

# Dissociation, Spirit Possession and the Languages of Trauma in Some Recent African-British Novels

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## **Dissociation, Spirit Possession and the Languages of Trauma in Some Recent African-British Novels**

*DSM-5*, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the American Psychiatric Association's guide for mental health clinicians (though in fact widely-used internationally), includes a significant revision to the diagnostic criteria for one of the most controversial conditions included within it: dissociative identity disorder. This 2013 revision for the first time includes reference to experiences of spirit possession, as well as the more commonly understood fragmentation of the self still often referred to by the obsolete clinical name of multiple personality disorder (some clinicians, however, have long worked without drawing a clear distinction between the two: see Crabtree). The first criterion of the condition describes it thus: "Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession" (American Psychiatric Association, 155). The relative clause here is interesting: it reveals a willingness to acknowledge cultural difference in the experiences of atypical mental states, yet stops short of accepting an ontological difference between such experiences, instead suggesting that the distinction is perhaps no more than linguistic. Of course, we need not reduce the issue here to a choice between two dichotomous states, and only allow the difference between spirit possession and dissociative disorder to be either mere quibbling over the terms of description or a relativist division based on irreconcilable culturally-constructed categories. Instead, recognizing that our labeling and concomitant comprehension of these ideas cannot be extricated from our cultural norms, it becomes particularly interesting to examine the ways in which these conditions are explored in diasporic, or transcultural, texts. This article looks to three recent novels published by African-British writers in order to see what use is being made of the discrepancy between the attribution of

spirit possession and that of dissociated identity.<sup>1</sup> This investigation also enables us to examine some broader questions about the description of traumatic experience and its aftermath, and, particularly, to examine how contemporary novelists might manipulate the linguistic and social capital attached to the languages of trauma, exploiting the currency of clinical definitions, while refusing to grant any final authority over the definition of experience to a medical (or medicalized) hegemony.

In 2007 Claire Stocks offered a critique of the cultural bias she found encoded in much of the trauma theory being propounded at the time. She locates the source of the problem in the typical psychoanalytic conception of the unified and autonomous self as the model of healthy mental functioning. This valorization of the individual ensures, for Stocks, that current conceptions of trauma are necessarily unable to deal usefully with cultures that operate with a more communally based notion of selfhood, as well as those for whom division is a lived reality. She uses W.E.B. Du Bois's idea of African American double consciousness to demonstrate that "the notion of a single, coherent identity . . . may actually be incompatible with social or historical reality", arguing that it is recognition of this duality, rather than its reparation, that constitutes the crucial step toward liberty:

While the divided self may not be entirely unproblematical, the trauma theorists are inherently unable to reconcile multiplicity with mental health and their insistence on a return to an original state of psychic unity is at odds with the realisation and acceptance of duality that emerges as a result of liberation.

(86)

Stef Craps has responded to Stocks by suggesting that her reading of double consciousness incorrectly puts a positive spin on something Du Bois saw as a psychic wound, and that her

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<sup>1</sup> The descriptor 'African-British' is used in the loosest possible sense, without intending to impute similar relations to diasporic identity to these very different authors, and instead to signal that they each not only have experience of cultural life in both Africa and Britain, but have written novels that consciously engage in crossing this divide).

view “carelessly embraces [the negative psychological effects of double consciousness] rather than interpreting them as signs of the traumatic impact of subjugation on the socially devalued” (33). Craps’s argument is also a critique of some of the longstanding assumptions of trauma theory, but he wholly rejects Stocks’s suggestion that “division, fragmentation and multiplicity” could be seen as positive psychological states. Rather, he sees the traditional focus on the individual, and the simultaneous search for a particular traumatic event to explain subsequent symptoms, as at the heart of the problem with the expansion of trauma studies into a global phenomenon. For many communities who live through racism or political oppression, he insists, everyday life is traumatic and the event-based, individual model of trauma is insufficient to recognize this, with the result that “problems that are essentially political, social, or economic are medicalized, and the people affected by them are pathologized as victims without agency, sufferers from an illness that can be cured through psychological counselling” (28). Craps refuses to give up on the potential of trauma theory to explain the experiences of such groups, but recognizes that some of its central tenets may need revising.

Craps accepts that “it can be argued that the uncritical cross-cultural application of psychological concepts developed in the West amounts to a form of cultural imperialism” (2), but even in this statement we can detect his belief that a more critically aware use of these models may well be valid. Some of the tensions around the use of Western models of trauma in an African setting are explored in Aminatta Forna’s *The Memory of Love* (2010). In the novel, Adrian, a British clinical psychologist, has volunteered to work in post-conflict Sierra Leone, where his duties involve convening a therapy group for young men tortured by the memories of what they did as child soldiers during the 1991-2002 rebellion. The novel throughout addresses the question of to what degree only local knowledge and skills can adequately facilitate the reconstruction of the country, and whether international intervention

in this work too often fails to respect the specificity of local conditions. The failure to appreciate the necessary distinctiveness of the Sierra Leonean situation is satirized in Adrian's wife's continual verbal slips with the name of the country, instead referring to Sri Lanka, "where a civil war was also being fought, though on an entirely different continent" (66). Adrian continually finds that the locals expect a similar insensitivity to the specifics of place among the international aid workers, who will simply perform a set of pre-defined tasks, and then leave the population to cope on its own. A particularly stirring version of this position is articulated by Attila, who runs the psychiatric hospital in which Adrian is working. He questions the work that Adrian is doing with his therapy group, and undermines more generally the use of trauma to explain the situation of his country:

"A few years back a medical team came here. [...] They were here for six weeks. They sent me a copy of the paper. The conclusion they reached was that ninety-nine per cent of the population was suffering from post-traumatic stress disorder." He laughs cheerlessly. "Post-traumatic stress disorder! [...] You call it a disorder, my friend. We call it *life*." (319)

Attila cannot see the use of a diagnosis that offers so little towards understanding how the ongoing problems of the country might be resolved. When an entire population is traumatized, a model developed to identify and treat trauma as an abnormality simply seems to have little use.

The anthropologists Good et al. have elaborated a distinction between different ways in which we talk about trauma that can usefully be applied to help work through some of the issues at stake regarding labeling here. Trauma, they note, is a concept that has become ubiquitous, but more than one meaning for the term may be in common circulation. It is used both "generically to describe acute suffering" as well as "clinically to describe the dynamics of individuals with overt psychopathology" (9). Each of these uses has its own particular

currency but it cannot be assumed that the meaning of the term within one discourse is identical to that within another. While “when used with technical precision clinical language has the potential to distinguish between normal human responses to loss and violence and those which represent more extreme or pathological ‘clinical’ responses” sometimes the term is useful to people precisely because it lacks precision within the contexts in which it is employed: “when used generically, clinical terms convey important meanings of lived experience” (10). These generic uses of the language are often as unsuited for use in the clinic as the precise language used there is in everyday life, but each meaning of trauma preserves its own validity. To describe the entire population of Sierra Leone as traumatized is in one sense a truism, and to label it so is to do no more than acknowledge the country’s recent history. Yet to offer this as a medicalized definition is implicitly to propose not only certain forms of treatment, but also a specific etiology that always remains attached to some degree to the individualist models of psychoanalysis that have dominated trauma studies. Attila sees both the truism and the clinical diagnosis as equally useless, even though he increasingly seems to accept the work that Adrian is doing.

Interestingly, Adrian seems to show little interest in offering diagnoses of the men with whom he regularly works. Rather, he employs more of a formulation based approach, linking symptom with cause without displaying any particular urge to classify. In fact, Forna reveals him to possess some strong degree of aversion to diagnosis, even though we are shown that he gained much of his professional reputation for precisely that. Forna presents Adrian as the author of a paper that suggested the survivors of the Piper Alpha oil rig disaster off the coast of Scotland in 1988 were suffering from post-traumatic stress disorder and “what had previously not existed as a classified mental disease eight years earlier suddenly drew the attention of others in his field” (65). However, rather than feeling proud of his work, “he felt cold and anxious, as though he had foolishly revealed the whereabouts of something

precious” (65). The precise nature of Adrian’s anxiety is not elaborated, but it seems related to unease about the power exercised in the execution of a diagnosis. However, in another case presented to him, which provides the heart of one of the novel’s major sub-plots, Adrian seems fascinated precisely with the question of providing an accurate diagnosis. Early in the novel he meets Agnes, a woman who intermittently travels long distances across the country, but has no memory of doing so when, weeks or months later, she returns to her hometown and family. Adrian immediately finds her case compelling and as well as pursuing further information about her history (at great risk to his own safety), he also revises his knowledge of one of the less well-known dissociative disorders, fugue. The original fuguers were recorded in the late-nineteenth and early-twentieth century, especially in France, and although very few recent cases of fugue had been recorded it remained a diagnosable dissociative condition (in fact, one of the revisions in *DSM-5* in 2013 has been to declassify it as a coherent disease entity in its own right, instead subsuming it under the more general category of dissociative amnesia). Adrian seems determined definitively to classify Agnes as suffering from fugue, and in doing so to identify a “properly” psychopathological condition which stands out from the general trauma of her compatriots.

The clinical definition pursued by Adrian is not, however, the only classification offered in the novel for Agnes’s behavior. The man who brings her to the mental hospital tells Adrian that many people consider her to be possessed, but that he personally regards her as “crossed” (114). When Adrian questions the chief nurse, Salia, about the meaning of this latter term, he is first told that it is just another way of talking about possession, though Salia later reluctantly elaborates:

“If a spirit possesses you, you become another person, it is a bad thing . . . .

But sometimes a person may be able to cross back and forth between this world and the spirit world. That is to say, a living person, a real person. And

when they are in between the worlds, in neither world, then we say they are crossed.” (129)

This then is a local explanation for what is happening to Agnes, quite distinct from the “Western” model Adrian seems so keen to employ. Yet it is given very little space in the novel and is never seriously proposed as a more useful way to understand Agnes’s plight. As the novel progresses the narrative focus gradually shifts from Adrian to the locally-raised surgeon, Kai. Often seeming as cynical as anyone else about Adrian’s presence in the country, Kai seems to validate the idea that it is local solutions that need to be found for what has happened in Sierra Leone and he eventually decides to remain in the country, while Adrian leaves. As well as taking over the focalization of the novel, Kai also adopts Adrian’s quest to find out what happened to Agnes in the past. Eventually he discovers the truth: that Agnes’s daughter has unknowingly married the man who murdered her father, and that Agnes, who does know the truth, is forced to live with them. Following these revelations, Kai looks up the definition of fugue in Adrian’s books. He believes that it is an accurate description of what has happened to Agnes, though Adrian had mistakenly thought her to be looking for something on her wanderings, rather than escaping from her torturous home life. Despite Kai’s reservations about the value of importing foreign intellectual models to his country--“This is the way Europeans talk, as though everyone shared their experiences”, he thinks bitterly during one conversation with Adrian (182)--Forna’s conclusions in fact seem to endorse a rather conservative Western model of trauma: the “local” explanation which insists on spirit worlds is in practice dismissed, and the medicalized model instead prevails (though it must be internalized and articulated by a local, rather than an incomer). Also, in Agnes’s unusual symptoms, the distinctiveness of event-based trauma is reasserted as something different than the everyday horror of life in a war zone.

An arresting image early in *The Memory of Love* captures Adrian's bookshelf: "standing at the end of the uneven row of paperbacks is a neat group of thicker volumes", including the *DSM* and other clinical tomes (64). The contrast between the ordered medical knowledge and the more unruly other books (which we might assume to be fiction) is noticeable, yet there seem to be few ways in which Forna's fiction significantly disrupts or displaces a standard model of trauma. Craps has noted that many novels dealing with recent military conflict in Africa show a clear "reliance on a no-frills, realist aesthetic, which sets them apart from the emerging canon of trauma literature" (42). He suggests that this is because of their political, consciousness-raising concerns, but this stylistic decision may have some other effects. Not least, it seems to restrict the ability fully to explore the type of explanation that may include reference to a spirit world. Works that wish more thoroughly to tread this path seem to be required to turn away somewhat from the conventions of realism.

It is interesting also to note that the move towards incorporating the possibility of spirit possession into explorations of dissociation can serve also to sever it, at least in part, from its connection with trauma. In Ian Hacking's study of fugue, he notes that the condition's association with trauma is a fairly recent phenomenon, which he associates particularly with the efforts of David Spiegel, who chaired the *DSM*'s committee on dissociative disorders (*Mad Travellers*, 82-84). He questions many of the conclusions drawn by Spiegel and his colleagues, not least in their retrospective ascription of trauma to the early French fuguers (Hacking points out that, although many of them were soldiers, they tended to be barracked rather than in combat zones and their symptoms were most often "associated with boredom, not fear" (85)). Hacking's more general concern is to demonstrate that "whatever ailed these patients (and they were ailing!), the manifestations, the marks of their illness were entirely socially conditioned" (12): he does not deny the reality of illness, but rather seeks to establish that the understanding of mental illness (for the sufferer as much as the onlooker) is

conditioned always by the ways in which they are diagnosed and treated by a clinical establishment. These arguments are more famously elaborated in his earlier study of multiple personality disorder, *Rewriting the Soul*, where he carefully works through the suggestion that although the experience of multiple personality is genuinely experienced by sufferers, and cannot simply be explained by seeing it as iatrogenically created through the patient's interaction with a clinician, there nonetheless remains an element of "false consciousness" in the process, in which patient and clinician accept an explanation which may not objectively describe the phenomena witnessed.

Helen Oyeyemi's *The Icarus Girl* (2005) tells the story of Jessamy (Jess) Harrison, a prepubescent girl living in London with her English father and Nigerian mother. From the outset, Jess is highly strung, imaginative, and prone to disruptiveness at school. Her parents take her on a trip to Nigeria where she meets her mother's family for the first time. She finds many aspects of the vacation troubling, not least the way in which her father is treated as an outsider, but is particularly disturbed by her grandfather calling her by her "African" name, Wuraola. She struggles to understand "why her mum allowed some people to call her Sarah, and others to call her Adebisi" (21), but is particularly challenged by her own renaming: "should she ... *become* Wuraola?" (20). The first glimmers of a fragmented self begin to appear. Soon after this she meets a girl she calls TillyTilly, who then accompanies her back to England, where it becomes clear that no-one can see this new friend. Her relationship with the destructive TillyTilly grows increasingly fraught and eventually TillyTilly begins to "take over" Jess, displacing her own personality. Dr McKenzie, the psychologist to whom Jess is taken, seems particularly keen to diagnose a dissociative disorder, describing TillyTilly as Jess's "alter ego" (260). An earlier discussion in the psychologist's office suggests that the manifestation of this alter might be related to Jess's difficulty in accepting her mother's characterization of her dual self: "It's not a matter of me wanting you to be Nigerian--you

are, you just are! . . . When Jess looked at her, she continued, ‘You’re English too, duh. And it’s OK’.” (242). Another explanation that focuses on uncertain belonging is given, in less friendly terms, by the class bully: “‘Maybe Jessamy has all these attacks because she can’t make up her mind whether she’s black or white!’” (82).

Dissociative disorder as a result of the everyday trauma brought about by the struggles of living through the unsettling experience of diaspora and mixed-race identity might then seem to be the appropriate medical diagnosis for Jess’s behaviour. However, the coherence of this explanation is challenged when we learn that Jess had a twin sister, Fern, who died in childbirth. Jess, her mother declares, is *abiku*, a spirit child who will inevitably be haunted by spirits unless and until an *ibeji* carving is made to appease the dead twin (165). The family return to Nigeria, where the carving is made. Following a car accident which leaves Jess in a coma, she undertakes a dreamlike journey through the “wilderness”, at the end of which she enters TillyTilly’s body and goes “back into herself”; the novel ends with her waking “up and up and up and up” (302). Although Christopher Ouma has noted that the dual explanatory framework offered for Jess’s ailments complicates and intensifies her psychic splitting (265), it can seem that the end of the novel asserts most strongly the validity of the *abiku* interpretation. This is certainly the reading given by Pilar Cuder-Domínguez, who sees Jess’s grandfather’s intervention in commissioning the *ibeji* carving as providing for Jess “the key to actively deconstruct and reconcile in herself the tensions between British and Nigerian identities” (285). However, as Diana Adesola Mafe observes, the ending of the novel “perhaps belies such a tidy resolution” (32). Mafe draws attention to how Jess seems required to take on much of TillyTilly’s violence in order to defeat her, but the ending also fails fully to explain the actual splitting/possession--it is clear that TillyTilly is not Fern, but a separate malevolent spirit, and no real justification is given for why she torments Jess. This ambiguity is important for allowing the dissociative reading still to haunt the text. While Jess’s *abiku*

status might partially explain the manifestation of her illness, the trauma-based reading that locates her “in-betweenness” as the source of her breakdown is not wholly dismissed.

Jess herself is sceptical of the value of any explanation: “with her mother, it always seems to be about reasons. Why, why, why? Didn’t she know that knowing why didn’t make things any less scary?” (169). In fact, explanation itself seems to be one of the contributing factors to her condition. The idea of trauma is further complicated in the novel by the terms in which it is rendered. The call for Jess to simultaneously live as both English and Nigerian is a demand that she internalize contradiction. In fact, all the main adult characters in the novel seem to embody contradiction in their own lives: her mother rejects Christianity because of its portrayal of a white-faced Jesus (214), yet switches from studying medicine to English literature, causing the grandfather to rail against such imperialist indoctrination (26); he in turn insists on adherence to Christianity, yet turns to a “witchdoctor” at a time of crisis (294); and Jess’s pacifist father hits her so hard “that she jerked backward with a whole-body snap” (232). The demand made of Jess seems to be that she embrace this contradiction characteristic of the adult world; her trauma arises because of her unwillingness to do so. In fact, she frequently dispels contradictions and challenges many of the assumptions about the burdens of mixed-race identity--reflecting on her mother’s rejection of Jesus because of his skin color, she tentatively offers that “faces don’t matter?” (214), while she concludes a discussion about the Eurocentric beauty ideal that her mother sees as represented by Barbie dolls by noting that ““They’re only dolls, I s’pose. I wouldn’t mind one” (121). There is a persistent sense that her trauma, her symptoms, and her “cure” are all generated by the adult world into which she must be interpellated. Hacking’s dissatisfaction with the false consciousness generated by multiple personality therapy seems to have a parallel here. Oyeyemi, then, offers the explanatory frameworks of both traumatic dissociation and spirit

possession but seems reluctant to commit to the authenticity of either. A similar technique is explored more thoroughly in Brian Chikwava's *Harare North* (2009).

Roger Luckhurst's *The Trauma Question* looks to expand what he sees as an emerging canon of "trauma fiction", within which particular narrative strategies are inevitably deployed in order to capture the specific manifestations of traumatic damage. He looks to a much broader range of cultural texts to capture how trauma manifests in diverse narrative forms, arguing that the direction of contemporary criticism has caused "the aesthetic means to convey the singularity of a traumatic aporia [to] become highly conventionalized, the narratives and tropes of traumatic fiction easily identified" (89). By broadening the types of narratives under consideration, he aims to come to a better understanding of how "trauma has become a paradigm because it has been turned into a repertoire of compelling stories about the enigmas of identity, memory and selfhood that have saturated Western cultural life" (80). A parallel, though distinct, investigation to Luckhurst's tracing of the ubiquity of trauma across diverse narrative forms can instead trace how the now-established conventions of representing trauma can become uncoupled from the need for any pre-existent traumatic experience. This requires us to stop thinking about the literary devices used to represent trauma and instead to posit trauma as itself a literary device. Doing so does not deny the fact of trauma, or even deplore its current moral weighting, as the authors of *The Empire of Trauma* would have us do. Rather, it builds upon their observation that "trauma operates as a screen between the event and its context on one hand, and the subject and meaning he or she gives to the situation on the other" and recognises that if "trauma obliterates experience" (Fassin and Rechtman 281), then we may have a justification in reading the afterlife of the trauma aesthetic, once traumatic experience is removed from the equation. Anne Whitehead, a critic who has done much to develop the association of trauma fiction with particular narrative devices, notes how Benjamin Wilkomirski's "fake" Holocaust memoir establishes

its authenticity by building intertextual links to previous examples of the form (39-42). If the narrative conventions that constitute the recall of traumatic memory can be deployed autonomously of the actual memory, then it surely follows that they can be used in ways that refuse the ascription of trauma at all. This displacement is enacted successfully in such African-British texts as Oyeyemi's and Chikwava's through the authors' recourse to the languages of spirit possession. These texts do not turn to possession in order to replace the trauma paradigm with another explanatory model, but rather to demonstrate the instability of each interpretative framework. They are not positing an African experience as more authentic than Western models, even if Oyeyemi's novel can seem at times to suggest this, but drawing on their dual heritage to create narratives that refuse reduction to a single model of being.

The title of *Harare North* signals an act of translation, a determination to relocate the Zimbabwean capital to London. The novel rarely travels far from Brixton but an African present, or very recent past, is never far from the text. A tension between London and Zimbabwe is built into not only Chikwava's content, but also at the level of form. The unnamed narrator arrives in London on the first page of the novel and immediately claims asylum, telling British immigration officers that he has fled for his life from Zimbabwe, where he was being threatened as a member of the opposition to Robert Mugabe's rule. He feels a little guilty about this as he does not want to disrespect the President: he is a loyal supporter of Mugabe. In fact, we learn that he has actually fled the country because he fears reprisals related to his past as a Green Bomber—the groups of young men who made it their business to terrorise supporters of the Movement for Democratic Change, and anyone else they felt to be a traitor to the nation. Their Commanding Officer tells them that the best form of forgiveness for traitors is punishment, so it is “forgiveness” in the form of beatings and murder that they deal out to those on whom they call (19). The word gets quickly dislocated from its original meaning and is used from then on in the novel only to indicate its usual

opposite. We learn quickly therefore to be very careful with what is said: the narrator is chronically, constitutionally unreliable. After a very short time spent in detention he is released and collected by his cousin's wife, Sekai. He dislikes Sekai from the start, feeling that she neglects many of the traditional rites of hospitality with which she should be welcoming him as a family member. He labels her a "lapsed African" (5): someone who no longer recognises the values of her culture and has instead allowed a British mentality to pervert her attitudes. It is important to the narrator that he maintains his connection to where he comes from, and that he retains the dignity that will allow him to do so. We learn that the worst kind of lapsed Africans are the BBCs, the British Bum Cleaners in old people's nursing homes, doing menial and "pooful" work (41). Sociologists of migration have noted how the journey from Zimbabwe to Britain frequently entails the loss of many of the markers of identity that might grant migrants a secure sense of themselves (Ndlovu) and the narrator's determination not to "lapse" could seem a useful psychic defence, but Chikwava's narrative does not allow it to operate in this way.

The narrator recognizes that he might serve as an uncomfortable reminder to Sekai of where she comes from, that he might seem to her to be *mamhepo*: the winds or bad spirits that return to haunt wrongdoers. The justice sought by the wronged dead is an oft-noted trope in traditional Shona culture, and the figure of the *ngozi* is an important one: *ngozi* are the spirits of the dead, who are unable to find rest and instead return to torment those who have wronged them (the wrong can take a number of forms, but it commonly manifests as the *ngozi* harassing the person who caused their death). If recompense is not made to the victim's family, then the *ngozi* may enact the ultimate price and take the life of their own murderer (Gelfand 69-74). There are recurrent reports in Zimbabwe of the *ngozi* of murdered MDC activists returning to haunt ZANU PF killers (see Movement for Democratic Change). The *ngozi* will frequently take possession of someone close to their victim, or the victim

themselves, the angry spirit taking over from the individual. Ranka Primorac suggests that Chikwava's use of such figures shows him "insert[ing] himself into the long Zimbabwean literary tradition of operating within the trope of spirit possession" (253), but his relation to tradition is perhaps not straightforward. In Maurice Vambe's exploration of the trope of spirit possession in the Zimbabwean novel in English he finds three main uses. Firstly, it can figure as a trace of the "clandestine reality" which Africans possess alongside "Western" ways of reading their situations, an older spiritual understanding that has never gone away. Secondly, it can be read to operate metaphorically or metonymically to represent all those distinct practices "through which they have recreated themselves and kept themselves alive". Finally, particularly when it is deployed in the novel, spirit possession can offer a way to explore the relations between Africa's pasts and its present. All three of these meanings -- the spiritual, the metaphorical, and that which we could name the tropological -- are hinted at in *Harare North*, but none of them are ultimately allowed to stand, though the third way of reading perhaps puts in the strongest claim for consideration.

Interestingly, the word *ngozi* is never actually used in Chikwava's novel, though the *mamhepo*, the wind that brings the spirits, is mentioned on several occasions. Wind more generally, however, is constantly present, blowing into the narrator's thoughts, reminding us in this repetition that something sinister might be carried from Africa. The narrator soon leaves his cousins and takes up residence in a squat in Brixton, with his friend Shingi, who he has known since childhood. On his first arrival at the house, the way the building is described is particularly arresting:

It look like one heap of bricks that stands out from the other houses because of its grey brick. That's the house where Shingi live. It have two top windows that have red brick arch. That make the windows look like big sad eyes. Below them sad eyes there is one large bay window that stick out like nose. When I

look at the nose, the eyes and black parapet wall--this is Shingi straight and square. But you can't tell anyone that they head look like house if you still want to be friends.

So, Shingi live inside this head? (29)

Our narrator then takes up residence in the house that is Shingi's head. The idea of spirit possession, of the avenging spirit taking up residence in its victim, begins to crystalize. Further hints in this direction are provided soon after when the Zimbabwean acting as landlord of the house, Aleck, teases Shingi that he is being pursued by *mamhepo* (47). Before that, the narrator and Shingi play games and the narrator always wins: "I possess him. I still possess him" (38). It seems that we may be offered here an interpretative key to read this complicated novel: our narrator is himself a *ngozi*, come to London to enact a revenge on Shingi for his past crimes. Yet although Chikwava teases us with this interpretation, it ultimately fails fully to work. Shingi has been to prison, we learn, because of killing someone in a rage--but our narrator does not seem to be that victim. His history as a Green Bomber does not fit into this narrative. He also never identifies to the reader as the spirit, and the *ngozi* of tradition is always aware of his or her own desires and aims. Perhaps most importantly, when Shingi does suffer a violent demise, stabbed in an alleyway and hospitalized, possibly killed, no peace comes to our narrator. If anything, he finds life harder. Reading him as *ngozi* does not quite add up. Returning to interpret the line "So, Shingi live inside this head?" differently, we may decide to read the situation the other way round and see Shingi as the possessing *ngozi* and our narrator his victim. Certainly his Green Bomber past would suggest he has far more blood on his hands than his friend. There is also play with recompense that would fit with the typical *ngozi* story--the narrator is increasingly bothered by letters and texts from Shingi's family asking for money, which he refuses to give. We might read Shingi's departure from the plot as the calming of this angry spirit, able to leave

the narrator alone on his descent into madness at the end of the novel. But this version of the narrative also fails fully to convince--that the narrator explicitly signals his possession of Shingi is just one place where a straightforward idea of Shingi as the *ngozi* falls down.

Although the possession narrative seems most strongly signaled in the novel, Chikwava does provide another possible key to reading what is happening. Following the departure of Aleck from the house, Shingi and the narrator are joined by two British down-and-outs. One of them, Jenni, is immediately struck by the fact that Shingi talks about himself in the third person, and later accuses him directly--“‘You have DID. It’s funny. It’s weird; I know a woman that used to do that. She was suffering from DID’.” (163). The narrator offers no comment, failing no doubt to recognize the initials of dissociative identity disorder, the creation of multiple selves in response to a traumatic event. Reading the novel as a case of dissociation--“Shingi lives inside this head?”--can seem to offer further insights. The narrator possesses Shingi’s passport, and uses it to help him find work: on the one occasion he names himself in the novel, when taking on a new job, it is as Shingi. The letter from begging relatives are addressed to Shingi, but it is he who answers them, signing off as Shingi. When he returns to the house after Shingi’s departure from the novel he imagines telling his friend that “your room still full of disorder” (192). The room is untidy, but the word is significant, its clinical resonances furthering Chikwava’s hints in this direction. Of course, the rambling Jenni may not seem the best source to trust in the novel, but this is not the only time we are asked to evaluate Jenni’s judgments. Late in the novel we find out that the narrator is convinced he has AIDS, because of the test he took on leaving prison. The results were clear: HIV negative. Jenni tells him that this means he is all clear, but he cannot accept this. Negative means bad, he reasons, she must be wrong (211). Like forgiveness standing in for punishment, a word can come to mean its opposite. The narrator’s partiality of perspective perhaps means that he cannot see something that is obvious to Jenni. Chikwava teases the

readers of *Harare North*, offering just enough to suggest an interpretation, but never enough to confirm it.

In a recent interview Chikwava was asked whether coming to Britain required “a big shift” in his thinking:

I’m still going through that shift. I’m not through it yet. I feel almost like I’m in limbo, neither here nor there. I don’t belong to Zimbabwe anymore and I don’t belong here. It’s still a new place and, until I’m able to inhabit its culture, to find my way around it and read all its signifiers, I won’t be fully here. (Kociejowski 59).

*Harare North* challenges us to read signifiers correctly, but reminds us that the “correct” reading is always a partial one. It is possible that an enterprising critic might be able to find a way to piece together the contradictory clues that Chikwava spreads throughout the novel--it might, for instance, be instructive to note that the term *manhepo* can be used in a non-spiritual sense to refer to mental episodes where a person displays unexpected behavioral disturbances akin to hysteria (Patel 1294)--but the purpose of the extended speculative readings of the novel given above is to indicate that such an approach would likely be misguided. There is no clear originary trauma or social wrong presented in the text that allows for the certain positing of an interpretative framework of either dissociation or spirit possession to explain the novel. The philosopher Jennifer Redden has noted that questions posed about the idea of the breakup of the self in dissociative identity disorders “seem to require and presuppose the concepts and fabric of modernism” and that acceptance of the postmodernist idea of always already fragmented selves makes such ideas difficult to formulate (7). Chikwava uses his own sense of displacement as a diasporic subject to reveal the instability of any totalizing mode of explanation. While Forna’s *The Memory of Love* makes a plea for the local understanding of the manifestation of trauma, but ultimately

conforms to largely traditional idea of trauma, we can see in Oyeyemi's *The Icarus Girl* and, far more distinctly, in Chikwava's *Harare North* an urge to occupy the languages of trauma but to refuse the final ascription of a traumatic reality "behind" the text. The use of spirit possession as a counter-trope serves not to propose an "African" understanding that should eclipse the "Western" view, but rather to show the insufficiency of each view. Dissociation becomes a narrative tool that questions the very authority of the models of traumatic experience that explain dissociated states. These novels do not validate Stocks's assertion that actual mental fragmentation may be a desirable state, but instead refuse any clinical interpretation and split the narrative potential of the trauma aesthetic from trauma's clinical diagnosis altogether.

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