

Fragmented Selves: Psychoanalysis, Stigma, and the Politics of Memory in Ikpi and Verissimo

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Abstract

This article examines the intersections of trauma, memory, and the stigma of mental illness in Bassey Ikpi's *I'm Telling the Truth but I'm Lying* (2019) and Jumoke Verissimo's *A Small Silence* (2019), situating them within African literary and philosophical contexts. Drawing on Freudian psychoanalysis, trauma theory, and indigenous African epistemologies, the study argues that these texts disrupt conventional binaries of sanity and madness, normalcy and deviance, by reframing psychological fragmentation as adaptive survival rather than pathology. Ikpi's fragmented essays mirror the oscillations of bipolar disorder, foregrounding the performance of normalcy as both protective mask and internal violence. Verissimo's Professor Eniolorunda, traumatized by political imprisonment, embodies the psychic toll of authoritarian brutality, his retreat into darkness dramatizing repression and the fluidity of memory. Both texts expose the inadequacies of rigid diagnostic categories, showing how psychiatric models risk erasing cultural and historical dimensions of distress. By juxtaposing psychoanalytic concepts of repression and belated memory with Yoruba, Igbo, and Ubuntu philosophies of personhood, the article highlights how African literature resists the universalization of Western psychiatry. Instead, it reveals mental health as a dynamic negotiation between personal survival, communal belonging, and historical trauma. Ultimately, these works contribute to destigmatizing mental illness by centring lived experience, destabilizing the illusion of normalcy, and reclaiming fragmented narratives as forms of resilience. The study demonstrates how African literature becomes a crucial space for reimagining mental health discourse, integrating cultural philosophies with global frameworks of trauma and healing.

Keywords: Trauma; Memory; African Literature; Mental Health

Introduction

Mental health remains one of the most pressing global concerns of the twenty-first century, cutting across age, race, class, and geography. The World Health Organization estimates that nearly one billion people worldwide live with some form

of mental disorder, yet the overwhelming majority receive little or no effective treatment (WHO 12). In Africa, the urgency of this crisis is compounded by limited resources, fragile healthcare infrastructures, and entrenched sociocultural taboos. Scholars such as Monnapula-Mazabane and Petersen have observed that while African media and literature increasingly portray psychological distress with candour, the discourse surrounding mental health is still often undercut by stigmatisation that links illness to spiritual weakness, witchcraft, or moral failing (33–34). In this way, stigma not only silences those who struggle but also shapes public health policies, educational curricula, and family dynamics, creating a pervasive culture of suppression. This background underscores why literature has emerged as such an important space for counter-narratives, allowing authors and memoirists to articulate mental suffering in culturally resonant ways while resisting reductive biomedical labels.

The intersection of literature and mental health is by no means a recent discovery, though its significance has grown in contemporary scholarship. Anthropologist Arthur Kleinman and Joan Kleinman, for example, insist that narratives of illness constitute a fundamental human practice of sense-making, a way for sufferers to reconstruct meaning amid chaos (2). In their influential work, they highlight that storytelling enables individuals not merely to report symptoms but to situate suffering within relational, moral, and cultural frameworks. This insight has been echoed by Susannah Radstone, who argues that literary depictions of psychological crises often reveal nuances of memory, silence, and affect that clinical studies overlook (45). G. Thomas Couser extends this perspective with his concept of *pathography*—life writing about illness—which can serve simultaneously as a therapeutic exercise, an educational tool for readers, and a form of resistance against medical reductionism (15). These contributions converge in positioning literature as both a mirror of psychic struggle and an instrument of healing, allowing readers and writers alike to wrest control from stigmatizing narratives. Within African contexts, however, scholars warn that such analyses must not be uncritically transplanted from Western frameworks but instead adapted to local epistemologies and cosmologies (Oyèwùmí 19).

Indeed, African literary scholarship has steadily pushed back against Eurocentric frameworks that treat psychological distress solely through the lens of Western psychiatry. Oyèrónké Oyèwùmí, in her seminal work *The Invention of Women*, critiques how colonial structures imposed foreign gendered and psychological categories upon African societies, flattening complex local understandings of identity and wellness (21). Tanure Ojaide further traces how African literature has moved from colonial-era portrayals of madness as a stigmatized deviation toward more sensitive depictions that locate psychological suffering in historical and cultural forces (178). For instance, while early colonial narratives often cast African characters with mental illness as pitiable or dangerous caricatures, postcolonial works reposition them as survivors navigating the psychic aftershocks of violence, migration, and systemic oppression. This intellectual shift has opened up new interpretive possibilities for examining trauma, not as a private breakdown but as a condition entwined with history, memory, and communal relations. Literature thus serves not only as cultural archive but also as a battleground where the legitimacy of competing epistemologies of mental health is negotiated.

Despite this growing body of work, certain dimensions of the mental health-literature nexus remain relatively underexplored. One such area is the psychology of memory. While trauma and stigma have received considerable attention in both literary and clinical discourse, the specific role of memory—whether as a trigger of distress, a coping mechanism, or a strategy for reconstructing fractured realities—has not been

studied in sufficient depth within African literary contexts (Tasmiyah 249). As scholars such as Ayobami Labinjo have noted, Nigerian literature in particular often ties memory to cultural identity and historical trauma, but seldom interrogates its precise psychological mechanics (5). This lacuna is striking given that trauma theory, particularly in the work of Cathy Caruth, has long emphasized the disruptive and recursive nature of traumatic memory, whereby unassimilated experiences return belatedly in haunting forms (Caruth 62). To overlook memory's role is therefore to miss a crucial aspect of how African texts encode the psychic toll of violence and displacement. In this study, memory is foregrounded not as a static archive but as a volatile and dynamic force, shaping both character development and broader cultural discourse.

Empirical psychological studies further highlight the necessity of bringing memory into literary analysis. Chinawa et al., in a study of Nigerian adolescents, found that limited mental health literacy often results in delayed recognition of trauma symptoms, leaving young people vulnerable to long-term psychological consequences (S13). Similarly, Tochukwu Nweze's work on family adversity demonstrates how working memory can be impaired by persistent stress, thereby undermining academic performance and social adaptation (e1032). While these studies operate outside the field of literary criticism, they illustrate how memory mediates between external adversity and internal psychological processes. Incorporating these insights into literary analysis enriches our understanding of characters who, like Bassey Ikpi and Jumoke Verissimo's protagonists, navigate fragmented identities and recurrent flashbacks. Memory, in this sense, becomes both subject and method: a way to trace how narrative structures themselves mirror the nonlinear temporality of trauma.

The silence that continues to surround mental health in many African societies is not merely individual but systemic, with profound implications for healthcare access and cultural discourse. The World Health Organization's *Mental Health Atlas 2020* reveals that many African countries allocate less than 1% of their health budgets to psychiatric care, resulting in scarce psychiatric professionals and underfunded hospitals (WHO 55). Lonozou Kpanake identifies cultural taboos as a major contributing factor, noting that African concepts of personhood, which emphasise spiritual and communal identity, often position mental illness as a rupture in moral or spiritual order rather than a treatable condition (201). Ahad et al. similarly document how stigma manifests across layers: from ridicule and ostracism at the interpersonal level, to institutional neglect that funnels sufferers toward religious or traditional healers instead of biomedical care (46). While these practices should not be dismissed outright—as they often align with indigenous cosmologies—they highlight the gaps in integrative healthcare systems that could combine the strengths of both biomedical and traditional approaches. Literature, again, becomes a space where these tensions are dramatized and critically evaluated.

Against this backdrop, contemporary African writers such as Bassey Ikpi and Jumoke Verissimo emerge as pivotal voices, challenging stigma and reimagining mental health beyond Western psychiatric categories. Ikpi's memoir *I'm Telling the Truth but I'm Lying* offers a deeply personal account of living with bipolar II disorder, structured through fragmented essays that echo the very oscillations of her mood states. Verissimo's novel *A Small Silence* fictionalises the psychological aftermath of political imprisonment in Nigeria, centring on Professor Eniolorunda, whose retreat into darkness dramatizes the interweaving of trauma, memory, and societal stigma. Together, these works exemplify how African literature interrogates mental health not in isolation but in dialogue with culture, family, and history. Their narratives expose

the inadequacies of pathologising frameworks while affirming the legitimacy of lived experience as a site of knowledge.

This study adopts Freudian psychoanalysis as a primary theoretical lens, not to universalise its categories but to explore how its insights about repression, memory, and trauma intersect with African contexts. Freud's structural model of the psyche—the id, ego, and superego—provides a useful vocabulary for analysing characters whose psychic lives are torn between instinct, morality, and reality (Burgo 90). At the same time, the application of psychoanalysis to African literature must remain critical, acknowledging both its explanatory power and its limitations. Scholars such as Oyěwùmí remind us that uncritical importation of Western models risks erasing indigenous epistemologies (24). For this reason, the analysis will also draw on Yoruba, Igbo, and Ubuntu philosophies, which conceptualise mental health through spiritual and communal dimensions, often framing psychological distress as a collective rather than individual condition (Koenig 83; Metz 9). By juxtaposing psychoanalysis with indigenous healing frameworks, this study seeks to illuminate the layered interplay of trauma, memory, and stigma in African literary texts.

Ultimately, the aim of this research is not simply to diagnose fictional characters or to impose external theories onto African narratives, but to demonstrate how literature mediates between personal suffering and cultural imagination. Ikpi and Verissimo's works reveal that psychological distress is never experienced in a vacuum; it is always entangled with family histories, cultural expectations, and political violence. By examining how memory shapes their protagonists' psychic fragmentation, and how stigma polices the boundaries of "sanity" and "normalcy," this study argues for a paradigm shift in how we read mental health in African literature. Rather than viewing trauma as evidence of individual pathology, these texts encourage us to see it as a form of cultural testimony, one that demands recognition, compassion, and systemic change. Literature thus becomes not only an aesthetic enterprise but a site of ethical responsibility, asking both scholars and readers to rethink what it means to live—and to survive—amid psychic fragmentation.

Indigenous African Mental Health Philosophies and Healing Practices

To understand the cultural specificity of mental health discourse in African literature, it is necessary to foreground indigenous philosophies that predate colonial psychiatry and continue to shape perceptions of psychological well-being. These systems are not simply relics of a premodern past but remain active frameworks through which communities interpret and respond to distress. In many African societies, mental health is approached holistically, integrating spiritual, ecological, and social dimensions rather than reducing illness to neurochemical imbalance or individual dysfunction (Koenig 82). For example, Yoruba cosmology situates mental stability in relation to *ori* (inner head or destiny) and *àse* (life force), suggesting that disruptions in spiritual alignment manifest as psychological imbalance. Such frameworks refuse the dualism of body and mind central to Western medicine, instead proposing that the individual, community, and cosmos are interdependent. Literature that emerges from these contexts often encodes such holistic perspectives, presenting characters whose suffering cannot be adequately explained through biomedical categories alone.

Ubuntu philosophy, prevalent across Southern and Eastern Africa, provides another rich epistemological framework for understanding mental health. The oft-quoted dictum, "I am because we are," emphasizes relational identity, positing that psychological well-being is inseparable from communal harmony (Metz 7). In practical terms, this means that healing is rarely considered an individual journey; it

requires the participation of family, elders, and the broader community. This orientation complicates Western psychotherapeutic models, which tend to focus on the individual patient and their private interiority. Ubuntu instead suggests that personal distress is symptomatic of a fracture in the communal fabric, whether through conflict, exclusion, or historical violence. Contemporary African writers often echo this view, portraying characters whose isolation or alienation exacerbates their suffering. For instance, Jumoke Verissimo's Professor Eniolorunda withdraws into solitude, but from an Ubuntu perspective, his refusal of community deepens rather than alleviates his trauma. This reveals how African philosophies can sharpen our critical engagement with literary depictions of psychic fragmentation.

The therapeutic modalities that arise from indigenous traditions also reveal profound contrasts with Western psychiatry. In Ghana, Akan healing practices employ ritual cleansing, drumming, and ancestral consultation to restore balance between the individual and the spiritual world (Appiah-Kubi 142). Such rituals are not merely symbolic but are experienced as efficacious interventions that restore order to disrupted lives. In Nigeria, the Igbo *dibia* system combines herbal medicine, divination, and social mediation, treating psychological crises as manifestations of unresolved conflicts or spiritual disturbances (Achebe 95). Importantly, these approaches acknowledge the communal dimensions of distress, recognizing that individual suffering often mirrors broader societal dislocations. Whereas Western psychiatry tends to isolate patients in clinical settings, African healing practices integrate them into social rituals, thereby reinforcing belonging. Literature that draws upon these traditions often presents trauma as a communal crisis, requiring collective rather than private solutions. This orientation becomes particularly salient when analyzing Bassey Ikpi's memoir, in which disconnection from her Nigerian heritage exacerbates her feelings of alienation.

One striking feature of indigenous African healing systems is their use of performative arts as therapeutic tools. Storytelling, song, dance, and masquerade ceremonies are not merely cultural entertainments but serve as communal practices of catharsis and memory. The *Udje* dance songs of the Urhobo people, as documented by Tanure Ojaide, often dramatize conflict, shame, and reconciliation, transforming psychological pain into shared artistic expression (Ojaide 36). These traditions reveal an intuitive understanding of what Western trauma theorists such as Bessel van der Kolk later articulate: that trauma is stored in the body and requires physical and performative release, not merely verbal recounting (21). The parallels suggest that African communities developed sophisticated therapeutic practices long before clinical psychology emerged as a discipline. By encoding trauma in collective performance, these practices prevent the isolation and silencing that so often characterize Western narratives of mental illness. Writers like Verissimo implicitly draw upon this heritage, as the Professor's silence contrasts with the communal storytelling traditions that might otherwise facilitate his healing.

Colonial disruption, however, complicated the continuity of these indigenous healing traditions. Missionary and colonial administrators frequently dismissed African practices as superstitious or irrational, replacing them with imported psychiatric models that prioritized confinement and control (Monnapula-Mazabane and Petersen 38). As a result, many African societies internalized negative perceptions of their own systems, reinforcing stigma against those who sought traditional healers. Yet scholars such as Lonzozou Kpanake argue that indigenous concepts of personhood still shape how communities interpret mental illness today, often producing hybrid practices that blend biomedical and traditional approaches (200). This hybridity is evident in contemporary urban centers, where patients may seek psychiatric medication while

also participating in church deliverance sessions or ancestral rituals. Literature reflects these hybridities, presenting characters caught between competing explanatory models of suffering. For instance, Ikpi's Nigerian relatives oscillate between prayer, silence, and denial in their response to her bipolar disorder, illustrating the cultural negotiation between indigenous beliefs and biomedical discourse.

It is important, however, not to romanticize indigenous practices uncritically. While they provide culturally resonant frameworks, they also risk reinforcing stigma through interpretations that locate mental illness in witchcraft, curses, or moral failure (Ahad et al. 46). Such explanations can burden sufferers with shame or expose them to harmful exorcism rituals. Nonetheless, when interpreted through their broader philosophical underpinnings—such as the Yoruba emphasis on destiny or Ubuntu's insistence on relationality—these systems reveal nuanced understandings of psychological distress. The challenge for both scholars and practitioners is to recover their therapeutic dimensions without perpetuating harmful stereotypes. Literature serves as an important mediator here, dramatizing both the promise and peril of indigenous philosophies. By embedding characters' struggles within spiritual and communal frameworks, authors invite readers to reflect on what is gained or lost when cultural epistemologies are marginalized in favor of imported psychiatric models.

Ultimately, the recognition of indigenous African mental health philosophies expands the analytical possibilities for literary studies. They compel us to read characters not only as isolated psyches but as nodes within spiritual, historical, and communal networks. Ikpi's oscillation between Nigerian and American identities, for example, can be interpreted as a struggle between Western individualism and African relationality, her alienation stemming in part from this unresolved tension. Similarly, Verissimo's Professor embodies the dangers of severing communal ties, his self-imposed darkness a refusal of Ubuntu's life-affirming principle of togetherness. By situating these texts within indigenous frameworks, we can better appreciate the complexity of their engagements with trauma and stigma. In doing so, we resist reductive readings that flatten African mental health narratives into pathologized case studies, instead affirming them as sites of cultural negotiation, resilience, and philosophical depth.

Psychoanalytic Theory and African Literature

Sigmund Freud's psychoanalytic theory transformed the study of the human mind by emphasizing the complex interplay between conscious and unconscious processes. Central to his framework is the tripartite model of the psyche—the instinct-driven id, the rational ego, and the moral superego—whose tensions produce both creativity and neurosis (Burgo 89). Freud's clinical encounters revealed that unresolved trauma and repressed memories often return in disguised forms, manifesting through symptoms, dreams, and slips of the tongue (Freud 101). These insights offered a vocabulary for understanding mental suffering not merely as biological dysfunction but as psychic conflict shaped by early experience. Daniel Pick underscores that psychoanalysis is fundamentally a "talking cure," designed to uncover hidden material through free association, dream interpretation, and narrative reconstruction (45). In literature, such a framework proves particularly resonant, as narratives themselves function like dreams: layered, symbolic, and open to multiple interpretations. This explains why psychoanalytic theory has been widely employed in literary criticism, bridging clinical psychology and the study of texts.

Freud himself pioneered this interdisciplinary approach by reading works such as Shakespeare's *Hamlet* and Sophocles' *Oedipus Rex* through the lens of unconscious desire and repression. He interpreted Hamlet's hesitation, for example, as an expression of unresolved Oedipal conflict, suggesting that literature could reveal universal psychological dynamics (Freud 215). Later critics extended this project, treating texts as cultural dreams that externalize collective anxieties. Norman Holland argued that readers, like patients, bring unconscious fantasies to their interpretive acts, making literature a site of mutual projection between author and audience (112). In postcolonial contexts, these insights acquire particular urgency, as literature often stages the return of repressed colonial violence, slavery, and displacement. Susannah Radstone notes that psychoanalysis illuminates the recursive nature of trauma in narratives, revealing how silenced histories resurface through fragmented storytelling (33). This capacity to analyze both individual and collective memory makes psychoanalysis a powerful, if contested, tool for African literary studies.

Memory occupies a particularly central place in psychoanalytic thought. Unlike ordinary recall, Freud conceptualized memory as a dynamic, often disruptive process, subject to repression and distortion. Later theorists such as Bessel van der Kolk extended this view, demonstrating how traumatic experiences are stored in the body, reemerging through flashbacks, dissociation, or somatic symptoms when they cannot be fully integrated into consciousness (21). Cathy Caruth further elaborated this idea, arguing that trauma is characterized by *Nachträglichkeit* (belatedness): the survivor's endless confrontation with an event that resists assimilation (64). These insights resonate strongly with African texts that employ nonlinear narratives or fragmented structures to mirror the psychic dislocations of their characters. For instance, Bassey Ikpi's essays replicate the oscillations of bipolar disorder, while Jumoke Verissimo's chiaroscuro prose mirrors the rhythms of post-traumatic avoidance. Such stylistic choices exemplify how literary form can enact psychoanalytic theories of memory and repression, making fiction and memoir vital arenas for exploring psychic fragmentation.

However, Freud's universalist claims have been challenged, particularly in postcolonial contexts. Scholars like Oyèrónké Oyěwùmí caution against uncritical application of Western psychological frameworks to African experiences, noting that they often ignore indigenous concepts of selfhood and spirituality (132). Jungian psychoanalysis offers a partial bridge here, with its emphasis on archetypes and collective unconscious, which resonates with African mythologies and cosmologies. Jung himself drew on African cultural practices in formulating his theories, though often through an orientalist lens. More recently, postcolonial critics have reinterpreted Jungian archetypes alongside African oral traditions, seeing in them a basis for understanding recurring symbols in African literature. Lacanian psychoanalysis, with its focus on language, the symbolic order, and the mirror stage, also offers fertile ground for analyzing texts where identity formation is fractured by colonial languages and imposed categories. By combining these psychoanalytic frameworks with African epistemologies, scholars can produce readings that are both psychologically nuanced and culturally grounded.

Frantz Fanon represents a pivotal figure in bridging psychoanalysis and postcolonial thought. Trained as a psychiatrist, Fanon applied psychoanalytic insights to colonial subjects, analyzing how racism and domination produce internalized inferiority complexes. In *Black Skin, White Masks*, he describes the colonized subject as split between the imposed white gaze and their own racialized identity, leading to alienation and psychic fragmentation (Fanon 110). This emphasis on the colonized psyche parallels the struggles depicted in much African literature, where characters

wrestle with both personal trauma and the inherited wounds of colonialism. Fanon's integration of psychoanalysis with anticolonial politics demonstrates how psychological suffering cannot be disentangled from structural violence. His work is particularly relevant for reading characters like Verissimo's Professor, whose mental collapse is inseparable from the brutality of military dictatorship. Psychoanalysis, when retooled through Fanon, becomes not a universalizing theory but a method for exploring how power, race, and history inscribe themselves on the psyche.

African literature has long grappled with the psychological impact of historical trauma, and psychoanalytic criticism has illuminated how texts dramatize repressed memory and belated return. Chris Abani's *Graceland*, for example, portrays characters haunted by the legacy of the Nigerian Civil War, with trauma resurfacing through addiction and violence (157). Buchi Emecheta's *The Joys of Motherhood* illustrates Freud's theory of melancholia through its protagonist, whose inability to mourn lost cultural paradigms results in psychological deterioration (204). Chimamanda Adichie's *Purple Hibiscus* similarly reveals how trauma silences its victims, with the protagonist's mutism symbolizing repression under familial violence (112). These texts resonate with Freud's insight that unprocessed trauma persists unconsciously, shaping behavior and relationships. Yet they also push beyond Freud by embedding trauma in specific historical and cultural contexts—colonialism, patriarchy, dictatorship—that demand political as well as psychological analysis.

In addition to illuminating individual psychology, psychoanalytic criticism reveals how African narratives challenge the cultural stigma surrounding mental illness. Tsitsi Dangarembga's *Nervous Conditions*, for instance, dramatizes how Nyasha's eating disorder emerges from the contradictions of colonial education and patriarchal expectation, showing that distress cannot be reduced to private pathology (67). Similarly, Akwaeke Emezi's *Freshwater* reimagines dissociative identity disorder through Igbo cosmology, interpreting multiplicity of selves not as pathology but as spiritual possession (47). This reframing destabilizes Western categories of illness, suggesting that African epistemologies may not only supplement but also resist psychoanalytic universalism. Such texts remind us that psychoanalysis, while illuminating, must always be applied critically, with attention to cultural specificity and indigenous knowledge.

The relevance of psychoanalysis to African literature thus lies not in its universal claims but in its capacity to illuminate psychic processes that intersect with historical trauma, memory, and repression. When combined with indigenous philosophies, it offers a dual lens: one that attends to the unconscious and symbolic, and another that foregrounds communal, spiritual, and historical contexts. Ikpi's memoir exemplifies this intersection, as her fragmented narrative echoes Freudian theories of repression while her Nigerian heritage situates her distress within diasporic dislocation. Verissimo's novel similarly blends psychoanalytic themes of hallucination and dissociation with the sociopolitical reality of military violence. Together, these works demonstrate that psychoanalysis, when critically adapted, can provide profound insights into African texts, highlighting the intricate interplay of memory, trauma, and stigma.

Close Readings of *I'm Telling the Truth but I'm Lying* and *A Small Silence*

Bassey Ikpi's memoir *I'm Telling the Truth but I'm Lying* offers one of the most intimate accounts of mental illness to emerge from the Nigerian diaspora. Written in a series of fragmented essays, the text mirrors the very instability of bipolar II disorder, oscillating between euphoric creativity and crushing depression. The memoir begins

with Ikpi's childhood in Nigeria, where she experiences intense mood swings and unexplained headaches, before following her migration to the United States, where cultural displacement compounds her mental health struggles. Her writing is characterized by startling honesty and visceral immediacy, refusing the polished narrative arc of conventional memoir in favor of jagged recollections that echo trauma's nonlinear temporality (Ikpi 23). Scholars of life writing have emphasized that such fragmentation is not a stylistic flaw but a form of testimony, as fragmented structure reproduces the disorientation of illness itself (Couser 17). Ikpi's memoir thus functions both as self-representation and as critique of diagnostic categories that flatten lived experience into checklists of symptoms.

Central to Ikpi's narrative is her exploration of the performance of normalcy. She repeatedly describes the exhausting labor of presenting herself as stable, confident, and "together," even as her inner world is consumed by panic and despair. Her essay "Portrait of a Face at Forty" illustrates this tension vividly through the metaphor of makeup: eyeliner, blush, and contouring become symbols of the masks she must construct daily to appear acceptable (Ikpi 5). This performative labor recalls Erving Goffman's sociological notion of the "presentation of self," whereby individuals enact roles to meet societal expectations (Goffman 29). Yet in Ikpi's case, the stakes are far higher, for failure to perform stability risks exposure to stigma, pity, or dismissal. In this sense, her narrative illuminates what Fernando Stepke calls the "bioethical crisis of normality," whereby cultural definitions of the "normal" pathologize human diversity (112). The memoir exposes the human cost of this illusion, revealing how striving for normalcy can deepen self-alienation rather than alleviate suffering.

Memory emerges as another crucial theme in Ikpi's text, particularly her recollection of being named after a deceased aunt. Her father's confession—"I couldn't see you without seeing her" (Ikpi 45)—reveals how familial memory imposes a burden of substitution upon her identity. Psychoanalytically, this recalls Freud's notion of the "family romance," where unconscious fantasies and projections shape selfhood (Freud 209). Erik Erikson similarly theorizes that unresolved genealogical expectations can result in identity confusion, preventing authentic individuation (165). Ikpi internalizes these projections, perceiving herself as a replacement rather than an autonomous subject, which in turn destabilizes her sense of belonging. This phenomenon resonates with broader African diasporic narratives, where identity is often fractured by generational memory and cultural displacement. Scholars like Labinjo have argued that Nigerian fiction frequently portrays memory not as personal possession but as inherited burden, transmitted across family lines (8). Ikpi's memoir dramatizes this inheritance, showing how ancestral memory infiltrates the psyche in both empowering and destabilizing ways.

The memoir also reframes dissociation not as pathology but as survival. In a harrowing passage, Ikpi describes learning to "leave her body" during moments of childhood terror, retreating into the stillness of her mind to endure external chaos (Ikpi 112). Trauma theorists such as Bessel van der Kolk affirm that dissociation represents a rational adaptation to overwhelming stress, allowing individuals to escape unbearable sensations (24). By narrating dissociation as intentional strategy, Ikpi resists medical narratives that pathologize such coping mechanisms, instead reclaiming them as acts of agency. This reframing aligns with Caruth's contention that trauma cannot always be processed in the moment, but instead returns through belated fragments (64). The fragmented form of Ikpi's text thus not only depicts but enacts the temporality of trauma, where memory, repression, and belated recall intersect. Through this formal and thematic interplay, her memoir insists that survival

often depends on strategies misunderstood or stigmatized by dominant psychiatric discourse.

Jumoke Verissimo's *A Small Silence*, though fictional, offers an equally compelling meditation on trauma, memory, and isolation. The novel centers on Professor Eniolorunda, a once-celebrated political activist who returns from a decade in prison profoundly altered. His imprisonment under Nigeria's military dictatorship exposes him to violence, deprivation, and the deaths of fellow prisoners, leaving him psychologically shattered. Upon release, he retreats into his home, refusing to turn on the lights and venturing outside only under the cover of darkness. His reclusive behavior sparks community gossip, with many concluding that he has gone mad. Yet Verissimo's narrative complicates such labeling, suggesting that the Professor's retreat is less a symptom of innate pathology than a response to systemic brutality. This aligns with Frantz Fanon's insight that colonial and state violence often produce what appear to be psychiatric symptoms, but are in fact rational responses to dehumanizing conditions (Fanon 110). The novel thus interrogates the boundary between trauma-induced adaptation and mental illness, exposing the inadequacy of rigid diagnostic categories.

A striking feature of Verissimo's narrative is the Professor's relationship with Desire, a young university student who intrudes upon his self-imposed exile. Desire's presence illuminates the paradox of trauma recovery: while human connection holds the potential for healing, it also threatens the fragile equilibrium the Professor has constructed. His reliance on an imaginary companion, Desanya, further underscores this paradox, as hallucination provides comfort while simultaneously reinforcing isolation (Verissimo 89). From a psychoanalytic perspective, Desanya can be read as a projection of the Professor's unmet needs, a symptom of his inability to reconcile past and present. Clinically, this aligns with schizophrenia's hallmark features of hallucination and withdrawal (TouchStone 45), but Verissimo frames it as a consequence of political persecution rather than individual pathology. The narrative thereby challenges readers to consider whether psychiatric categories capture the full truth of trauma, or whether they obscure its sociohistorical roots.

The novel also dramatizes the intergenerational dimension of trauma. Professor Eniolorunda's mother, herself burdened by memories of struggle and sacrifice, pleads with him to rejoin the world, accusing his behavior of repeating an "abomination happening two times" (Verissimo 91). Her rebuke suggests that trauma is never confined to the individual but reverberates across familial and cultural lines. Scholars of trauma such as Marianne Hirsch have described this as "postmemory," the transmission of traumatic knowledge from one generation to another (Hirsch 22). In *A Small Silence*, this transmission is not only symbolic but literal, as the Professor's withdrawal repeats patterns of silence and endurance inherited from his family. His mother's anguish underscores the communal costs of trauma, highlighting how individual retreat can perpetuate collective wounds. Verissimo thereby situates psychological suffering within a genealogy of violence, challenging Western psychiatry's tendency to individualize mental illness.

Both Ikpi's memoir and Verissimo's novel converge in their depiction of memory as unstable, fragmented, and often defensive. Ikpi explicitly acknowledges the gaps in her childhood recollections, describing them as "faded print on stacks of old newspaper" (24). Similarly, the Professor clings to darkness, refusing illumination that would force confrontation with painful memories (89). In both cases, memory is less archival than adaptive, a shifting resource deployed to protect the psyche from unbearable truths. Kareem Tasmiyah argues that in postcolonial literature, memory

functions as a survival strategy, allowing characters to navigate between remembering and forgetting as circumstances demand (256). These texts exemplify this dynamic, portraying memory as both sanctuary and prison. For Ikpi, the absence of memory shields her from overwhelming familial loss, while for the Professor, avoidance of memory locks him into isolation. Literature here becomes a vehicle for staging the paradoxes of trauma: that survival requires both remembrance and forgetting, both confrontation and retreat.

Ultimately, close readings of *I'm Telling the Truth but I'm Lying* and *A Small Silence* reveal how African narratives reconfigure the boundaries of mental illness, trauma, and resilience. Ikpi resists pathological labels by reclaiming coping mechanisms such as dissociation, while Verissimo situates psychological collapse within the broader context of political persecution. Both texts foreground memory as a volatile force, destabilizing the notion of coherent selfhood and linear recovery. Their protagonists embody psychic fragmentation not as personal failure but as testimony to the weight of cultural, familial, and historical violence. In doing so, these works extend the conversation beyond individual psychology, insisting that mental health cannot be disentangled from the societies that shape it. For literary scholarship, they offer rich terrain for analyzing how form, voice, and narrative structure enact the very dynamics of trauma they describe.

The Contested Nature of Sanity and "Normalcy" in *I'm Telling the Truth but I'm Lying* and *A Small Silence*

Sanity and normalcy, though often assumed to be universal and objective, are in fact socially constructed categories shaped by cultural, historical, and political forces. Within psychiatry, frameworks such as the DSM-5 and ICD-11 provide standardized criteria for diagnosing disorders, creating a semblance of global consistency (Kupfer et al. 35). Yet these frameworks are themselves products of specific cultural contexts, rooted in Euro-American epistemologies of medicine and psychology. When applied uncritically across diverse societies, they risk pathologizing culturally specific practices or failing to account for collective dimensions of distress. Scholars in critical psychiatry have increasingly argued that "normality" is a moving target, one that shifts with social expectations, economic conditions, and moral norms (Stepke 112). African literature offers a vital counterpoint to these assumptions, dramatizing how sanity and madness are negotiated in lived experience, often revealing the inadequacies of rigid diagnostic categories. In this sense, Ikpi and Verissimo's works are not only narratives of personal suffering but also critical interventions in the broader debate about what counts as "normal."

Bassey Ikpi's memoir highlights the relentless pressure to perform normalcy, even as her inner life defies psychiatric or cultural expectations. From childhood onward, she describes adopting behaviors designed to mask distress, such as forcing herself to eat in front of her aunt to avoid suspicion (Ikpi 34). These performances are both protective and destructive: while they shield her from immediate judgment, they also deepen her sense of inauthenticity. The metaphor of makeup in "Portrait of a Face at Forty" crystallizes this tension, as eyeliner and blush become tools of psychological camouflage (Ikpi 5). Her struggle reflects what Erving Goffman terms "the management of spoiled identity," where individuals attempt to conceal stigmatized attributes to maintain social acceptance (Goffman 32). Yet unlike Goffman's sociological actors, Ikpi narrates the profound psychic toll of this concealment, suggesting that the performance of normalcy is itself a form of violence. Her narrative thus destabilizes the category of normal, exposing it as an illusion sustained by stigma and silence.

Ikpi's rejection of the phrase "I suffer from" in favor of "I live with" bipolar disorder (78) represents a radical redefinition of sanity. By refusing the victimizing language of suffering, she asserts agency over her narrative, shifting the discourse from deficit to endurance. Fernando Stepke argues that such reframing is crucial in contemporary bioethics, where normality must be redefined to avoid perpetuating discrimination against those who diverge from psychiatric norms (112). Ikpi embodies this shift, challenging both medical and cultural frameworks that reduce her life to pathology. Her insistence that dissociation and fragmentation are survival strategies rather than symptoms reveals how sanity itself must be understood contextually. In her case, "normal" behavior would have meant enduring trauma without adaptation, a demand that is both unrealistic and cruel. By reclaiming her coping mechanisms as valid, Ikpi broadens the definition of sanity to include resilience in the face of violence.

Jumoke Verissimo's *A Small Silence* engages the question of normalcy from a different angle, presenting a protagonist whose behavior defies communal expectations. Professor Eniolorunda's refusal to turn on the lights, his nocturnal wanderings, and his reliance on hallucinated companions mark him, in the eyes of his neighbors, as mad (Verissimo 89). Yet the novel complicates such judgments by situating his behavior within the context of political imprisonment and systemic brutality. From a clinical standpoint, his symptoms may resemble schizophrenia, with auditory hallucinations and withdrawal (TouchStone 45). However, the narrative resists a purely medical interpretation, suggesting instead that his "madness" is a rational adaptation to trauma. This aligns with Fanon's assertion that colonial and authoritarian violence often produces what appear to be psychiatric disorders but are in fact the psychic imprints of oppression (Fanon 110). Verissimo thus challenges the community's labeling of the Professor as insane, exposing normalcy as a culturally policed boundary that fails to account for historical violence.

The clash between communal expectations and individual trauma in Verissimo's novel reveals the double-edged nature of sanity as a social construct. On one hand, communal norms provide cohesion, offering shared standards of behavior that enable collective life. On the other, these norms often marginalize those who cannot conform due to trauma, neurodivergence, or political persecution. The Professor's refusal of light, which neighbors interpret as aberrant, becomes in the narrative a metaphor for refusal: refusal of surveillance, of conformity, and of the illusion that one can simply "return" to normal after profound violence. Desire's eventual entrapment in his darkness further illustrates how normalcy can be both seductive and suffocating. In rejecting normal life, the Professor also ensnares others, highlighting how trauma's disruption of normalcy reverberates through relationships. The novel suggests that sanity cannot be defined solely in individual terms but must also be understood as relational, negotiated within – and sometimes against – communal expectations.

Both Ikpi and Verissimo's texts illuminate how the pursuit of normalcy can perpetuate stigma. In Ikpi's case, the desire to appear normal leads to cycles of concealment and self-loathing, as she fears rejection if her disorder becomes visible. In Verissimo's case, the community's demand for normalcy results in the Professor's ostracism, as his trauma-induced adaptations are dismissed as madness. These dynamics reflect what Monnapula-Mazabane and Petersen identify as the pervasive stigma surrounding mental illness in African societies, where deviation from normative behavior is often interpreted through spiritual or moral frameworks (15). The consequences are profound: rather than receiving compassion or care, individuals are silenced, ridiculed, or marginalized. Literature becomes a space to challenge these patterns, giving voice to those whose experiences fall outside narrow definitions of sanity. By centering lived

experience over diagnostic categories, Ikpi and Verissimo dismantle the illusion of normalcy, revealing it as a mechanism of exclusion rather than inclusion.

At the same time, both works suggest that abandoning the illusion of normalcy opens space for new understandings of psychological wellness. For Ikpi, wellness is not about eradicating bipolar disorder but about learning to live with it honestly, without concealment or self-denial. For the Professor, wellness may not mean returning to the daylight of communal life but finding ways to integrate his trauma into a sustainable existence. These visions resonate with critical disability studies, which argue that wellness should be defined not by conformity to normative standards but by the capacity to live meaningfully within one's own body and mind (Garland-Thomson 42). In this sense, both texts advocate for a redefinition of sanity that is expansive, compassionate, and culturally attuned. They challenge readers to move beyond rigid binaries of sane/insane, normal/abnormal, and instead embrace the multiplicity of human experience.

The Fluidity of Truth and Memory in *I'm Telling the Truth but I'm Lying* and *A Small Silence*

Memory is often assumed to be a stable archive of past events, yet both psychological research and literary representation reveal its inherent instability. For trauma survivors, memory is particularly fraught, marked by gaps, distortions, and repetitions that resist linear narration. Psychoanalysis, from Freud onward, has emphasized this paradox: that repressed memories do not disappear but return in disguised or belated forms, shaping behavior long after the original event (Freud 215). Contemporary trauma theorists such as Cathy Caruth have extended this insight, arguing that trauma is characterized precisely by the inability to fully assimilate an event, leading to its haunting return in flashbacks or fragmented recollections (62). African literature, with its emphasis on oral traditions and collective history, often portrays memory not as private possession but as communal inheritance, transmitted across generations. In this sense, memory becomes both personal and political, shaping identity and cultural continuity while simultaneously destabilizing the present. Ikpi and Verissimo's texts exemplify this dynamic, portraying memory as a force that both sustains and fractures their protagonists.

Bassey Ikpi explicitly foregrounds the instability of her recollections, confessing early in her memoir, "I don't remember much about my childhood and have only fragments of everything else" (23). This admission undermines the conventional memoirist's promise of factual truth, instead offering a narrative shaped by gaps, silences, and reconstruction. Her description of memories as "faded print on stacks of old newspaper" (24) highlights their fragility, suggesting that recollection is always mediated by forgetting. This mirrors the psychoanalytic notion that memory is not a retrieval of facts but a process of reconstruction shaped by present needs and defenses (Radstone 47). For Ikpi, the gaps in memory are not failures but evidence of survival: forgetting protects her from overwhelming trauma, even as it destabilizes her sense of continuity. In this way, her memoir dramatizes the paradox Caruth identifies—trauma's survival lies in its very inaccessibility (Caruth 64). The fractured form of the text, with its nonlinear essays, mirrors this fractured content, allowing form and theme to converge in enacting memory's instability.

Familial memory plays a central role in shaping Ikpi's fragile sense of identity. Her father's confession that she was named after a deceased aunt—"I couldn't see you without seeing her" (45)—imposes an identity that is simultaneously hers and not hers. This burden of substitution exemplifies what Marianne Hirsch terms "postmemory,"

the intergenerational transmission of trauma where descendants inherit the affective weight of experiences they did not directly live (Hirsch 22). For Ikpi, this inheritance complicates her ability to form an autonomous self, as she becomes haunted by a past she never experienced. Her suspicion of family narratives, epitomized by her mistrust of food after discovering deceptions about a slaughtered chicken (67), reflects this destabilization. Memory becomes not a source of truth but of uncertainty, a terrain where trust and betrayal intermingle. This resonates with African diasporic literature more broadly, where memory often carries the weight of ancestral displacement and loss, shaping identity through both continuity and rupture.

Ikpi's memoir also highlights how memory interacts with trauma through dissociation. Her recollection of leaving her body during childhood terror—"I could find my own stillness and stand in its echo" (112)—demonstrates how traumatic experiences are encoded not as coherent narratives but as sensory fragments. Van der Kolk emphasizes that such memories are often "somatic" rather than verbal, reappearing as bodily sensations or dissociative episodes (21). Ikpi narrates these experiences not as pathological lapses but as deliberate survival strategies, reframing dissociation as agency rather than failure. This redefinition challenges dominant psychiatric frameworks that equate memory gaps with dysfunction, instead affirming their adaptive value. In literary terms, her reliance on repetition ("I remember... I remember...") enacts trauma's recursive temporality, demonstrating how memory shapes narrative form. Through such strategies, Ikpi destabilizes the notion of a unified, truthful self, offering instead a portrait of identity as fragmented, reconstructed, and contingent.

In *A Small Silence*, Jumoke Verissimo similarly dramatizes the instability of memory, though through a fictional protagonist whose life has been fractured by political persecution. Professor Eniolorunda's retreat into darkness functions both literally and symbolically as repression: by refusing light, he avoids confronting memories of imprisonment and torture. Yet memory intrudes nonetheless, as he recalls his mother's sacrifices and the groans of her labor under heavy baskets of cocoa (Verissimo 89). These flashbacks illustrate how trauma disrupts temporal continuity, intruding upon the present despite attempts at avoidance. From a psychoanalytic perspective, this aligns with Freud's notion of "return of the repressed," where excluded material resurfaces in distorted or symbolic forms (Freud 211). The Professor's refusal to illuminate his home becomes an enactment of repression, but one that ultimately proves unsustainable. Memory asserts itself, demanding recognition even as he resists. Verissimo thus portrays memory not as passive storage but as active force, shaping the Professor's present and undermining his efforts to remain detached.

The intergenerational dimension of memory in Verissimo's novel underscores its communal character. The Professor's mother rebukes him for repeating patterns of silence and withdrawal, declaring, "This is an abomination happening two times!" (91). Her words highlight the cyclical nature of trauma, suggesting that unprocessed suffering reemerges across generations. This echoes Hirsch's theory of postmemory, as well as Labinjo's observation that Nigerian fiction frequently situates memory within broader genealogies of cultural and historical trauma (10). For the Professor, memory is not merely personal but familial, shaped by a lineage of endurance and silence. His refusal of light thus affects not only himself but those around him, including Desire, who becomes ensnared in his isolation. The novel thereby illustrates how memory's instability reverberates beyond the individual, implicating families and communities in cycles of repetition.

Both Ikpi and Verissimo employ narrative strategies that mirror memory's fractured nature. Ikpi's nonlinear essays replicate the oscillations of bipolar disorder, while Verissimo's chiaroscuro prose alternates between the luminous curiosity of Desire and the oppressive darkness of the Professor. These formal choices enact what trauma theorists identify as the "aesthetic of fragmentation," where narrative disjunction mirrors psychic disjunction (Mengel and Borzaga 14). In both texts, memory becomes inseparable from narrative form, as structure itself testifies to trauma's disruptive temporality. Moreover, both authors destabilize the very notion of truth: Ikpi's admission of unreliability challenges the expectation of memoir as factual, while Verissimo blurs the boundaries between hallucination and reality, leaving readers uncertain of what is true. These strategies underscore that truth, like memory, is fluid, constructed through the interplay of recollection, repression, and present need.

Ultimately, the portrayal of memory in these works complicates simplistic binaries of truth and falsehood, sanity and madness. For Ikpi, memory's gaps reveal not deception but the inaccessibility of trauma, while for Verissimo's Professor, memory's distortions reveal the psychic toll of political violence. Both texts demonstrate that memory is less about factual accuracy than about survival, functioning as both shield and wound. In this sense, literature provides a unique space to explore the paradoxes of memory, offering forms of truth that exceed empirical verification. By situating memory within the dynamics of trauma, stigma, and cultural inheritance, Ikpi and Verissimo's narratives expand our understanding of how individuals navigate fractured selves. They invite readers to see memory not as static archive but as living, unstable process—one that both fractures and sustains the possibility of identity.

Conclusion

The close readings of Bassey Ikpi's *I'm Telling the Truth but I'm Lying* and Jumoke Verissimo's *A Small Silence* demonstrate the necessity of rethinking how we define, represent, and respond to mental health in African contexts. Both works dismantle the binary opposition of sanity versus insanity, showing that such categories are less objective truths than instruments of cultural and political power. Ikpi's memoir reveals how the performance of normalcy—through makeup, forced eating, or dissociation—functions not as evidence of stability but as a desperate survival strategy in a world that pathologizes difference. Similarly, Verissimo's Professor embodies the psychic toll of political persecution, his retreat into darkness illustrating how authoritarian violence reshapes both memory and identity. These narratives challenge readers to recognize that trauma responses should not be simplistically equated with breakdown, but instead understood as adaptive mechanisms forged under extraordinary conditions. By refusing the reductive language of pathology, both authors reclaim agency over the narrative of mental health, situating it within lived experience rather than rigid diagnostic categories.

One of the most striking insights from these texts is the instability of memory as both personal and cultural resource. Ikpi foregrounds her memory gaps and repetitions, dramatizing trauma's nonlinear temporality and questioning memoir's promise of factual truth. Verissimo, in turn, stages the Professor's repression of memory through his literal avoidance of light, even as traumatic recollections intrude upon his solitude. These representations underscore what trauma theorists like Cathy Caruth and Bessel van der Kolk have long emphasized: that traumatic memory is both inescapable and inaccessible, returning in fragments that destabilize linear narrative (Caruth 62; van der Kolk 21). Yet in African contexts, memory is never merely individual—it is also intergenerational and communal. Ikpi's inheritance of her aunt's name and the Professor's repetition of his mother's endurance reveal how trauma circulates within

families, shaping identity across generations. Literature thus becomes a vital site for exploring memory's fluidity, exposing its role in both sustaining and fragmenting the self.

The analysis of these works also highlights the tension between Western psychiatric models and indigenous African philosophies of healing. While diagnostic frameworks like the DSM-5 and ICD-11 provide valuable tools for research and treatment, they often pathologize culturally specific survival responses or ignore communal dimensions of distress (Kupfer et al. 35). In contrast, African philosophies such as Yoruba concepts of *ori* and *àse*, or the Ubuntu emphasis on relationality, interpret mental health through holistic frameworks that situate the individual within networks of family, spirituality, and ecology (Koenig 82; Metz 7). By drawing on these epistemologies, we can better appreciate why characters like Ikpi and Verissimo's Professor struggle not only with internal symptoms but also with disconnection from cultural and communal ties. Their narratives invite readers to imagine hybrid models of care that combine biomedical insights with indigenous practices, acknowledging both the neurobiological and cultural dimensions of suffering.

Equally important is the role of stigma, which emerges as a central force shaping both Ikpi and Verissimo's narratives. As Monnapula-Mazabane and Petersen observe, stigma in African societies often reduces mental illness to spiritual weakness or moral failing, reinforcing silence and marginalization (15). Ikpi's concealment of her bipolar disorder and the Professor's labeling as mad exemplify this silencing process, where deviation from normative behavior is policed through ridicule and ostracism. Yet literature has the power to disrupt these silences, offering counter-narratives that affirm the legitimacy of psychological distress. By writing openly about her experiences, Ikpi breaks the taboo surrounding mental illness in Nigerian diasporic communities, while Verissimo's fictionalization of trauma challenges readers to see madness not as innate defect but as consequence of systemic violence. These works thereby contribute to a growing body of African literature that destigmatizes mental illness, creating space for empathy and dialogue.

The theoretical lens of psychoanalysis has proven especially useful in illuminating these dynamics, particularly in its attention to repression, memory, and trauma. Freud's concepts of the unconscious, defense mechanisms, and belated trauma find resonance in Ikpi's dissociation and Verissimo's avoidance of light, while Jungian and Lacanian insights enrich our understanding of archetypes and fractured identity in postcolonial contexts. At the same time, psychoanalysis cannot be imported wholesale; it must be adapted, as Fanon demonstrates, to account for the psychic consequences of colonial and authoritarian violence (Fanon 110). When placed in dialogue with African philosophies of healing, psychoanalysis offers a critical but partial lens—one that illuminates psychic fragmentation while also demanding supplementation by cultural epistemologies. The challenge for African literary criticism, then, is to develop interpretive frameworks that are both globally conversant and locally grounded, capable of analyzing trauma's universal features without erasing its cultural specificities.

The implications of this study extend beyond literary criticism to broader conversations about mental health in Africa. The World Health Organization's *Mental Health Atlas 2020* reports that many African nations devote less than 1% of health budgets to psychiatric services, resulting in chronic underfunding and inadequate access (WHO 55). At the same time, cultural stigma deters individuals from seeking biomedical care, often redirecting them to traditional or religious healers (Ahad et al. 45). While these practices are sometimes dismissed as superstitious, they reflect

deeper epistemologies of personhood that emphasize spiritual and communal identity (Kpanake 201). By examining how literature dramatizes the tensions between biomedical and indigenous frameworks, scholars and policymakers can glean insights into culturally resonant models of care. The narratives of Ikpi and Verissimo remind us that mental health cannot be reduced to clinical symptoms alone, but must be understood in relation to history, culture, and community.

Future research in African literary criticism should therefore continue to explore the intersections of trauma, memory, and mental health, expanding the canon beyond the most visible texts. Comparative studies across regions—for example, juxtaposing West African narratives of political trauma with Southern African accounts of apartheid or genocide—would deepen our understanding of how different historical contexts shape representations of psychic fragmentation. Interdisciplinary dialogue with psychology, anthropology, and public health could also enrich literary analysis, offering more nuanced insights into the cultural dimensions of mental illness. Finally, attention to emerging voices, including queer and feminist perspectives, is essential, as these writers often foreground the compounded stigmas faced by marginalized groups. Such work would not only advance academic scholarship but also contribute to broader cultural conversations about mental health justice in Africa and its diaspora.

In conclusion, Bassey Ikpi's *I'm Telling the Truth but I'm Lying* and Jumoke Verissimo's *A Small Silence* exemplify how African literature can challenge dominant paradigms of sanity, normalcy, and memory. By centering lived experience over diagnostic labels, they dismantle the illusion that trauma responses are mere breakdowns, instead revealing them as adaptive strategies of survival. By dramatizing memory's fluidity, they expose the impossibility of a singular truth, offering instead fragmented narratives that testify to trauma's enduring presence. By resisting stigma, they reclaim narrative authority and invite readers to embrace a more compassionate, inclusive vision of mental health. Ultimately, these works affirm that literature is not only an aesthetic enterprise but also an ethical act, one that reshapes how we imagine psychological suffering and healing. In a world where mental health remains stigmatized and underfunded, their voices remind us that to tell fractured stories is itself a form of survival—a radical declaration that psychic fragmentation, far from erasing selfhood, can become a foundation for new forms of resilience and community.

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