representations of dis/ability permeate throughout the genre to perform critical genealogies of transgressive Caribbean gender practices. In this article I interrogate the dissemination and deployment of madness as metaphor in soca performance, particularly through embodiments of Carnivalesque sensibilities and the pedagogies of non-normativity they articulate. Such performances, I argue, position soca as an inherently "mad music" where disruptive ontological methodologies of speaking, sounding, and embodying cultural resistance have been cultivated through explorations of disability. These representations and methods of using such "mad archives" in projects of self-making, and more specifically Afro-Caribbean masculinity, is explored through the "madman" personae (c. 2003) of Machel Montano and recent soca star Uncle Ellis. Simultaneously, I critique these representations for the ways they perpetuate mental health stigma and ableism in the realms of Caribbean popular culture.

Keywords: Soca, carnival, madness, mental health, stigma, ableism

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Introduction

The affective and transgressive powers of Carnival and Carnival performance can be traced through its genealogy as a disruptive to regimes of normality and technologies of state control and surveillance, specifically in relation to Afro-Caribbean communities and histories. Soca music, the dominant sound of the festivity is thus, by extension, also inextricably linked to such emancipatory ideologies within the Caribbean region and transnationally within its diasporas. In accordance with Bakhtinian logics of the carnivalesque, soca sounds and instructs its participants to perform joyful improprieties as cultural resistance. In moments of ephemeral, albeit collective transgressive performance such as within soca fêtes, Carnival participants disregard and reject Euro-American structures of normalcy – and particularly notions of respectability and reputation (Pinto 2009) – to speak feminist and decolonial action through the body. Here, participants engage in temporary moments of unruliness, transgressive demeanour, performances of illicit sexuality and other acts of cathartic looseness that work to engender a politics of refusal towards (neo)colonial forces of regulation – a distinct transgressive Caribbean performativity also colloquially referred to as “free up”.

Rooted in liberational practice, Carnival performance importantly sounds and embodies Caribbean theories of the flesh, whereby the corporeal archive becomes the site of ancestral/historical knowing, (re)memory and being. Extending the work of important transnational feminists, activists and scholars Gloria Anzaldúa and Cherríe Moraga (2015), who coin this term, this article asks us to reflect on salient strategies that soca and Carnival performance provide to speak such transgressive forms of embodied subjectivity. When also contextualized to the realm of popular culture, soca becomes the arbiter of Carnival’s radical and insurgent spirit. When soca is sung, and danced to, Carnival bodies excavate and resurge important historical practises of resistance, self-making, and political activism, furthermore articulating languages of self that can only be housed and understood through such decolonial corporealities.[1]

Despite soca performance often being represented as a site of apolitical celebration, joyousness and fun, I suggest that soca has always provided its audiences with resources to think, communicate and perform affective decolonial epistemologies through the body and has never been bifurcated from political praxis. In particular, I investigate how the metaphorization of madness and mental disability is a central mechanism by which such embodied political performances of self are enacted, most of which are recontextualized with new meaning and reconfigurations that move in and out of the (ableist) pejorative. Such forms of madness as self-making instead work to infuse scripts of disablement with agentive potential to perform radical and transgressive Caribbean subjectivities.[2] For instance, soca lyrics consistently refer to performances of raced/gendered/sexualized improprieties and deviancy as "crazy", "insane", "mad", "slack", "bad", "addictive", and "troubling". Descriptive terms of madness and ability such as these appear as complex parts of a regional and diasporic cultural lexicon, often employed with a pejorative rhetoric of ableism. Yet despite soca's heavy use of ableist language, the scholarly and popular literature surrounding the genre has largely overlooked the genealogies and vernacular location of such cultural representations.

In addition, the soca archive is critical to conversations of mental health and ableism in Caribbean communities especially as uses of madness to reference the marginality of Blackness in a global white supremacist racial order garners much currency as a vernacular mechanism to perform bacchanalian attitudes, histories, and ontologies within Carnival geographies. As Moya Bailey (2011) suggests in her study of Blackness, disability and African-American hip-hop music cultures, the social embrace of mental disability and madness, despite stigmatizing and ableist[3] implications (which I will discuss later in this article), can be celebrated for their "intentional transgressive powers" providing Black communities with opportunities and resources to challenge their racial marginalization historically and in contemporary moments (143). Offering a relatively overlooked reading of soca music, I suggest that the liberating affect of madness contained within the genre does not act as mere apolitical entertainment but function as ideological weaponry to effectively disturb the status quo and speak the self. These sonic modalities of being and languags of self reflect how marginalized communities “…navigate intricate desires, hierarchies of race, gender and sexuality, institutions of power and social structures of violence that have historically and continue to disproportionately impact the livelihood of themselves and their communities” (Garcia-Rojas 2017, 255-256).

Reframing arguments of resistance through reclamation offered by Ariane Cruz (2016) through her theorization of the politics of perversion, the affective “mad” qualities of soca perform a particular type of ontological work that reconfigures cultural signs and symbols which have been commonly rendered as deviant and pathological for their agentive potentials. In soca, Carnival bodies effectively work to queer Caribbean ideologies of normativity through such corporeal communications. This is enacted while simultaneously enabling us to see how performances of madness and mental disability can be disseminated for emancipatory means – a performance politic I illustrate through reimagining soca texts and the genre as a “mad music.” Performing madness as “psychosocial alterity”, as first conceptualized by La Marr Jurelle Bruce (2012), offers us a grammar to unpack how playing the mad “…functions as variable foil to normative notions of reason and order” (372), although, as he also reminds us, for the Black body to embrace madness as a language of self becomes “risky business” as it becomes double crossed by historical anti-Black myths of Black savagery, subrationality (371) and one’s “mental unsoundness” (2017, 304).[4]

While some may argue that metaphorizing madness and mental disability is a cause of concern and harm and should be done away with, critical disability scholars such as Clare Barker (2011) and Sami Shalk (2018) note that arguments that erase “ableist metaphors” – or performances/readings that use disability to imply limitation, damage, or other negative concepts (Shalk 2018, 39) – as non-valuable sites of scholarly inquiry elide the very real material consequences of those living with and identifying as mad or mentally disabled. In paying attention specifically to the Caribbean as a site of analysis, a limited engagement with disability situated on the material without looking at the metaphorical or representational continues a project of treating disability singularly, and not through an intersectional consciousness. Instead, this article seeks to follow interventions provided to us by Shalk (2018), Erevelles (2011a) and Barker (2011) that argue that the construction of disability works through the material and metaphorical simultaneously and must be theorized in its historical, and representational specificity. This also allows us to unpack the ways in which race, gender and disability overlap as well as amplify and reinforce each other (Koivisto 2017, 165).

I draw upon intersectional theoretics offered by mad and disability studies, Black studies, Caribbean studies, ethnomusicology and transnational feminisms to investigate the ways in which, as Robert McRuer (2006) has importantly pointed out: *what might it mean to desire disability*? Or as Shalk (2018) pushes forward: what might it mean to desire disability *differently*? I extend these questions to further ask: what might it mean to make new meaning of mental disability and madness – one that is not eternally fixed within tropes of danger, violence, aggression, harm, and woundedness but in its reconfiguration for radical and transgressive reidentification? As Shalk (2018) reminds us, what would a mad performativity look like outside of "stereotypical stories of pity, helplessness, and victimhood, of evil, bitterness and abjection, of nonsexuality and isolation, of overcoming and supercrips?" (2) At the same time, what are the stakes of engendering such representations of madness and mental disability as an ontological grammar and performance politic?

I explore these representations of madness through the "madman personae" (c. 2003) of Machel Montano and recent soca star Uncle Ellis to explore sonic and embodied representations of Caribbean madness.[5] At the same time, I also critique these representations for the ways in which they have perpetuated mental health stigma and misrepresented the realities of those who are publicly rendered mentally disabled and mad in the Caribbean. In particular, my analysis of Uncle Ellis' (2017) carnival hit "I Doh Mind" unpacks the multidimensional complexities in performing madness as a practice of self-making by someone who is often publicly rendered and self-identifying as "mad" outside of the performative soca arena, unlike Montano. Ellis' work importantly highlights dual readings of the genre: madness as metaphor and as a practice of emancipatory *re*identification and reclamation. A consideration of both these artists will be effective in reminding Caribbean audiences how, in the words of feminist musicologist William Cheng, "disability gets packaged, distorted, sanitized, and mobilized to commercial and ideological ends".

Contextualizing Madness in Contemporary Soca Music

The "mad" potentials of Carnival can be most overtly seen within soca texts. Soca is often lyricized as a sonic spirit carrying viral, pathological and penetrating potentials. The ubiquity of scripted madness and its penetrative force is widely understood as a central trope of the Carnival spirit, a bacchanalian entity that runs through the bloodlines of its Caribbean subjects. Destra Garcia's "Bacchanal" (2009) offers one of many examples of this:

> 'Cus when de music hits de brain, it goin' crazy,
> Ah can jump fuh miles an' miles an' feel no pain,
> It's in my blood, it's in my face,
> Can't wash it off, I'm forever stained…

Evident from Garcia's lyrics, the madness created by soca is untreatable, uncontrollable and incorrigible, which are all conditions similarly attached to those who are rendered "mad" in the Caribbean region. In the Caribbean, madness is often described as an invisible ailment that exists in polarity to those who are deemed "mentally disabled", a condition that can be diagnosed and treated. As the antithesis to mental disability – structured through diagnoses that have largely been formulated through Eurocentric paradigms in the Caribbean imagination (Gorman 2016; Bell 2011; Erevelles 2011a) – "madness" is imagined as permanent and pervasive; a "pan-affliction" influencing all areas of the person's functioning. The main difference being that those identified as "mentally disabled" or "ill[6]" are still able to "function properly" in specific environmental settings (Arthur, Hickling and Robertson-Hickling 2010, 265) whereas madness is an eternal pathology.

Indeed, an exploration of metaphorical madness in soca is important because, as Stephen Harper (2009) suggests, madness is understood through multiplicity and specificity and must be discussed in relation to the social, political and economic contexts of the subject's life. Through soca's association with Carnival, we can see how the genre must be understood through such "pathological" performativities rooted in histories of the transatlantic slave trade, and resistance to European colonialism. Indeed, the recognition of soca's rootedness in Carnival is salient as "disability" becomes a condition of becoming for those who take part in the rite, specific to the historical and material context out of which it emerges (Erevelles 2011a, 26). Indeed, soca and soca bodies have always been rendered mad.

Since soca is often lyricized in medicalized terms, we can explore notions of madness in the region through the pathological effects the music produces. This is evidenced in the following examples. First, in Soca Virus (2016), the genre is shown to enact uncontrollable and unstoppable bodily behaviours that act as contagions, moving through Caribbean bodies through sonic transmissions. As Destra Garcia sings:

> If yuh want to wine, it's a symptom,
> Dance tuh every song, it's a symptom,
> Yuh wan to sit still but yuh foot tappin',
> Yuh might be infected…
> Once de music attack yuh brain, yuh could feel it,
> Like a sickness takin ovah,

> Every song you hear playin', you could feel it,
> Like a sickness takin ovah,
> Like yuh goin' insane, yuh could feel it,
> Like a sickness takin' ovah…

In Patrice Roberts "Judgement Stage" (2019), we also see how the madness of soca causes aggression, irrational behaviour, and performances of disobedience that move through sound to activate and resurge Afro-Caribbean genealogies of feminist performance such as through references to the nineteenth-century Afro-Caribbean "jammette" figure[7]. She sings:

> When yuh see meh start wine and misbehave,
> Doh judge meh, doh judge meh,
> Cause dat how I does get on when ah in ah rage,
> Doh judge me…
>
> I ready fuh de madness, ah ready fuh it,
> Ah ready tuh get wotless, ah ready fuh it,
> Carnival got me obsessed, de stage look like ah magnet,
> Ah wining like a jammette, ah ready for it

And in "Socaritis" (2015), also sung by Patrice Roberts, we hear the following:

> Ah wake up dis morning wit ah funny feelin' again,
> Ah just cyah behave,
> Ah feel as high as de ceiling,
> Ah just cyah behave,
> Meh whole body start to tremble,

Feel like ah have socaritis,
Meh waist ah start to wiggle,
Feel like ah have socaritis,
Ah feel like to cause some trouble,
Feel like ah have socaritis

In Socaritis, soca is imagined to possess and infiltrate the bodies of soca audiences. Much like the presence of spirit intrusion common within Afro-Caribbean folklore/spiritual practices that is believed to cause madness upon entry into the body (Littlewood 1988, 135), aurally disseminated soca penetrates and infects the body, causing symptoms of lack of control and embodiments of disreputableness.[8] As a "mad music", and through its Carnival parentage, soca carries an association with all things unconventional and sounds difference. Consequently, we also see how the musics of mad artists or mad sound carry disruptive potentials as dynamic entities that resist or refuse normality, and reconfigure the hegemonic scripts of madness assigned to them. Furthermore, as Nicola Spelman (2012) argues in *Popular Music and the Myths of Madness,* mad genres like soca perform a desire to play the deviant (160) and express how categories of identity – disability, race, and gender – intersect, cross-over, and work together to impact and speak to the lives of those who are multiply marginalized.

Contextualizing Aesthetic Production at the Intersections of Blackness and Disability

Historical trajectories of madness also show us how colonial perceptions of hegemonic difference such as racism read Blackness as disability - a crucial linkage salient to understanding the musical personae of madmen in soca. Indeed, we cannot discuss Montano's performance of madness without interrogating how discourses of the mad in Caribbean spaces are also intimately wrapped up in imaginings and perceptions of anti-Blackness set in histories of enslavement and coloniality.

In Hortense Spillers' (1987) canonical essay "Mama's Baby, Papa's Maybe: An American Grammar Book", we are reminded of the ways in which the stark materiality of the body, Black flesh and, by extension, contemporary Black ethnicity, have been constituted by the violence's, wounds and injuries enacted by the transatlantic slave trade, and Euro-American imperialist projects. Using slavery as our historical point of departure, we understand that it was under colonial, slavocratic and white-supremacist regimes that enslaved Africans and their descendants were consistently coded and imagined as "savage, mentally defective, psychically unsound, always already, or almost mad" (Bruce 2012, 373) as well as "deranged", "wild", and "perverse" (Bruce 2017, 304). Furthermore, as Bailey and Mobley (2019) suggest, this historicity provides evidence for understanding the ways in which Blackness has been continually used to mark disability and consequently, of subhuman status (24). The disability of Blackness is not just a symbolic trope but actually designates Black impairment that mobilizes through colonial continuities and becomes reproduced in contemporary social and economic contexts (Erevelles 2011b, 41).

Indeed, the project of colonialism and enslavement was not just one of power, exploitation and hegemony but also one of undoing Black humanity through disablement. Thus, any critical investigation of madness must also confront matters of anti-Blackness for it is only through this dichotomization of whiteness/ Blackness, sanity/insanity, normality/abnormality, able-minded/disabled, that the racial otherness of Blackness is able to be polarized against the "superiority", "healthiness", and "saneness" of whiteness. As Bruce (2017) importantly reminds us, Europeans were only able to construct their ideas around biological, social and cultural "superiority" and their identities as "free" and "reasonable" by rendering Blackness as the "antithetical embodiment of *un*freedom and *un*reason" (304). Therefore, the knowledges produced and performed in

Carnival should not only be understood as sites of harm and injury, but also of agentive mobilization, reclamation, and resistance by “wounded flesh” that foregrounds embodiment as a significant political site, practice of speaking oneself (Million 2009) and way of knowing and seeking justice centred on Afro-Caribbean emotional experience and history.

The disability of Blackness is important to recognize when performed because as an aesthetic practice, madness acquires aesthetic value as it represents, for cultural producers, a critical resource for thinking about what it means to be and desire “abnormality” and mental difference (Siebers 2010, 3). Yet, what does it mean also to perform disability, and madness to radically rewrite abject identities in the Caribbean context?

Machel “Madman” Montano

Prior to the colonization of the Caribbean, the madman was already a widely circulated and visible image in Europe who represented a divergence from society’s accepted norms of sanity that included roles such as the “maniac”, the “idiot”, the “melancholic”, the “wild man” or the “possessed”. These mobilized portrayals are important to interrogate because they heavily produce stigma that essentialize pejorative characteristics to those who are rendered or identify as mad, or mentally disabled. Several scholars have analyzed the visual and performance archive of madness including Mikko Koivisto (2017), Alex Porco (2014), Michael Birch (2012), Nicola Spelman (2012), Moya Bailey (2011), Greg Philo et al. (1996) and in the Caribbean context, Arthur Carlotta, Frederick W. Hickling and Hilary Robertson-Hickling (2010) have argued that popular media has been complicit in perpetuating misrepresentations about the mad that feed and fuel violent and uninformed ideologies of mental otherness into numerous cultural milieus. Embedded in the act of stigmatizing is a power imbalance where able-minded social actors distinguish, label and assign phenotypic and behavioural differences with stereotyped attributes. In this sense, disability is aestheticized and circulated as cultural capital to participate in a system of knowledge, advantage, and privilege that provides feelings of able-minded superiority and a critical consciousness of relationality between disabled and mad bodies and those rendered "normal" and able-minded (Siebers 2010, 20). Yet, when disability is desired, such performances blur the boundaries between power and abjection (Price 2015, 275).

In the case of Machel Montano, the madman is personified during performance through facial expressions, sound, embodied gestures, dance and the voice to mark himself as violent and uncontrollable – sonically and visually depicted as such in order to symbolize and offer deviancy as a Carnival ontology.[9] Yet, his presentation of the madman deserves our attention and critique because it engenders an ableist performance of Carnival sensibilities. Montano has never identified as mad, or mentally disabled outside of his stage persona during this era, and so he is engaged in the practice of re-appropriating the label and using it for new meanings (Cross 2010, 31). When offered to spectators, his deployment of madness does not come with attachments of stigma but is rather celebrated by his global fandom as a recognizable articulation of his Trininess. Here, sonic and embodied gestures become indicative of multiple forms of embodied irrationality or a way to see mental disability as an embodied impairment and illustrate the effects of these illnesses (Lester and Tritter 2005, 653) through raced and gendered codings.

Montano's 2003 carnival hit "Madman", originally released on the album "The Xtatik Circus" presents madness in various formats, often interchanging and mixing varying recognizable indicators of a number of mental disabilities. The song begins with Machel stuttering "mad-ah-mad-ah-mad" repeatedly, that, when vocalized by harsh guttural sounds, imitates a furious shaking of the body and head in a moment of frenzy. Stuttering creates choppy, almost unintelligible speech and vocables[10] or nonlexical words that do not offer any linguistic significance beyond performative pathology. In doing so, he locates and performs madness as the antithesis of rationalism and mental coherence. Here, I argue Montano problematically signals his imagining of epileptic behaviour through schizophonic mimesis which, as termed by ethnomusicologist David Feld (1996), describes extractive practices of producing sonic copies, echoes, resonances, imitation and duplications of original sources (26). Mimicking misrepresentations of epilepsy, he re-configures the original source or the continuous seizure, albeit imagined and constructed, through corporeal and embodied chains of audio production, circulation and consumption.

Montano's epileptic vocalities allude to soca as a vice and contagion that is infectious, uncontrollable, and through the aural reception of his words, intoxicates Carnival bodies to furiously dance. The lyrics of the song also evidence and point to examples of the Caribbean body's disobedience and desire to disregard standards of normalcy, and notably male respectability:

> And when yuh see me in de street,
> Winin' up on de backseat,
> Jumpin' up in de burnin' sun,
> Down on de ground and back up on meh feet,
> The way ah carryin' on,
> Dey ask meh de question,
> Tell me ah mad, Tell me ah mad,
> Don't tell me ah mad,
> I's ah madman, Ah wan trouble!

The reoccurring figure of the madman in Caribbean popular culture and Carnival spaces offers us an interesting gateway to read madness as a distinct performance of Afro-Caribbean subjectivity and cultural resistance. Through the madman's villainous presence, we are able to see how madness is strategically used by Montano to mark himself as violent, animalistic and uncontrollable, using and reconfiguring tropes of the disability of blackness assigned by historical white supremacist structures, in order to symbolize a "freeing up" of the Afro-Caribbean body and mind and instead, offer deviancy as a distinctly

Caribbean ontology. Indeed, this is particularly where Sami Shalk’s extended conceptualization (from Price 2015) of “bodyminds” holds much weight as it asks us to think through modes of analysis that take into account systems of privilege and oppression alongside the intersections of disability, race, and gender (5). Here we are seeing how mental and physical processes come together to help us theorize how both sociopolitical and structural violence and oppression coincide with lived experiences to cultivate distinct performativities (Price 2015, 269).

In addition, the social dynamics of Carnival ecologies, often characterized by alcohol consumption, flag waving and copious amounts of singing and dancing to soca, creates a unique social environment and a particularly temporal alternative reality. In his well-known theorization of the carnivalesque, Mikhail Bakhtin (1965) states that during carnival:

> There is no other life outside it. During carnival time, life is subject only to its laws, that is, the laws of its own freedom…Carnival is the people’s second life (7).

When carnival practitioners play mas’, nothing else matters and their consciousness is completely fixed on the exuberance and joy they are participating in. Effectively, we can read the Carnival state as a time of Caribbean cultural psychosis, reframing the condition used in psychiatry to refer to conditions that involve severe impairments of thought, speech and behaviour that result in grossly distorted perceptions or understandings of external reality (Wahl 1995, 17). This is demonstrated within Montano’s song “Craziness” (2004) where he suggests carnival is a time to “get mad now” and act “crazy”:

> Insane, this year we wan’ dem to know we gon’ insane,
> When carnival time, yuh know we get insane,
> Doh play wit we because we get in dis fete is craziness,

Yuh know we like de craziness…
We people love de craziness…

Montano's indication that he has "gon' insane", itself a performance of metaphoric sickness, disability, subrationality or mental unsoundedness, operates in accordance with arguments offered by Erevelles (2011) where we can interrogate Montano's desire to be mad "as a transgressive mode of motion within Reason's oppressive domains: a trembling, swelling, bursting movement that disrupts Reason's supposedly steady order and tidy borders" (quoted in Bruce 2017, 306). Perhaps rather than always-already delegated within the inescapable limitations of slavocratic, anti-black discourses of Eurocentric sanity, performing madness as an Afro-Caribbean language of self is a methodology to find refuge in the fugitivity of frenzy, chaos and craziness or a turning away from the unreachable locations of white sanity. His embodied presentation of "craziness" seeks to engage in transgressive performances yet fails to recognize how those, often rendered or identifying as mad or mentally disabled, do not garner advantage or privilege from such imaginings and represenions. Instead, his work here makes aware how representing craziness as capital disseminates harmful notions of mental disability that turn the experiences and disadvantage of those with mental stigma for their disabilities, such as state-sanctioned violence and oppression (Bailey 2011, 147), into popular, profitable choreographies.

In the Anglophone Caribbean, madness is also linked to a number of expressions of abnormality that, in addition to physical or mental exceptionalities, can be understood through psychological damage, colonial memory, trauma, displacement and alienation.[11] Kelly Baker Josephs (2013) highlights that the connection between madness and Caribbean colonial histories have produced a "schizophrenic quality of West Indian life" where resistance to colonial/racial hierarchies are frequently performative and marked as mad (24). Yet, perhaps the most ubiquitous meaning of madness in the Caribbean is when it is used to connote dangerousness, violence, anger and criminality. In circulating these images, popular media plays a major role in communicating that the “violent tendencies” of the mad, disabled and mentally ill are to be feared and avoided (Stout, Villegas and Jennings 2004, 543) while there is little evidence that personal or impersonal contact with those identifying as mad, disabled or mentally ill has led to an increased perception of danger (Phelan and Link 2004, 77). Rather, it is the popular disseminations of these myths that stereotype, and perpetuate the stigma surrounding these misrepresentations.

Connections made between violence, anger and madness in the Caribbean region articulate aspects of creole or Afro-Caribbean identity, history and social organization (Littlewood 1988, 135) that illustrate encounters with white supremacy and the colonial project. For instance, Kelly Baker Josephs (2013) argues that we must read madness in the Caribbean as “ancestral anger”, especially with regards to Afro-Caribbean populations. As victims of structural and intergenerational violence and trauma, ancestral anger indicates unresolved and unstable feelings of frustration and anger for the disabling, disembodying and displacing ramifications of European colonialism. As Erna Brodber (2004) argues:

> This anger was set in motion by a racism and a colourism that negatively impacted every member. Since no governmental actions have been taken to address this ancestral anger, the anger has remained a part of the psychocultural landscape, into the new millennium (151).

With Brodber’s theorizations in mind, I also read Montano’s lyric, “get mad now”, through a literal articulation. To perform violence, rage and anger mediated through the emotionality of craziness and racialized disablement performs a serious critique to the distribution of violence and pathologization of blackness that Afro-Caribbean bodies have faced historically and in the contemporary moment.

As the song continues, Montano suggests that when carnival season begins, peoples "head gone" as he calls out a number of cities in Trinidad and Tobago (Arima, Sumaria, "Sando", Port-of-Spain, Laventille, Chaguanas), mapping out a cartography of madness drawn across the country that seemingly is deployed to illustrate networks and an assemblage of carnival bodies and Trinibagonian people deeply embedded into the interiority of the land where moments of delusion are characteristic to the states of mind held during Carnival. In general, a dismemberment of the head also symbolizes the schizophrenic nature of the Trinidadian rite.

Deploying vocabularies such as "crazy", even when evoked as metaphor, have been heavily critiqued by disability scholars and activists as a term that further stigmatizes people with psychiatric disabilities (Bailey and Mobley 2019, 31). While the soca archive is riddled with disseminations similar to this one, and certainly more research is required in this area, this song offers one reading of the ways in which Montano performs "crazy", not as a literal psychological condition, but as a historically-constituted language of the self to acknowledge the ways in which Afro-Caribbean bodies disseminate frenzy, revelry and Carnival chaos as a means of fostering radical, decolonial terrains, ontological knowledges, emotions and affects.

Uncle Ellis: *Re*Identifications and Reimaginations of Madness

In comparison, Uncle Ellis offers us a visual and sonic illustration of how multiple realms of madness can be envisioned within soca performance. Ellis Reid, otherwise known by his stage name "Uncle Ellis", achieved international fame through a number of videos taken of him furiously wining beside a Kentucky Fried Chicken restaurant in Port-of-Spain, Trinidad that has attracted viral audiences on Instagram and Twitter. As a previously homeless man with a history of drug abuse, the rendering of his madness was closely connected to the structural violence he experienced as a result of poverty - a narrative that he chose to represent in his music by self-identifying as a "madman". This storyline is salient for this mad music because as Susan McClary (1991) suggests, "the music delivers a sense of depth and grants the spectator license to eavesdrop upon the characters interiority" (85). As these dancing videos circulated, his fame increased as fans attempted to imitate his unique wining style and began posting their own renditions of the dance by sharing videos of themselves with the hashtag "#UncleEllisDance". Yet, the comic relief and humour he provided to fans must be unhinged from the ableism of this image that endorses and illustrates the "mad" as a site of comedic relief or the "fool", a ubiquitous figure that Lawrence Rubin (2012) and Sander L. Gilman (1982) attest is widespread in Western popular culture.

According to two interviews[12] in 2016 with OJO TTRN (Trinidad and Tobago Radio Network Limited), Ellis Reid was eventually noticed and picked up by soca artist Yankey Boy, Salty, Akim and Trinidad music producer and now manager Dion Gomez who has overseen the marketing of the Uncle Ellis brand. Today, Uncle Ellis continues to travel throughout the Caribbean and its diaspora performing at a number of Carnival celebrations and soca fêtes.

The music video for his single "I Doh Mind" (2017), his claim-to-international-fame song, blurs the boundaries between madness as metaphor and as a performance of self. In his work, he juxtaposes the two meanings between colliding and intersecting notions of madness. The video opens with a solemn capturing of a number of homeless people in the city as police cars whizz by, a physically disabled man with one leg tries to travel on his wheelchair down a street, wide-eyed shirtless men shout into the night beside a Kentucky Fried Chicken restaurant, all-the-while a voice-over of Uncle Ellis emerges describing the violence he faced while homeless. As he continues, he states that he wants his position as a soca artist to address the violence homeless people face in Trinidad. He says that he "…want[s] to be a beacon to the people lying down on the streets…[and]…want[s] to motivate people who are living on the streets" and clearly articulates that living on the streets does not make someone less human.[13]

As the song begins, a number of images of "mad" Afro-Trinidadian men are shown as either shirtless or fashioned with messy, loose, tattered clothing as they race down the streets of Port of Spain in a shopping cart with Uncle Ellis. These figures characterize popular perceptions of madness in the Caribbean: those who exhibit violent and reckless behaviour, and homelessness, often combined with a "poor" or "dirty" outward physical appearance (Arthur, Hickling and Robertson-Hickling 2010, 264). Notions of madness in the Caribbean perhaps are also racialized as black because Caribbean research findings have found that there has been a rise in schizophrenia among Afro-Caribbean populations which may be related to social adversity, deprivation, unemployment, inadequate housing, low social class, negative environmental factors, levels of urbanicity, neighbourhood socioeconomic deprivation and experiences of anti-black racism (Wessely, Der and Murray 1991, 800; Maharajh, Konings and Baboolal 2006, 75; Harper 2009). These images are paralleled alongside scenes of Uncle Ellis performing at a number of Carnivals as he jumps on stage and wines with women within crowds of intoxicated partygoers. Indeed, these portrayals showcase that madness in the Caribbean has multiple meanings that can allude to feelings of happiness, craziness, loneliness and danger. Effectively, it can be read as both derogatory, pejorative, celebratory and liberatory.

The lyrics of the song describe a number of perceived characteristics of madness in Trindad that Uncle Ellis sonically rejects through his utterance of "I Doh Mind". The politics of non-respectability for the prejudices he experienced is corporeally represented and embodied as he uses a number of recognizable Carnival dance moves as he utters the text:

Deh say I ah madman (I doh mind, I doh mind)
Deh say I am drunkard (I doh mind, I doh mind)

In addition, as each verse ends, he sings "take a wine on de spot" as he begins showcasing his characteristic Uncle Ellis dance. The centrality of the dance move is important because it has been circulated widely and has contagiously spread across social media. Like many soca lyrics I have described earlier, the dance carries a viral character, showing how Caribbean dance also carries potentials for irrational and infectious contagion both in the physical and online world. Indeed, the power of the Uncle Ellis dance is its widespread attention and power to enact a sense of dance ecstasy among many of his loyal fans.

Here, I suggest that his evocation of reclaiming the madman seeks to reconfigure it with new meaning. Drawing upon Mikko Koivisto’s (2017) theorization of the “egress” or acts of leaving describes the ways in which leaving behind pejorative scripts attached to the mad provide mad subjects with methods and mechanisms to (re)constitute new relationships between oppressive discursive structures and the disabled subjects (167). It is performative of a politics of non-confinement, moving madness beyond its location in harm, brokenness and abnormality towards new potentials for agency and power. Instead of seeking to refuse or disidentify with the category of mad, he seeks to *id*entify with it – pushing it in new directions, reconfiguring what was originally made to harm disabled subjects into a performance politic that uses mental disability for radical black joy, resistance and, celebration. A reidentification that works through the egress offers Uncle Ellis with potentials to exit sites of harm for the mad, even if only ephemerally, and re-purpose tropes of mainstream mental disability as a praxis of emancipation and transgressive masculinity.

When looked at holistically, “I Doh Mind” disseminates a unique mad “rags-to-riches” narrative. The branding of Uncle Ellis as a madman explores a story of overcoming and turmoil that is commodified to his audiences and mobilized to sell. This is important because while the non-disabled body can pass almost always without narration, the disabled body, marked through metaphorization or otherwise, calls for a story and is often delivered (Couser 2006, 399). As William Cheng (2017) describes in his study of disability in reality-singing competitions, “disability, neatly packaged, enables producers to turn stories of plight into profit” and by exhibiting deviance, mad and disabled peoples get reified, catalogued and contained in strictures and stereotypes (185).

As a form of madness on display, Uncle Ellis' performances are salient for their liberating potentials but are also deeply troubling. Since the musical persona of Uncle Ellis is crafted, developed and manufactured by a team of upper-class soca vanguards, the implications of staging the mad for profit is concerning. The black body, which has often been interpreted as a simultaneous mad body, has historically been put on display for the sane's enjoyment – engaged in a contemporary freakshow of sorts – a neo-colonial project that his producers and managers are now deeply embedded in. While Uncle Ellis does enjoy success, financial advantage, and as such lives a more fulfilling life as a result of his fame away from poverty, drug abuse, and homelessness, the branding and popularity of his image is inextricably linked and hinged to his "madness" and gives a recognizable face to a mad vocality and embodiment in the Caribbean for the able-minded to consume. In addition to Montano, Uncle Ellis' performances cause us to stare directly in the face of the stigma we, as Caribbean consumers, reproduce, exposing us to the negative implications of marking the mad through soca and the harm we must continue to work to dismantle.

Conclusions

Through engaging with performances of madness in the work of Machel Montano and Uncle Ellis, I have sought to demonstrate how Afro-Caribbean performances of soca masculinities deploy metaphorical madness as a tool to produce emancipatory knowledges and presentations of self. However, as is evidenced here, this comes at a harmful and often violent cost as mental disability and madness stigma is circulated, disseminated, and capitalized on as a performance aesthetic. While mad and mentally disabled subjects receive no generative benefit from such performances, the mental and behavioural differences that place them at a disadvantage in such a global order of ableism becomes the archive with which Afro-Caribbean male soca artists draw upon to perform the historical and lived self. The juxtaposition of pain and pleasure embedded in such performances are important for their radical potentials while simultaneously asking us to strongly direct our decolonial and feminist consciousness to the ways in which our beloved soca artists can un/intentionally enact ableist harm. In performing this work, I seek to help extend existing conversations surrounding a transnational politics of care and generosity for violent stereotypes and representations of the mad and mentally disabled, for despite soca’s celebratory and transgressive potentials, we must remember at what cost liberation comes if it does not benefit all.

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[1] This is a critical intervention in the extant soca literature as the genre has been widely critiqued for its reliance on "light" themes of joy, harmony, and togetherness (Guilbault 2011, 2010; Hernandez-Ramdwar 2008; Leu 2000; Ho 2000) and its "political neutrality" in comparison to its mother-genre calypso.

[2] Given these understandings, it is only through engaging with such critical theories of the flesh or, as M. Jacqui Alexander (2005) describes as the "texture of our living", that Afro-Caribbean carnivalists can come to unpack the liberatory, emancipatory and political potentials and messages of soca music and carnival performance

[3] Ableism refers to the system of oppression that advantages and privileges able-bodied and -minded peoples above those with physical and mental disability (Bailey 2011, 142).

[4] In Bruce's (2012) study of madness, black womanhood and Lauryn Hill, he historicizes performances of madness in the US context by tracing its genealogy through performers such as Theolonious Monk, Charles Mingus, Sun Ra, Nina Simone, Richard Pryor and Dave Chappelle. However, for my purposes here, I will be centering my analysis on Carnival sensibilities and the histories, legacies and continuities that have constituted their contemporary manifestation.

[5] In my discussion of Machel Montano, this period of time aligns with the period in which he released the album "The Xtatik Cirus" with this band, prior to his solo career.

[6] I would like to note that "mental illness" is the language here used in the Caribbean literature and this is why I have included it here.

[7] See King (2011).

[8] It can also be argued that these dominant tropes are also very much linked to ritual/folk belief systems in island-nations such as Jamaica where mental disability is consistently linked to black magic or evil spirit possession (Whitley and Hickling 2007, 665) or obeah in Trinidad and Tobago and Guyana. For instance, as Roland Littlewood's (1988) study on Trinidadian local medicine argus, the mentality that spirit can enter the body are very much attributed to various spiritual practices in the country, reflective of the "powers of the Shango culture, African ancestors, the fallen angels of the Bible, [and] the spirit guides of the Shouter Baptists" that cause madness upon the individual as they enter the body (135). Of course, these arguments are also heavily critiqued for implying that mental disability is something that can be fixed without medical attention.

[9] In Trinidad specifically, the madman is a ubiquitous cultural figure whose presence has not been matched by any scholarly examination of popular Afro-Caribbean conceptualizations of madness or of their social construction (Littlewood 1988, 129).

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[10] Ethnomusicologists refer to vocables as nonlexical words that do not offer any linguistic significance. Rather they are syllables vocalized in songs for other meaningful purposes.

[11] Popular Caribbean discourses of madness have also been described through a variety of unwanted practices and experiences, including inappropriate uses of psychoactive substances, persistent anti-social behaviours, certain sexual practices, transient dysphoria's and interpersonal conflicts (Littlewood 1988, 129).

[12] These interviews can be accessed online on YouTube at: https://www.youtube.com/watch?v=K8UpG9U91h4 and https://www.youtube.com/watch?v=GiTrw6XyTf0.

[13] These moments can be found between 0:42 – 1:00 during the music video.

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Her lips were as soft as the sigh that escaped his. The gentle caress sends a delicious shiver of pleasure coursing through his bones. He sighs again, as she places her body flush against him. Surely it was the cocoa and shea butter gods that he had to thank for this gift — the satin that was her skin. He let his hands roam, delighting in the feel of her beneath his fingertips.

She gently kisses his cheek, marking the origin of a journey that takes her down his neck and torso.

Each new spot being defined by a nibble, then a swirl of her tongue, as if to soothe the brief sting caused by the former. She continues down the length of his torso until she arrives at her destination. In no rush to claim her prize, she runs her tongue under the waistband of his boxers as she grips it, and slowly begins to pull them down his hips — Nate's eyes flash open.

His heart pounding like the bass in a drum line at the crescendo of its performance. Beads of cold sweat slick his skin, glistening in the stream of moonlight sneaking through his blinds. Groaning, he rolls over, an outstretched arm feeling for his phone. 4:03 am. Damn.

He was due to get up in a little less than an hour, but he knew that falling asleep any time soon and waking up refreshed was wishful thinking. He had already woken up three times tonight. With a deep exhale he rolls onto his back, throwing off the sheet that clung to him. Kingston really was unnecessarily hot. It must be all the pagans that made this accursed city such a fiery furnace. "*We'll have no problem spending eternity in hell*," he muses. Nate's heart sinks as he ponders the curious state of arousal and panic caused by his dream. He scoffs. What kind of man can't even enjoy sex?

A longing seated deep within him caused indescribable agony as images of a future he so desperately yearns for careen through his mind. Waking up each morning in a body he was comfortable in. Getting a workout in before he got the kids ready and dropped them off at school. Spending the day at work, then coming home to his beautiful family. Making love to his wife each night.

Nate tosses and turns as the images loop infinitely. Usually, thinking about his ideal future provided him with the fortitude to survive days that were especially hard, but when he wanted to sleep, they only served to haunt him. His supplication to the universe only consisted of one word, "*When*?"

Most days, Nate enjoys his job as an accountant. As a child, his teachers had found him to be extraordinarily good with figures. It wasn't unusual to find him in his classroom during lunchtime or after the school day had ended, with math problems for company. He eagerly accepted every new challenge his teachers posed to him, so it was no surprise when he attained the top grade in CXC Mathematics for the entire island at the humble age of ten. But today, the numbers swirling around on the pages in front of him might as well have been Ancient Greek.

"Hey Nate," Samantha purrs as she kotches her ample derriere atop his desk; taking care to lean forward so to display the ample swell of her bosom. "I've got some files that Bobby wants you to take a look at," she continues, resting multiple folders against his chest while smiling sweetly.

"Uhh, yeah, sure. Will do Samantha," Nate stutters. She starts to say something else but his mind only registers her lips moving, as his eyes followed Eric entering the department and walking to his desk. Nate couldn’t help noticing how the mustard shirt Eric was wearing complemented his skin tone so well, and the way his chinos accentuated the curves of his hamstrings and glutes. Glancing in Nate’s direction, Eric smiles as he sees him.

“Nate!”

Nate abruptly redirects his attention to a miffed Samantha. “Well, are you going to answer me or not?”

“Huh? I’m sorry Samantha. What were you saying?”

“Nate, I’ve asked you four times, when will the files be ready?!”

“Uhh, I’ll try to get them back to Bobby by tomorrow,” Nate fumbles, mentally chastising himself for upsetting his boss’ secretary. Everyone knew that she was one of two people whom you should never ire, who always got what — or whom — they wanted.

“Swear mi nuh know why yuh even have ears” Samantha chides, as she rises from his desk, turns on her heels and walks off.

“Well you sure know how to make the ladies feel special, don’t you?" Eric comments, walking over to Nate’s desk after Samantha had left.

“Yuh done know. Man a real gyallis, fi real,” Nate jokes, chuckling.

“Dude she was talking to you for a while. Didn’t you hear any of it?" questions Eric.

"Nope."

"What's wrong with you?"

"Mi nuh have a clue." Nate sighs, burying his head in his hands.

"Guess I'll just have to read your mind over drinks later then."

"Alright Safa."

"Easy nuh gyallis," Eric returns, walking back to his desk and gifting Nate his second smile of the day. Nate turns back to his work. It was only 10:37 am. Today was going to be a long one.

Four months earlier, Nate sat at his new desk and thanked the gods for his good fortune. Seven months ago he was forced to quit his job, as he was "disrupting the balance" of his previous workplace. As they put it, he just didn't "fit well into the company's culture" anymore. It was a load of crap.

Six months after he had started his hormone therapy, his prior boss called him into his office.

The conversation was brief, but it was all a blur to Nate. He only heard "resign instead of being terminated", and that was that. By the end of that week he was out of a job, with his bill and loan payments threatening to pile high. Months later — after still not having a job — he had to give up his apartment. Apparently his landlord had caught wind of what was going on, and decided that he couldn't have "that kind of thing" occurring on his premises.

Desperate, Nate started crashing at his friends' places. A week or two here and there, then he'd be on his way and out of their hair. They didn't mind, but he hated the thought of inconveniencing people — even if they were people whom he cared about, who also cared about him. But today, today was the first day of a new chapter in his life, and he was extremely grateful because on this day, he had a job, and a completely fresh start, even if it meant that he had to hide who he was from his coworkers.

Nate looked around. This department — Operations — had an open floor plan, and housed the HR, accounting and IT divisions of the company. The cafeteria was located on one of the remaining two floors, and the call centre customer service agents occupied the other. That morning when Nate had arrived at work, he reported to his boss who showed him to his desk, and about five minutes later, HR dropped by and gave him a set of company policy manuals to read. It was these manuals that he was working through when Eric arrived at his desk. "Hi, good morning. You must be the new guy. I'm Eric." The man looming over Nate extended his hand. "Go..go...good morning," said Nate, hurrying to stand up so he could afford the man a proper handshake, his heart rate elevating immediately.

Nate wouldn't describe himself as tall. A decent five feet eight inches, with a slightly muscular build, and olive brown complexion, he thought he was relatively easy on the eyes. He kept his hair closely cropped, and his face clean shaven — not that he had much to shave anyway. Eric however, was tall, with locs of black hair that ended in the middle of his back. A towering six feet five inches, muscular, and with a darker complexion than himself, Nate had to turn his gaze upwards a significant distance in order to look the man in his warm cocoa eyes.

Eric was from the IT department, though at first glance, he didn't seem to fit the bill given his build. Wearing a pair of khaki Dockers and a dark blue polo shirt emblazoned with the company logo, he was much more comfortably dressed than Nate who — wanting to make a good impression on his first day — had donned his midnight blue pinstripe pants, and a crisp white shirt paired with a finely- knitted navy blue tie.

“So what's your name?" asked Eric. “N...Nate." “Nice to meet you Nate. I'll be setting up your new machine,” Eric continued, gesturing to the box he held under his arm.

“Okay," Nate managed to respond. He hated that he always got like this during interactions, especially first encounters. Eric chuckled as he began setting up the new laptop, and Nate moved over to give him sufficient space on the desk.

“So where are you from," asked Eric. “Uhh, Hanover.” “Nice. I'm from Port Maria, but I grew up in Oracabessa.” “Okay.” “So where did you go to school, Eric asked after a few minutes of connecting cables and tinkering with the laptop. “Utech.” Eric chuckled, “Quite talkative, aren't you?” Nate glanced over at Eric and strained a smile.

A little over two hours later, Nate watched Eric walk away after thanking him for configuring the computer. He thoroughly wished he could put an end to the unsettling feeling he had when speaking with people. More than anything else, he just wanted to be comfortable in his own skin, so he could stop wondering if people could “tell." His morning prayer came back to him briefly, *“When?”* It took Nate an hour and a half to realize that his anxiety wasn't the only reason he was nervous around the handsome man from the IT department.

Nate strolls into the dimly lit bar and takes a seat at their usual table in the far left corner. Eric was yet to arrive. After ordering a flask of Appleton and a bottle of Ting with two cups, he begins to recall the first time he and Eric had drinks here — it had been sheer happenstance.

Several months ago Nate had walked into the not so crowded bar one evening and was scanning the available seating hoping to acquire the most secluded option. He most certainly was not in the mood to socialise. He was on his way through the dimly lit establishment to a table tucked away in a corner when he realized that it was already occupied. Crap. He was just about to change course when Eric's voice greeted him, "Come on over man. I don't bite."

Hesitantly, Nate joined Eric at the table, cursing himself for not following his mind and just having a quiet night at home with video games for company. Eric hadn't been there for long, judging by the flask of Appleton that was still three-quarters full. As he sat, Eric handed the flask to Nate, then pushed an opened bottle of Ting across the table towards him.

"Come here often?" Eric asked after taking another sip of his drink.

"No," responded Nate, just before he swallowed his drink in one go.

Being around Eric wasn't particularly unpleasant, but he knew he had to loosen up in order to alleviate the funk he was in.

"Judging by your enthusiasm, you've either had a rough day, or yuh faada a rum head." Nate half smiled. "The former."

“Damn man. What happened?" prodded Eric.

Nate looked quizzically at Eric before mixing another drink, and downed half of it before telling the suspiciously curious man bits and pieces of what happened.

“So, you don’t like Stacey?”

“Man, it’s not like she isn’t a nice girl, I just don’t want to get involved with any of the women at the office.”

“So, you’re gay?" inquired Eric, who had somehow edged around the table so that he was closer to Nate, much closer than he would’ve liked.

“Man, wha kinda question that? Of course I’m not gay," snapped Nate, hoping his tone was appropriately masculine. “I don’t even know why I told you all that.”

Eric looked at him and responded slowly, “I’m bisexual.”

Nate almost choked on his drink. “Hey man, I...I’m so…”

“Yeah. Whatever.”

Placing his order on the table, the waitress disrupts Nate’s reverie. Glancing up, he sees Eric making his way over to him. “How was the gym?” he asks, as Eric occupies the seat across from him.

"Wasn't bad enuh, but I'm more interested in what's happening with you today."

"Bwoy yuh know how dating is. More time I think it's more stress than it's worth."

Eric laughs, "Because *you're* any less stressful to deal with? Anyway, tell me what happened."

Shooting his friend a glare, Nate begins to relay the events of his date the night before and his subsequent dream to his eagerly listening friend. He still found it remarkable how well they get along, even though the man was his polar opposite.

When Nate had started working at the office, he had intended to keep to himself, more so for safety reasons than anything else, but eventually Eric's lightheartedness and humour made the man grow on him; and over time, he grew to trust him enough to develop what surprisingly turned out to be a really great friendship. Still, there was one thing Nate hadn't told him.

Around half past ten Nate steps out of the bar into the humid night air with Eric on his heels. They barely enter Eric's car before he resumes the conversation they were having in the bar. "Man, I can't believe it's been two months since you had sex! You should just become a monk and be done with it."

Nate laughs. "Whatever man. Yuh know how it go: Ms. Palm and her five daughta them." "You should let me do it for you instead," Eric returns, glancing at him as they pull out of the parking lot. Nate feels his heart stop, then gallop like a racehorse. Was this a typical response for close male friends? "Ah...yuh...yuh know yuh ramp too rough sometimes Eric. Mek yuh love run joke so?" Eric's only response was silence.

Eric pulls up to Nate's house and parks the car. "Thanks for the ride bro," Nate says as he looks over at him. "Yeah bro, you know it's no problem." The slight hesitation in the man's response was almost imperceptible, and Nate couldn't help but wonder if there was something else that Eric wanted to say. He pauses for a second to give Eric time to add whatever else that was on his mind, but it didn't seem to be forthcoming. Slowly he leans over to give the giant man a hug. "Night bro." "Night Nate," Eric responds, throwing one arm around the man's torso.

Pulling away, Nate's angled head causes his lips to graze gently across Eric's stubble. It was merely a fraction of a second, but for Nate, time itself seemed to have slowed, and he could feel every strand of the man's beard against his lips. Pulling free of Eric's embrace, he senses Eric's minor hesitation to release him completely. He finds the courage to glance into his eyes briefly, but the reaction it produces unnerves him.

Grabbing his bag, Nate all but scrambles out of the car. Eric waits until Nate shuts his apartment door, then gives a quick honk of his horn and drives off.

Nate takes off his shoes and paces. Taking deep breaths wasn't working, his heart was still threatening to leap out of his chest. He was still trying to process the reaction he was having to Eric, his friend, his co-worker, a man. He was surprised by Eric's silence after his decline of the man's offer, but he also hadn't anticipated tonight's response to being in such close proximity to him. After all, it wasn't the first time they had hugged.

Is this what I really want to do? Will I like it? Suppose I'm wrong about this? What if I'm reading into the situation too much?

With trembling fingers Nate reaches for his phone and dials Eric's number.

"Eric."

"Yeah Nate, you okay?"

"Where are you?"

"At the stoplight. Nate, what's going on?"

"Turn…turn back."

"Nate, what happened?"

"Eric, just...turn back." Eric needed no further prodding.

Nate watches him enter his apartment, studying all six-feet and five-inches of the man named Eric and the way his locs gently sways as he walks. His heart pounding from nervousness, uncertainty and excitement. He had never questioned his sexuality before; never gave sleeping with another man a second thought. And in this moment — as he anticipated what came next — he was suddenly fearful.

Suppose it turns out to be just like my dreams? What if it ruins our friendship? What if it doesn't, and leads to something even more terrifying? What am I doing?!

Nate locks his door and turns around, unsure of what to do next. He watches Eric stepping towards him. "Wait!" Eric halts and looks at him, his eyes questioning. "I have to tell you something."

"O…kay?"

"I'm transgender[1]. Does that matter? It's totally cool if you don't want to do this," Nate lies.

Eric answers his question by pulling him closer, lowering his head, and kissing him softly, but confidently on his lips. "I already knew."

The one million and one thoughts that were bombarding Nate's mind all but vanished, but one.

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[1] [1] Persons of transgender experience tend to face immense amounts of stigma and discrimination. They are likely to be marginalized, resulting in social exclusion across several facets. Transgender individuals are also reportedly more likely than cisgender and heterosexual people to experience depression, anxiety, and suicidal tendencies. This story explores the queer identity of a transgender individual and how they navigate social spaces and interpersonal relationships.

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Avril's Voice

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This short story is based on Avril - a phantom character from the 2015 novel, The Star Side of Bird Hill by Naomi Jackson. Focusing on Avril, who largely is a silent character, was an intentional literary approach that was inspired by the iconic Caribbean book Wide Sargasso Sea by Jean Rhys. Like Wide Sargasso Sea, Avril's Voice also focuses on a Caribbean woman who is experiencing an undisclosed mental illness. By amplifying Avril's voice here, we seek to make space to centre her narrative and provide a first-hand description of her mental health challenges and intersecting family issues.

Keywords: Soca, carnival, madness, mental health, stigma, ableism

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To tell you the truth, I couldn't tell you exactly when I went mad. But I can close my eyes and remember the night I walked out of my room in that red dress. I spent hours making it with my friend Jean, and daddy showed his appreciation by throwing my perfectly matched red shoes into the cane fields. "Jezebel Shoes" he called them. Daddy thought that would kill my spirit, but I left for the dance at Queens College anyway in bare feet. I replay that moment over and over again in my mind. I don't know if it was then that I got introduced to madness, but at that moment I knew Barbados wasn't safe for me. Not in Bird Hill or Bridgetown or Bathsheba. Never mind I was born and raised right there in Bird Hill, and had never set foot out of the place before Brooklyn became home in 1976. Not even mummy could make me stay, even though she never really asked me not to go. But in my imagination, she begged me to stay, pleaded with me not to leave her alone. Bird Hill was always too small for me - a small fish with big needs in a small pond. In my mind mummy dropped to her knees, eyes full of tears, holding my hand as my other hand gripped my luggage and my baby girl Dionne. She couldn't convince me to stay in Bird Hill if she built me a house out of sweetbread and fish cakes. Not even the beach could make me stay, with its blueness and sandiness and where I felt safest, and fullest and most whole.

I am so far from the beach and sweetbread right now. Nothing feels familiar anymore. My apartment could be in Brooklyn or Bangladesh and it wouldn't make a difference to how out of place I feel in it and in my own skin. Ever since I called in sick to work and never went back, life has been so slow and nothing has meaning. Life feels heavy. It's a heaviness that hunches me over as if the entire world is resting in the small space between my lower neck and upper back. It's real pressure.

Nothing was really right before or since the girls left for Barbados to stay with mummy for the summer. As I waved goodbye to Phaedra and Dionne at the airport I knew I wouldn't see them again. I lied and told them this was an adventure. It was their chance to see where I was born and hear people with a real Bajan accent, not like the one I managed to bury under a Brooklyn twang and that only came out when I met another Bajan or got real vex. At first they were surprised when I told them they were spending the summer in Barbados, but I swear I could see a little relief in them too. Finally, a chance to be away from their mad mother who had stopped working and cleaning and caring for them the way I used to. I sealed the deal with my youngest, Phaedra, by telling her it would be mango season when she got there, and these would be proper Bajan mangos. Nothing like the ones we get at the bodega that come from Mexico and are picked too green so they never ripen right. My girls have never eaten mango off of a tree. No Caribbean child should experience that injustice, even if they are living in Brooklyn. Dionne was a harder sell, and I could sense that she felt cast away when I hugged them each one last time at JFK. She was the one that was most like me: rebellious, wandering and born in Bird Hill, Barbados. She would have the hardest time back home, this I knew. People would try to contain her spirit and maybe even kill it but I knew she would live through it all - she had no choice. This world eats those of us who aren't strong. "Behave yourself, and be good" I whispered to her, "Take care of your sister, I love you". I meant those words when I said them.

But the real truth is I couldn't take their sad eyes anymore. Big, longing, brown eyes that hurt to look into because I could see how confused they were. What child can really deal with their mother's madness? Two months before they left I spent the entire day counting. I counted anything and everything. The tiles in the bathroom, cans in the pantry, pillows, shoes, socks, plates, rug fibres. I couldn't stop counting, and when I forgot my place I would start all over again. Madness is a funny thing you know. Because from the inside looking out it makes perfect sense to count everything. Everyone must be counted. Right? But I don't know what it looks like from the outside looking in. And I couldn't let my girls keep seeing me see myself and wondering when their mummy would be normal again and if I would ever love them like I used to. And that's why I started to disappear.

At first I disappeared to let my mind breathe. To escape my daughters' eyes watching my every move. In the beginning it was just quick walks around my building, then it was the block, then three blocks, and then Brooklyn, and then over the bridge into The City. Before I knew it I would find myself coming home when it was bright and sunny out but I could have sworn it was dark when I left. And what killed me was that every single time when I came home, night or day, I would still have to face their monitoring eyes, until finally I just stopped looking into them.

Madness is a hell of a thing. Do you know what it feels like? What it really feels like. It feels like a claustrophobic getting shipped in a box to somewhere halfway across the world. Everywhere you look you see walls, and there is no saviour coming to climb over them to help you out. That box becomes your home, and madness is the housewarming gift you never really wanted but you keep out of obligation to the giver. Madness feels like being a walking skeleton, a shell of who you were at one point. And yet still longing to be touched, acknowledged, and answered. Madness in New York is funny too sometimes. Everyone here is a little mad, so I get ignored a lot and it's easier to be carefree about my madness when I'm out. I can walk on the sidewalk or alongside traffic in the road. People just honk and drive around me if I'm in the way. I can be mad here, and no one cares. I'm just another mad Black woman.

I sometimes wonder what being mad would be like if I never got on that flight to New York. Could I be mad in Bird Hill, Barbados? In a village where everyone knows your business, yuh mudda's business, and yuh mudda's mudda's business. Bajans are so malicious, but in Bird Hill they are maliciouser. I can imagine women talking about me after church on Sundays when they glimpsed my mother. Telling one another in hushed voices: "You! She daughta Avril real mad yuh know. I see she in town pun a Satdee and it look like she mixed up in a whole set of foolishness…". Or neighbours coming by with a share of their harvest of yams and eddoes not to make sure we had a taste of their garden, but to see if they could squeeze a little information out of my mother about me.

Or even better: to see me and my madness with their own two eyes. What would they expect to see? A mad woman with her hair unkempt, eyes wild, clothes dirty and torn? Do they think that madness is only madness when you can measure and consume it with your gaze like a recipe for bread? Don't they know that madness is wave after wave of silence and loudness drowning you like Cattlewash only to be revived and then drowned again? They will never know that madness can only be understood by the person it happens to. Not even my closest friend Jean or my children's father ever truly understood what my madness was. Because it is mine. It is the last possession I have in this world now that my daughters are with my mother, and I guard it fiercely.

I don't believe in heaven or hell. When I die I'm dead, and that's it. But just in case I'm wrong my mummy knows that I want this body to go back to Bird Hill and rest in a place where I can hear the beach. If my spirit becomes restless in the eternal darkness it can walk on those white sands I've known since I was small, smell that salty air, and maybe beg my neighbours for a piece of sweetbread.

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Growing Up Too Fast

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How to cite

Amilcar Sanatan. 2021. Growing Up Too Fast. *Caribbean Review of Gender Studies*, Issue 15: 153–160

A boulder of hard coconut drops shot across the room.
Omar stung the backs of heads with paper missiles, fired from his RubberBand sling shot.
Missiles of lunch foil launched overhead. Economics class was a warzone.
“I not playing!”
“I will hit you eh!”
Boys cursed out loud on the classroom battlefield.

The only one who sat still was in front of the class. The one always late to start and in a hurry to end. He read the newspapers casually in front of us, reading the paper from back to front because the sports section was the most interesting. Occasionally, he forgot his newspaper on the desk. One day we opened it and saw the *Punch* magazine of topless women inside the pages. John discovered it first. He opened the centrefold and thirty boys hovered over him with glowing eyes and expert commentary on the nipple sizes and areola analysis. I was busy scribbling mental notes as the boys who lost their cool pointed and described aloud what they saw with sweat streaming from the corners of their foreheads.

We did not learn anything in Math because Mr. Griffith beat us. But we learnt nothing in Economics because Mr. Simmons never taught us. The story has it that the scar by his eye happened when he parted a fight and was punched in the head by one of the boys. His glasses frame broke and cut the side of his face. Since then, he saw nothing that happened among the boys, far less intervened. So, we made plans for the hour, text-messaging lyrics with girlfriends in other schools, *all fours* card gambling, or gossiping about our week and weekend plans. Killing time, wasting time and wasting education were on our schedule for the day.

Omar, the prince of swagger, sat next to me in Econ class. He was a pretty boy and he was popular among the girls. By fifteen, he had had sex more than one hundred times. So he said, so we thought. I would not believe it if it was another boy. I did after-school classes with him and girls routinely approached him, gave him their number and followed his lead. His father had a small vacant apartment to the back of the house. He was known to have girls over to that little room and he had sex with the autonomy and sense of freedom only adults had. All the other boys had to time their parents' absence or choose a friend's house that was usually vacant and hopefully had air conditioning.

On his evening walk, Omar drew a New Era fitted cap that matched the colour of his sneakers from his Jansport bag. He tilted the beak of the cap and put his stud earring on his left ear, the one he smuggled in his front pocket. From under his vest he lifted his thin gold chain with a crucifix.

We were counting every day we got closer to manhood like the emerging hairs on our chins. In spite of our declarations, school uniforms told everyone we were boys. So, we innovated the uniform, pressed the collars, and removed the shirt from inside the pants, anything to look cooler. The extension road was always a kind of slow crawl, a kind of Clint Eastwood, Western, dangerousness. I used to think that the sun was a man that looked out for boys, so it came down harder and made us squint our eyes to look more daring and mysterious. It was a good look anyway. Few of us could walk like Omar.

★

Whether recounted as memoir or pure fiction, boys had to learn to speak about their adventures and fantasies, always in the language of conquest. Some told stories about sex at midnight in a drain on New Year's day, doggystyle positions as Spragga Benz performed on the jeweller in *Shottaz* and the pleasure and risk of sex after school followed by purchasing 'morning after' pills for unplanned ejaculations. The only sex we were allowed to vocalise was that between boys and girls. There was a certain violence in the words we used to describe sex, we said: beat it, chop it, cut it, wood it, swords it, scrape it, licks it, done it out, knock it, live inside it, bull it. Every girl or woman who was not related to us was an object, an "it". We spoke of sex as destruction and violation.

★

> One wasteful afternoon in Econ class, I asked Omar, "When was your first time?"
>
> "Fucking or doing anything?" he asked.
>
> "Anything."
>
> "In Toco," he said quietly. "We used to go up to a house for a long weekend and spend time on the beach. My father and his friends had the house full. One of his friends made me go down on her. I was eight. I had to suck her box different times. You could say that is the first time I do anything."

He never reported it to an authority or parent. His father was a police officer; he said he knew he'd never understand. I chuckled in half-smile confusion. Was he the luckiest eight-year old because of that woman? What would I say if the father's friend in Toco was a man? I was too young to understand Omar's account with my crooked smile. We never had any other conversations like that again, Omar and I. I did not ask him any questions.

★

Sex was imagined as the natural domain of a man, even a small man. The pornography we looked at, versions of sexual experiences we heard and retold and the lexicon of sex itself, put us in the position of dominance, the one to put a woman in a chokehold or the recipient of aggressive sexual strokes. I heard a DJ scream over the microphone one night,

> All woman who pum pum tight, who pum pum clean, put your lighter up. All of the man the man who only watch woman because you not a batty man, put your lighter up. All of the man who play cricket in her belly, hit she for six, put your lighter up.

Early on, my father told me to resist the pressure from peers to have sex. He also explained that I, like all my brothers, was not allowed to drop out of school to "play father." There was no formal curriculum on sexual education but there were the teachings in the Economics class, in the declarations by the DJ, by the words of my father. My peers also taught me that adults, if they had their chance, wanted us. For years, I had not made the connections between more serious experiences with women who groped me, the one invited me to her place to assist me with writing and grabbed my penis under the table, or the times I thought I was special for courting the attention of female authority and being kissed on the lip too many times from an older woman in my youth.

I never cried in the corner of a room. I never had reason to say "no" or "stop" because I was not physically pushed against a wall. I still can't get myself to name or fully explain what happened. "These *things* happen", I said to myself. I have to remind myself that, just like girls who were preyed upon by drunken uncles, maxi taxi conductors and teachers, boys were too. There was no luck. It was the very idea of manhood that we subscribed to that led us to respond to sexual abuse with a smile, to think we should greet it with the joy of a lottery pick when it was a woman, and to see the child as a failure when he was victimised by an older man, to listen to Omar's story and think of him as lucky.

I used to be too afraid to be left behind, with no stories to tell for boys together in a circle around me holding on to every word. I was afraid of not taking control of every minute and authoring each moment in my life. But now I know that people, especially children, do not have absolute control over their lives, the pen is never always in their hands.

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Book Review
Caribbean Healing Traditions: Implications for Health and Mental Health

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Chevannes, Paulette, Roy Moodley and Patsy Sutherland. 2013. *Caribbean Healing Traditions: Implications for Health and Mental Health*. Edited by Pauletta Chevannes, Roy Moodley and Patsy Sutherland. New York and London: Routledge, Tayor & Francis Group.

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Chevannes, Moodley and Sutherland (editors) examine the importance of traditional healing practices for Caribbean people both within the region and the diaspora. Chapters in the book establish that mental health illness and healing in the Caribbean are defined in cultural terms, which are often in conflict with the Western medical paradigm. *Caribbean Healing Traditions* is unique when compared to other books that examine mental health because it outlines the shifts in traditional mental healthcare healing practices; also, it maps out how these shifts are overarching and continue to inform the interpretation of health both within the Caribbean and abroad.

The book is divided into four major sections: 1) The history, philosophy and development of Caribbean healing traditions; 2) Caribbean traditional healing and healers; 3) Spirituality, religion, and cultural healing; and 4) Traditional healing and conventional health and mental health. As part of Section 1, the introduction sets the tone for all book chapters, emphasizing the importance of the historical forced and voluntary migration processes in the Caribbean. The introduction offers Caribbean history, which includes the "process of colonialism, slavery, indentureship and the plantation economy which all worked to shape and reshape healing methods in the Caribbean" (6). The introduction anchors the cultural complexities out of which Caribbean traditional healing practices emerged and, in doing so, provides the reader with a roadmap of what to expect in the remainder of the book.

Section 2 highlights the role of Caribbean healers and traditional healing in the region. Authors in this section offer a wonderful examination of some of the realities and myths around spirituality and its connections to traditional healing. The seven chapters that make up this section complement one other, as they each provide a culturally diverse perception of how connected and disconnected the Caribbean islands are in religious and healing practices. For instance, in chapter six, Ghislene Meance illustrates how "Vodou" practice, which is spiritual, can be an effective tool in health and mental health care in the West (17). In this chapter, particular focus was paid on examining how some

"Haitian immigrants integrate mental health services and vodou healing" (18). In chapter eight, Camille Hernandez-Ramdwar explores La Regla de Ocha (Santeria) an Afro-Cuban religion and the role it plays in healing in Cuban communities. The diversity offered by each chapter captures the cultural, linguistic and religious richness that is deeply embedded in Caribbean traditional medicinal practices.

The third section brings focus to contemporary elements of spiritual practices in the region, such as Rastafarism, Hinduism and Islam that are often in conflict with the dominant ideologies of Christianity. The authors in this section are cognizant of the overpowering influence that Christian teachings have on the Western health model, which is also not divorced from the plantation economy (153). For instance, the influence that colonial political ideology had on psychopathology and mental health is evident in the context of the plantation economy when slaves and indentured servants "attempted to run away from their dehumanizing conditions, they were diagnosed with drapetomania[1]" (Cartwright, 1851, as cited in Sutherland, 23). This section beautifully demonstrates that Eurocentric forms of medical practices have positioned other spiritual and religious notions of healing as rooted in evil and therefore demonic and invalid to the biomedical model of psychology.

Caribbean Healing Traditions concludes by sorting through some of the complexities of professional training in Western psychiatry settings. Gerard Hutchinson argues that the current training in psychiatry ignores Caribbean Indigenous or traditional healing methods that include herbal medicine, meditation and non-Eurocentric spiritual beliefs. This final section is a powerful assertion of the interconnection of mental health and spirituality. The book's uniqueness is the consideration afforded to the tensions between Western medical practices and herbal forms of healing that deter many Caribbean people, regardless of where they are globally located, from accessing care.

I appreciated the first two chapters' layout of the colonial histories and the development of the Caribbean. The first part of the book is a solid overview of the importance of herbal and traditional practices during the colonial period. Many herbs or "bush medicines" were integrated into the region through the migration of various peoples. These chapters document how many slaves and indentured labourers did not have access to formal medicine under the colonial rule, and became reliant on informal methods of healing. The dependence on informal medicine also grants a voice to the role that Voodoo and Obeah play in Caribbean peoples' belief systems. The alternative methods of medicine that were in contention to the European Christian ideologies created influential narratives over the authority over the body, non-Christian practices and meanings of "madness" both in the Caribbean and the diaspora. Caribbean people still continue to carry colonial scars and "Current health care practices must reflect a consciousness of [Caribbean peoples'] histories and realities in order to meet the needs of this population" (4).

One of the strengths of the book is that it addresses the Caribbean as a whole, thus examining the Anglo, French, Dutch and Spanish Caribbean collectively, highlighting the similarities and differences that they all share. It emphasises the complications of various races, classes and genders. Most texts often compose the Caribbean as being primarily an Afro-exclusive space. *Caribbean Healing Traditions* brings awareness to the influences that Indo-Caribbean, Chinese, Europeans and Indigenous peoples all have on the region and their shared understandings of health and healing. Further, authors in this volume fill the gap by providing written accounts of the collective oral histories because most healing practices that migrated or originated in the Caribbean are based on oral history and lack documentation.

Although the authors provided indepth explanations of how healing practices have changed in the region over time, I would have liked the book to include more of an emphasis on mental health issues for those living abroad. It is important to recognize that though Caribbean people are a part of a shared history, after migration their experience of issues such as depression and addiction, differ from those of their host country's dominant population as a result of race, isolation and the growing levels of poverty in densely populated racialized immigrant communities. The final chapter of the book describes the experiences for those living in the diasporic communities but leaves the reader wanting more information. In the final chapter, Roy Moodley and Michele Bertrand gave a brilliant account of some of the tensions with Western medicinal practices experienced by Caribbean people on the whole. The chapter could have benefited further by suggesting how biomedical methods of healing can be better strengthened by bridging more of an inclusive care system as exemplified in Cuba's model of care (Glazier, 245). Nevertheless, *Caribbean Healing Traditions* is a wonderful resource, which provides much needed work around illness, madness and healing within the Caribbean context.

This book would be a useful text for courses in Health, Sociology, Education, Indigenous or Caribbean studies. In spite of the complexities of the subject that each of the four sections present, the book is well organized, and well written, thus making it accessible to readers of varying academic levels. It is a useful resource that lays the foundation for diverse meanings of health and illness.

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[1] Drapetomania was described by an American physician Cartwright, as a disease of the mind. According to Cartwright the preventative method to such an illness is whipping the devil out of them (708).

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ISSUE 15

Disability, Mental Health, and Disablement

Contributors Biographies

Savitri Persaud's Ph.D. research is supported by a Social Sciences and Humanities Research Council (SSHRC) Doctoral Award and explores how mental distress is read and understood in Guyana, specifically analyzing the competing and complementary discourses, aetiologies, and diverse practices employed by Guyanese and Caribbean communities to address and ease distress. Savitri is a Research Collaborator on the SSHRC-funded project "Disability, Gender-Based Violence and COVID-19: Experiences of Women in Guyana". She has contributed to the edited collection *Unmasking the State: Politics, Society and Economy in Guyana 1992–2015* (Bulkan and Trotz 2019), and her work was featured in *The Guardian* and on Al Jazeera's *The Stream*. Her research is rooted in community and scholastic exchanges in the Caribbean and its diasporas, having collaborated with Red Thread Women's Development Organisation, the Guyana Foundation, and the InterGuyanas Feminisms Project.

Fatimah Jackson-Best Dr. Fatimah Jackson-Best is a public health researcher with a specialization in mental health and whose work focuses on communities in Canada and the Caribbean. She holds a PhD from the University of Toronto Dalla Lana School of Public Health, and conducted her dissertation research on Black women's experiences of maternal depression in Barbados. Following this, Dr. Jackson-Best took an appointment as a Global Health Postdoctoral Research Fellow at the University of Ottawa and conducted a cross analysis of mental illness, HIV/AIDS, and physical disability stigma with a focus on interventions and intersectionality frameworks. Her work has been published in peer reviewed journals such as the Adolescent Research Review, BMC Public Health, Gender and Education, and the Journal of International Women's Studies.

Dr. Jackson-Best's research consultancy includes work with Trinidadian NGO I Am One to pilot 'Your Story', a research study exploring the lived experiences of LGBTQIA people in the Caribbean. In 2018-19 she collaborated with the Black Muslim Initiative and Tessellate Institute to publish a systematic review focused on Black Muslims in Canada.

Currently Dr. Jackson-Best is an Assistant Professor in the Department of Health Research Methods, Evidence and Impact with a joint appointment in the Department of Medicine in the Faculty of Health Sciences at McMaster University. She is also the Project Manager of Pathways to Care where she is designing an intervention to improve access to mental health and addictions services for Black children, youth, and their families in Ontario.

Sue Ann Barratt is Lecturer and Head of Department at the Institute for Gender and Development Studies, The University of the West Indies, St. Augustine Campus. She is a graduate of the University of the West Indies, holding a BA in Media and Communication Studies with Political Science, MA Communication Studies, and PhD Interdisciplinary Gender Studies. Her research areas are interpersonal interaction, human communication conflict, social media use and its implications, gender and ethnic identities, mental health and gender based violence, and Carnival and cultural studies. She is dedicated to gender awareness and sensitivity training through face-to-face sessions and mass media outreach.

F.J. Genus is a queer Jamaican man of transgender experience. He is best known for his work with TransWave Jamaica – a trans-led non-profit organization focused on enhancing the health and well-being of the Jamaican transgender and non-binary communities. He is also one of the winners of Caribbean Tales' Short Film Challenge 2018 in the Queer & Trans People of Colour category. F.J. is a software developer by day; whose focus is on building applications which help trans and non-binary people live more authentic lives.

Laura Loth is an Associate Professor of French and Francophone Studies at Rhodes College in Memphis, Tennessee. Her research interests include Trauma Studies, Disaster Studies, and Environmental Studies within the context of Francophone Literature, particularly the literature of the Caribbean, the Maghreb, and Quebec. She has published on the literature of disasters in *Women in French, Tulsa Studies in Women's Literature,* and *Research in African Literatures*. Her chapter "Rethinking Caribbean Communities: The Dynamics of Natural Disasters in the Works of Gisèle Pineau" appeared in *Contemporary Caribbean Dynamics: Re-configuring Caribbean Culture* Eds. Beatrice Boufoy-Bastick and Savrina Chinian, 2015. Currently, she is pursuing a project that seeks to find models for addressing climate change in narratives of early disasters in the Francophone Caribbean.

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Mrs. Davidson holds a Master of Laws from Harvard Law School, a Bachelor of Laws with First Class Honours from the University of the West Indies, Cave Hill Campus and a Legal Education Certificate with a Certificate of Merit from the Hugh Wooding Law School. She has worked at the Caribbean Court of Justice and the Judiciary of Trinidad and Tobago as a Judicial Research Assistant. She has also served as lecturer at the Faculty of Law at the University of the West Indies, St. Augustine Campus and the Hugh Wooding Law School.

Mrs. Davidson has a keen interest in contributing to the development of human rights law in the Caribbean region, with particular emphasis on the rights of persons with disabilities. She is a member of the Human Rights Committee of the Law Association of Trinidad and Tobago and the Caribbean Social Justice & Pro-bono Lawyering Group (CARIBONO). She also provides legal advice to several disability organisations in Trinidad and Tobago such as the Down Syndrome Family Network (DSFN) and the Consortium of Disability Organisations (CODO).

Karen Naidoo's current research investigates how young Canadian-Caribbean people living in Toronto, understand and respond to mental health issues. Dr Naidoo's research is significant for Canadian-Caribbean peoples, as it interrogates how state institutions use race and culture to determine the ways in which health resources are accessed. She holds a BA in Sociology, a Master's in Environmental Studies, and a Doctorate from York University. Dr. Naidoo's professional experiences include facilitating in the area of Global Citizenship Education and Health in parts of the Anglo-Caribbean. She is also currently teaching in the Caribbean Studies Certification at Ryerson University, Toronto.

Ryan Persadie is a performance artist, educator, and PhD candidate in Women and Gender Studies and Sexual Diversity Studies at the University of Toronto. He holds a MA in Ethnomusicology from the University of Toronto. His doctoral research investigates queer Indo-Caribbean diasporas, post-indentureship feminisms, Afro-Asian intimacies, and how performance and specifically Anglophone Caribbean popular music, dance, vocality, and embodiment offer salient archives of erotic place- and self-making for descendants of Indian indenture to transgress, disrupt, and re-imagine coolie geographies beyond hetero-/homonormative notions of sexual citizenship, belonging, home, desire, pleasure, community, and "Pride".

Amílcar Peter Sanatan is an artist, emerging academic and activist. He is a PhD. candidate in Cultural Studies at The University of West Indies, St. Augustine Campus. His research interests include men and masculinities in the Caribbean and Latin America, youth and student development and cultural geography. Sanatan serves as the Trinidad and Tobago representative for the Commonwealth Students' Association. He is also a Steering Committee member of the Global Student Forum and leads the portfolios for COVID-19, Democracy, Human Rights & Solidarity, Racial Justice and the Caribbean & Americas Student Constituency.

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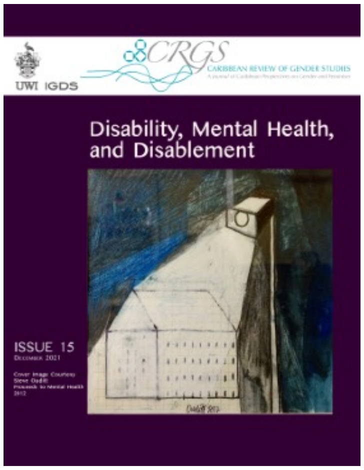

Disability, Mental Health, and Disablement

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Disability, Mental Health, and Disablement

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CRGS Issue 15
Disability, Mental Health, and Disablement

About

We are honoured to present this issue on disability, mental health, and disablement for the Caribbean Review of Gender Studies. The thematic focus of this issue was borne out of numerous conversations and a shared interest in engaging with ongoing discussions about the intersections of gender, disability, and mental health in the Caribbean and Diaspora.

We remain deeply inspired by the words of Audre Lorde, whose lessons from her germinal text, A Burst of Light and Other Essays, continue to resonate: "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare" (Lorde 1988, 130). Forever a visionary, by linking care to her survival, Lorde reminds us that participating in liberatory work necessitates a prioritization of our wellness and well-being. We have seen other Black and Caribbean feminists make similar assertions: Angela Davis (2016) says, "Self-care and healing and attention to the body and the spiritual dimension – all of this is now a part of radical social justice struggles." And Llana James (2007), who writes: "Feminist activism and theorizing within the African Diaspora [...] must include discussions about our physical and psychic well-being in order to truly generate strategies for surviving and thriving" (229). Grounded by these reminders, this issue is offered as a contribution to our collective care, and we hope it will be utilized as a mechanism for survival and our eventual liberation.

Justice and liberation are particularly urgent themes in this issue due to its thematic focus. In the region and across Caribbean communities in the Diaspora there is increased discourse about mental health and disability, but policies and protections for people with these lived realities and challenges have been slower to materialize. Accessibility remains a major barrier across the Caribbean, and this prevents people living with disabilities from equally participating in society. We also know that stigma and discrimination worldwide continue to marginalize those who live with mental illness (Jackson-Best and Edwards 2018). We often see discourse and talk prelude action from our states and governments; however, in the wait time between political promises and action, we experience the impacts of adverse health outcomes and lives lost as a consequence of this delay. As proponents for gender justice, it is essential to remember that the pressure we apply to our governments to advance the rights of women and LGBTQIA groups must also include advocacy for the rights and recognition of people living with mental health challenges and disabilities, and that oftentimes these identities overlap in unexpected ways.

The contributions in this issue mirror the many ways mental health, disability, and disablement are spoken about, worked through, and actioned on in our communities. The papers, commentaries and reviews hone in on the academic work that has been generated on these major themes. The contributions to the Gender Dialogues section provide arts-based approaches that explore these topics.

Read more: https://sta.uwi.edu/crgs/index.asp

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