

# Becoming Aggrieved: An Alternative Framework of Care in Black Chicago



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*Centering on “Eastwood,” a low-income, African American community on the West Side of Chicago in which I have conducted ethnographic research since 2007, I examine the coping mechanisms developed by residents after Mrs. Lana suffers what her doctors view as a psychotic break. I build upon Judith Butler’s conception of grief to reconceptualize madness as a sometimes productive force that allows scholars to see how certain populations are systematically dehumanized. After divulging a brief history of Mrs. Lana’s community, wherein I discuss how it came to inhabit the socioeconomic markers of poverty it is known for today, I explore in further detail the circumstances surrounding Mrs. Lana’s mental illness. Ultimately, I argue that the story of her “madness” is productive because it gives us valuable insight into the ways in which blacks, especially those living in low-income communities that face a dearth of institutional resources, invert popular expectations of mourning, thereby developing a concept of “becoming aggrieved” that does not merely lament death, but also affirms life.*

**Keywords:** poverty, mental illness, grief, race

“Every other block in Chicago has a crazy lady,” a friend, Justin, once told me upon hearing the piercing screams of our neighbor, Mrs. Lana. According to Justin, Mrs. Lana had been addicted to drugs. He used that to explain why she followed people down the street or yelled at them from her porch. But when I met Mrs. Lana’s daughter, a young woman named Marla, she complicated Justin’s characterization. Marla never knew her mother as an addict but did confirm that heroin was once her main vice. Still, she offered another explanation for her mother’s behavior: “She’s just mad.”

“Mad,” in Marla’s usage, referred to an aspect of mental illness that had as much to do with anger as apparitions. According to Marla, her mother could see people walking down the street, minding their own business, and before they knew it an invisible but deadly bullet was lodged in their dome. If she could just get your

attention, if she could just warn you, then maybe you had a chance to survive. If not, you were done for.

Jo Jo Thomas didn’t get the warning. One afternoon he was eating in a restaurant with Marla while waiting for their mother to give them a ride home. Mrs. Lana called Jo Jo on his cell phone to say that she was outside in her car, and Marla, still stuffing her face, asked her brother to venture out to the car and return with an umbrella—it was raining and she didn’t want to get wet. Ever chivalric, Jo Jo agreed. When he stepped outside, gunfire rang out, and Jo Jo was in the midst of it. From the driver’s seat, Mrs. Lana screamed so loud and long that Marla swears she heard it from inside the restaurant. Jo Jo might’ve heard it too, Marla says, because he turned around and took two steps toward his mother’s car before collapsing. Mrs. Lana bolted from the car, dove

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onto the ground, and cradled the back of her son's head. Blood and brain matter spilled out, mixing with rainwater and then funneling into the gutter.

When it comes to the relationship between race and mental illness, social scientists have been much more concerned with explaining questions surrounding the lack of access to medical resources in poor, urban communities than with exploring the indigenous strategies that under-resourced communities develop to cope with mental illness. Black Chicago is no exception. There, one common way of understanding the relationship between mourning and mental illness is a contemporary version of a very old psychological theory. It was, of course, Sigmund Freud who famously distinguished between "mourning and melancholia" in his 1917 essay of the same name. For Freud, the loss in mourning relates to literal death. Accordingly, expressions of sadness in the mourner are viewed as appropriate and healthy, maybe even cathartic. Still, an expectation persists that someone will overcome her grief over time. Melancholia, on the other hand, is indistinguishable from mourning when the sadness begins; the difference is that the aggrieved person never overcomes her loss. In fact, she may refuse to concede that the object of her affection has been lost in the first instance. She subsequently retreats within herself, disregarding the norms and expectations of the outside world. If in mourning her son a mother is keenly aware of her loss, in melancholia she may be likewise aware, but remains unsettled about what this loss means in a larger existential sense.

In Eastwood, Chicago, the way doctors treat Mrs. Lana is based on this Freudian distinction. Even though mourning is considered nor-

mal, what makes Mrs. Lana "mad" (or mentally ill) is a specific interpretation of her actions in relation to her loss—particularly the fact that she is deeply disturbed by Jo Jo's death. However, what I want to make clear is that, in contrast to doctors, Eastwoodians, Mrs. Lana's neighbors, have come to view this woman's madness (in all its glorious aggression) as normal. They shun the societal expectation that her madness should diminish after some time, and they seek to pin down the political (rather than existential) meaning of Mrs. Lana's screams.

My argument is that Eastwoodians add a layer of depth to the common medicalized interpretation of mental illness because, in this community, a mother's madness is not merely her own. It signifies the grief that all residents may express for a number of devalued black lives that have also been prematurely extinguished. Thus, in this essay, "grief" is a superordinate category that contains both a temporary sadness that can be overcome (mourning) and a perpetual condition that cannot (madness). I show that a collective framework of care is constituted in the reaffirmation of humanity on behalf of the dead. Through and by attending to her needs, residents grieve their own losses alongside Mrs. Lana's. Therefore, in occasioning people to reflect on the countless young black people who have perished too soon, Mrs. Lana enlists members of a community to *become* aggrieved.<sup>1</sup>

#### A CITY OF SCARS: THE DEHUMANIZATION OF BLACK LIVES

Before we can fully grasp how an Eastwoodian understanding of the human condition undermines the distinction between mourning and madness, we must first examine how black life becomes devalued and thus dehumanized in

1. Here I am referencing the "anthropology of becoming" that is rooted in Gilles Deleuze's philosophical theories. João Biehl and Peter Locke (2010, 335) argue that "Deleuze's ideas . . . uphold the rights of microanalysis, [while] bringing into view the immanent fields that people, in all their ambiguity, invent and live by." They continue: "Such fields of action and significance—leaking out on all sides—are mediated by power and knowledge, but they are also animated by claims to basic rights and desires." Biehl and Locke's idea of "becoming" is meant to challenge accepted theories of social domination and popular modes of medical and political intervention. Drawing from this intervention, I seek to demonstrate the ways in which large structural and institutional processes are made visible through an ethnographic engagement with "neglected human potentials," such as an exchange of dialogue between, and a search for insight from, someone like Mrs. Lana who is considered mentally unstable.

the American city. This dehumanization, we will see, has implications for how grief is understood and expressed.

In *Precarious Life* (2004), Judith Butler turns grief into a political resource by demonstrating that the failure to understand the capacity to mourn amounts to a failure to understand the value of life itself. Drawing from Butler's thesis, we can examine Mrs. Lana's screams in light of how the medical establishment continuously pushes the diagnostic reach of illness outward to capture more and more of the population. Anthropologists like Arthur Frank (1995) and Arthur Kleinman (2013) have regarded this capture as a form of censorship that silences certain people's voices underneath the heavy weight of a medicalized understanding of life. But at the same time that it silences all that contradicts the medical perspective, the exclusion of the dissenting voice also establishes the boundaries of the public itself. This is how "normal" people understand themselves as those who do not yell and scream irately, even in the face of violence they experience on an everyday basis. And this is why communities that face a disproportionate amount of violence must mask their grief. Just as their lives and communities are devalued, their grief is likewise illegitimated.

In 2007, when I first moved there, I learned that back in the 1970s Eastwood had been known by another name: "Sacred City." In those Black Power days, this place became sacred in the same way that "black" became proud and "nigger" a term of endearment. To date, local gangs still insist on the sacredness of this place. But in Eastwood, other people outside of the gang believe that all the talk of sacrosanctity is nothing more than a pretense masking the profane. The

statistics seem to bolster this point. Eastwood is a community in which, of the nearly 42,000 residents, nearly half (42 percent) lived below the poverty line in 2007 and, as crime is heavily implicated in this climate of poverty, 57 percent of all Eastwoodians were in some way involved in the criminal justice system—in jail, on parole, on house arrest.<sup>2</sup> Months after moving into Eastwood, boxes not yet unpacked, I observed an unfunny joke (at least, from the perspective of community residents) that points to how black lives are dehumanized in Chicago.

I was attending a community-policing meeting, taking field notes, as police officer Thompson said: "We're doing our best to stop the violence. We feel terrible that you all have to live here. They call it Sacred City," he said, alluding to the omnipresent specter of gangs. "You know what we call it?" The officer wrote out the term—Sacred—in chalk and then, using his palm to wipe away a few letters, said, "We just call it *Scarred*."

A few of the officers chuckled, including the precinct captain. Meanwhile, the residents gave them blank stares. In an effort to diffuse the tension (which had become palpable at this point), another cop, whose name I later found out was Officer Kearns, stood up and told everyone in the room his family's story. Generations ago, his great-grandparents moved from Poland and settled in Eastwood. "This neighborhood has a special place in my heart," Kearns said. "I could show you old pictures we have at home. You wouldn't believe how beautiful it was."

Ironically, immigrant families like Officer Kearns's are implicated in Eastwood's inglorious history. The community's wounds first began to fester in the 1970s, after the tractor company closed. Then the department store moved

**2.** "Eastwood" is a pseudonym for the West Side Chicago neighborhood where I lived and conducted research from 2007 to 2010. My wider research centered on the figure of the disabled gang member in the Divine Knights gang. Building outward from the disabled gang member, I examined how residents in a low-income community live through their injuries. As I was dealing with young people who had a range of experiences with—and perspectives on—gang activity, some of my collaborators did not feel comfortable with me disclosing the name of the gang. I eventually decided that I could not reveal the name of the gang, and by extension people and organizations in the community, without betraying the trust of others in Eastwood. What is authentic about this article—what has not been altered or rendered anonymous—are the events that I describe and the voices of my collaborators. Their voices paint a portrait of the production of madness in urban Chicago.

its headquarters, causing 80 percent of the manufacturing jobs to vanish. Other companies shuttered, taking with them 44 percent of area retail jobs. This process of deindustrialization was in full swing even before the assassination of Martin Luther King Jr. sparked uprisings in Eastwood. After the fires had been extinguished, many store owners left the neighborhood because insurance companies canceled their policies or prohibitively increased premiums, making it difficult to rebuild businesses in their previous locations. Disinvestment peaked after King's murder but had been steadily increasing since the 1950s. These economic woes plagued all of Eastwood's retailers. By 1970, 75 percent of the businesses that had buoyed the community just two decades earlier were boarded up and abandoned. There has not been a significant migration of jobs, or people, into Eastwood since World War II.

Although Officer Kearns did not mention these factors to explain why, eventually, immigrants from places like Poland, Ireland, Russia, and Germany packed their things and moved out of Eastwood, the lack of business opportunities was certainly a factor—not to mention the unbridled racism that led many of them to fear living alongside blacks. Ever since the early 1940s, when African Americans began migrating to Chicago in droves, the city has been deeply segregated, and this segregation has implications for how black lives are devalued today. Twenty-two of Chicago's seventy community areas claim 82 percent of the city's homicides. Indeed, statistics like these are what motivated Eastwoodians to attend community-policing meetings in the first place. Citing homicide rates and contextualizing them through a history of deindustrialization is perhaps a circuitous way of saying that the misfire of the police officer's joke—the reason why it fell flat for the Eastwoodians in the room—was that they did not need an expert to tell them that their community was plagued with problems.

They were fully aware of their scars. Yet, they asserted their humanity nevertheless.

Mrs. Lana is a case in point. The fact that she is a mother who has been driven mad after witnessing the shooting death of her son exemplifies the reaffirmation of life in a context of

death. I do not mean to suggest that this contention is not controversial. On many occasions, I have shared her story with police officers and doctors in Chicago as a way to talk about the relationship between race, mental illness, and grinding poverty. When I have done so, my discussion of Jo Jo's death (and Mrs. Lana's reaction to it) has often been met with the following questions: *How was Jo Jo raised? What did Jo Jo do? Was he a gang member?* I can only assume that, by way of these inquiries, these experts are attempting to assess the amount of empathy they should have for this family.

In the past I have replied that Jo Jo was in fact gang-affiliated. But not in the way they might think. In Eastwood even a teenager, like Jo Jo, who opts not to join a gang will be cognizant of who belongs with which group, as well as the jurisdictional boundaries of each group. These boundaries are mapped onto neighborhoods, such that if a person is confronted by a member of a rival gang and asked where he or she lives, the street name this person offers as a response will signal gang affiliation (member or not) and could result in injury. (For this reason, many teenagers join gangs for protection *after* suffering injuries from rival gangs.) In Jo Jo's case, it is not clear whether he was mistaken for someone else, or whether the people who shot him were operating under the logic that anyone who lived in proximity to the rival gang held an allegiance to them and therefore deserved to die. Regardless of whether Jo Jo "officially" belonged to the gang, what is more important, for our purposes, is how the logic of rivalry within this organization mirrors attitudes toward black Americans in greater society.

The social movement #BlackLivesMatter demonstrates this point. #BlackLivesMatter began as a provocation on Twitter in 2013 after the self-appointed neighborhood watchman in Samford, Florida, George Zimmerman, shot and killed an unarmed teenager, Trayvon Martin. The movement grew even more popular in 2014 following the civil unrest in Ferguson, Missouri, sparked by the shooting of Michael Brown and the killing of Eric Garner, another unarmed African American who was choked to death by a New York

City police officer. There are currently twenty-three #BlackLivesMatter chapters in the United States, Canada, and Ghana. As I write this essay, these chapters have organized at least 672 demonstrations.

Contemporary movements like #BlackLivesMatter take as a point of departure the premise that certain people's lives—in this case “black lives”—are devalued in American society. Because of this, the group is geared toward an effort to make black lives count as “normal” human beings. Their protests speak against the notion that someone can be legitimately killed because his or her body is deemed threatening (regardless of whether he or she committed the alleged act of violence). The logic of a “justifiable homicide,” they say, operates to produce and maintain an exclusionary idea of who is fully human and who is not. The public is to believe that the black person (in the form of Trayvon Martin, Michael Brown, Eric Garner, Sandra Bland, or Jo Jo Thomas) deserved to die because of his criminal associations. This premise suggests that the alleged black criminal is less human than the upright citizen, and therefore his killing is legitimate.

Likewise, Mrs. Lana didn't agree that her son deserved such a fate. In fact, in her early days of grief she was riddled with survivor's guilt, believing she herself to be more worthy of death than her son. Before Jo Jo's shooting, Mrs. Lana maintained a relatively well-paying job as a postal worker. She was a devout Christian who, in having once battled drug addiction, had found religion as a way to transform her life. As her neighbors tell it, the only things she enjoyed talking about more than her spiritual transformation were the activities of her three children: Jo Jo, Marla, and Travis. In the eyes of many Eastwoodians, Mrs. Lana's psychotic break marked her transition from a well-respected community member to an outcast, albeit an outcast for whom people eventually harbored great admiration. What concerns us most is why Eastwoodians were drawn to her: they did not merely appreciate what she had experienced; more specifically, they saw her screams as an attempt to create a public sphere in which oppositional voices are not feared, degraded, or dismissed, but valued for the productive reflections they inspire.

### A MOTHER'S SCREAMS: THE POTENTIAL HIDDEN IN MADNESS

Drawing from black urban life, only from a different historical moment, Jonathan Metzl attaches the same crucial importance to the political potentiality embedded in mental illness as I do in this essay. In *The Protest Psychosis* (2006, 187), he shows that, in the 1960s and 1970s, the diagnosis of schizophrenia underwent a striking shift in the United States. Although the disease was originally associated with white middle-class women (who may have been so bold as to commit the public offense of chastising their husbands in public), over time, this particular brand of madness became linked to black males and to the hostility, anger, and aggression that seemed to characterize their lives during the civil rights movement. Metzl argues that treatments for mental illnesses are intrinsically political. For him, pointing to the political is not a means to dismiss schizophrenia by undermining its biological roots. Rather, these roots are given fertile soil in the social climate of the day.

The large body of literature which suggests that experiences of racism and poverty seem to increase a person's risk for mental illness is bolstered by Metzl's account, in which illness is interpreted, understood, and enacted. Given the hindsight of history, it may seem strange that “aggressive protests” can be diagnosed as a form of madness. But Metzl's work attunes us to the fact that, although there are many institutional mechanisms for determining what illness looks like, it is much harder to say what should *not* be counted as part of the prognosis. My work fills this void by describing locally salient ways of understanding death in which mourning (a loss that a person eventually overcomes) is not privileged over madness (a refusal to overcome loss, which consumes one's existence). In this regard, each of the ethnographic scenes I describe contains hidden potentialities embedded within symbolic representations of grief—of which dice games, footwear, uncovered heads, and, most importantly, Mrs. Lana's screams, are the most striking examples.

I learned about the local significance of symbols of grief while conducting fieldwork in



Eastwood, where I often began structured interviews with the same three words: “Describe your neighborhood.”

Young or old, most stated that Eastwood could be desolate for hours on end and then, just as suddenly, bubble over with block parties, laughter, and life. But on those “unfortunate nights,” as one resident called them, the block could also erupt with screaming and stampedes away from the unmistakable sound that too often rang out: a dreadful alarm. The threat of that untimely alarm—otherwise known as a gun blast—made one of my collaborators, Justin, insist on a prerequisite for helping me with my research: I couldn’t stand on the “drug” corner. I could, however, stand on the less dangerous “lunch money” corner, where the teenagers shot dice.

The “lunch money” corner was a recreational space more than anything else—a recess carved from concrete where girls jumped rope and boys rode bikes. Surrounded by low-stakes games and laughter, this corner was a perch where, on ordinary days, young people practiced a modern-day jitterbug called footworkin’. They would bring iPods with portable speakers to mask the sound of the hollow roll of dice. Everyone’s eyes would grow big with anticipation of the dots that would either win or lose them some pocket change. When those dots revealed themselves in front of us on the pavement, the winners would slap their knees and point their fingers at the others, now frowning, before snatching up wrinkled dollar bills and swearing that they’d mastered a special technique for tossing plastic cubes against concrete and brick.

On this corner, it wasn’t merely about the money. (Most days the winners bought everyone a large bag of chips and soda, or even a stuffed deep-dish slice from the nearby restaurant, Big Al’s.) It was about something far graver. The dice roll came to represent the fragility of life—the fact that, even at so tender an age, you could never know when your number was up.<sup>3</sup>

It would be easy for a passerby to see young people posted on the corner and not notice how

the symbols of mourning could possess a person’s body. On a winter day in 2008, for example, I watched as the dice rolled past the feet of one of the teenagers, Danny. I then noticed that Danny had on boots that had belonged to Cook—his best friend, who had been murdered weeks before. Then I realized something even more significant: Danny had not taken off those boots since his best friend passed away.

Comparing Danny’s inherited boots to Mrs. Lana’s screams reveals crucial differences. The former symbol might reference grief (if we know that Danny’s boots belonged to his departed friend), but it does not necessarily reference mental illness. Another notable distinction is that, were a teenage black male to adopt Mrs. Lana’s method of grievance (following people down the street while screaming), he would probably be seen as enacting the very forms of violence against which he was protesting. It was, in part, her role as a mother that made it more difficult to turn a blind eye, and deaf ear, to Mrs. Lana’s screams. This was at least part of the reason people were willing to make room for her madness.

Some contextual information about the nature of Mrs. Lana’s screams will clarify this point.

Marla tells me, when driving past that intersection where Jo Jo was shot, that she sometimes pictures her mother as she was before her son died: beautiful and not yet ravaged, lipstick, a breezy dress, head full of flowing locks. She chronicles her mother the same way Christians do Christ, only in Mrs. Lana’s case, AD refers to Jo Jo’s death, not the crucifixion.

Unlike the doctors and her Eastwood neighbors, at first Marla didn’t think her mother’s condition was permanent. Her theory was that one day she would not need to scream at people or follow them around, telling them to keep their head covered. One day, Marla thought, her mother would finally accept Jo Jo’s demise. It took at least a year for Marla to abandon this expectation.

Back then, a year removed from Jo Jo’s shooting, Mrs. Lana could be seen standing on her porch yelling at passersby in a high-pitched

3. Dice was among the local gang’s most cherished symbols; “it represents that every day is a gamble,” as one member told me.

shrill. But it started, Marla told me, with a stare directed at her youngest child Travis, then nine years old. Her glance at first was cautious. “What’s wrong?” Marla remembers asking.

“Oh, nothing, baby,” Mrs. Lana said, her eyes fixed on the back of her young boy’s head.

Now this scene began to repeat daily, Mrs. Lana calling Travis over and inspecting him from head to toe. Once finished with her youngest, she would inspect her daughter too. Though Marla was twelve years older than Travis, Mrs. Lana found special comfort in giving her hair a reassuring stroke.

I ask Marla when she first began to worry about her mother’s safety.

In response she tells me “the drugstore story.”

At the drugstore, Mrs. Lana knocked over the contents of shelves in a search for duct tape. When an employee finally handed it to her, hopeful that this unruly customer might leave, Mrs. Lana ripped the packaging open with her teeth and then tried to use it right there in the store. And by “use it” I mean that Mrs. Lana attempted to apply the tape to strangers’ heads.

Marla hands me a copy of the police report; after pausing to look it over, I ask her how she made sense of the official description.

Marla’s interpretation of this event was this. Her mother could not bear to see all those vulnerable bodies. Her mother “grew frightened” of the patrons fleeing from her—the unprotected who were rejecting her efforts to save their lives.

According to the report, Mrs. Lana’s head was already covered with duct tape. She tried explaining to an employee the need for protective taping. The employee notified the store manager; Mrs. Lana tried covering his head as well. Finally, the manager called the police. “And I was happy to see them too,” Mrs. Lana later told her daughter. “At least they had the good sense to keep their hats on.”

Unlike most patrons in the store, the manager reportedly told the police that he didn’t believe Mrs. Lana was on drugs. Eastwood is nationally renowned for heroin distribution, and he claimed he could recognize an addict—usually they were subdued and docile. Mrs.

Lana was frantic, mad. Still, when the police officers checked her record, they found an arrest for possession of drugs. Even though that arrest had occurred more than twenty years earlier, it was all the evidence they needed to put her away.

Stapled to the report Marla hands me is another document. This second document, itself a report, came from the county jail where Mrs. Lana was held. It contains the findings of a doctor’s visit during her incarceration. She was examined in preparation for a hearing at the Mental Health Court.<sup>4</sup> There her refusal to accept her son’s death was codified into a diagnosis.

While incarcerated, Mrs. Lana’s picture of Jo Jo was taken from her. She had carried it in her inside pocket ever since his death.

“That’s when she lost herself,” Marla says. The picture was a reminder to Mrs. Lana of who she was, and without it, Marla explains, her mother’s urge to yell and scream and warn people to cover their heads became even harder to control.

This is what Marla learned about her mother’s three-day stint from the two reports and eventual hearing at the Mental Health Court. In jail, Mrs. Lana was subdued with sedatives and eventually placed in a cell by herself. It’s impossible to say whether or not Mrs. Lana, lying there on her bunk, drugs coursing through her veins, realized that her thoughts had become fragmented. Was she curious about when or if her mind, now scrambled, would ever get pieced back together? She might have feared that if things could come undone like this, almost instantaneously, then how in the world could she hold everything in? Marla’s theory is that this, her newfound reality, began to irritate her. And then that irritation transformed itself into rage, prompting Mrs. Lana to scream. “Screaming is the only *rational* thing she could think of to do,” Marla says.

In contrast to Marla’s acceptance of her mother’s screams, her outbursts while incarcerated confirmed a doctor’s determination that Mrs. Lana had “delusional disorder, with obsessional features.” The court recommended that she be released, and Mrs. Lana was prescribed drugs that would block the

4. The Mental Health Court is located inside the jail.

neurotransmitter involved in developing her delusions. Additionally, family therapy was encouraged. That's where Marla decided that she would not fight her mother's madness. She would go with the tide.

Months after she was released from jail, I ask Marla if her mother seems to be a changed person.

Marla explains that, at first, being outside was simply too much to bear. Mrs. Lana stayed indoors, her family accommodating her accordingly. Travis, who didn't like hats, wore his football helmet in the house. He learned that when his mother's eyes got big, he needed to buckle his chinstrap. Marla wore silk scarves on her head. "People in the neighborhood thought I had converted to Islam," she jokes.

What was the biggest challenge? I ask.

"Mother grew tired of such a confined lifestyle," Marla answers. "She wanted to at least feel the sun on her skin." But even sitting on the porch made her uneasy. We know this from therapy. During her sessions, Mrs. Lana speculated about how the Beverly twins across the street could jump rope like that, so carefree. And where was Mrs. Beverly, anyway? (She fought the urge to run across the road and grab those lighthearted children.)

Mrs. Lana revealed other observations: She noticed for the first time all the children and teenagers and grown folks about. She could see partial and sometimes entire heads missing from their bodies. The human sounds emanating from their necks disturbed her. She wondered when these deformed people would fall to their knees, when their headless bodies would collapse in the street. With visions such as this, it stands to reason that simply keeping her eyes open on the porch left Mrs. Lana weak. She would shuffle, shake her head, look again, and then finally close her eyes. Sometimes with her eyes still closed, she would cry soundlessly. Exhausted from an overloaded mind, she must have fought to tamp down that rage she felt in jail. In my reading, this swollen anxiety was about more than remembering who she was and how she used to live. It was an anxiety born from a heartfelt burden to warn her neighbors about death, which required that she dwell in a perpetual madness, a timeless space, where its

urgency was never to be forgotten, assuaged, or overcome.

### **BECOMING AGGRIEVED: THE ALTERNATIVE FRAMEWORK OF CARE**

So far we have seen Marla struggle to place her mother's grief within a coherent frame. The primary way she attempts to do so is by positioning "mourning" and "madness" on an even social plane, such that the former is not deemed "normal" and the latter is not branded "pathological." Rather, in refusing to overcome loss, Mrs. Lana is seen by her daughter as displaying a justifiable anger. In this section, we will see that Marla's interpretation of her mother's pain as "reasonable" provides insights into the process by which Eastwoodians *become aggrieved*.

But before I describe a final ethnographic scene, which bolsters this point, a brief parenthesis is warranted.

I mentioned from the outset that, in my analysis, "grief" connotes mourning as well as madness. It is now time to distinguish grief from the process of "becoming aggrieved," which cannot merely be defined in terms of mourning the past—it is also about developing a communal framework for care. I realize that this relationship between becoming aggrieved and practicing care may strike some as strange (or at least counterintuitive). If the term "care" connotes safekeeping, consideration, and support, the term "aggrieved" connotes mistreatment, resentfulness, and injury. The words are not quite antonyms, but they are certainly distinct. Still, in what's to come, I link the practice of care to the process of becoming aggrieved because to care for someone in an underresourced community is precisely about keeping loved ones safe, considering their needs, and supporting them, while at the same time holding out hope that one's injuries and resentments may somehow prove productive in the end.

In the fall of 2009, Marla began to complain that whenever she had to leave the house—for school, work, the grocery store—Mrs. Lana would open her front door and walk through Eastwood with newspaper and duct tape, warning people to cover their heads. In the block club meetings I attended during this



time, I noted that some of her neighbors initially expressed fear. At the same time, knowing what she had been through, they felt remorse. Mrs. Lana's voice was so dreadfully sincere that they believed her shrill spoke to a breathtaking trauma. Indeed, the first time I heard Mrs. Lana scream I reacted, *startled*, as if it were a gun blast. Like the bullet itself, her voice was an intrusion that ruptured the present. Symbolically reinstating the violence that took Jo Jo, she drew an audible line, every day, between life and death.

After several worrisome confrontations, word began to spread about the nature of Mrs. Lana's madness. Soon Marla reluctantly confided in neighbors, telling them that since Jo Jo's death her mother had been harboring a disquieting worry that either they or she herself were not real. At first she was ashamed to share this private information. The young boys who identified with the local gang might try to antagonize her mother, Marla feared. But she underestimated the respect they had for Jo Jo and the love they had for Travis. Marla failed to recognize, in other words, that Jo Jo's peers may have been coping with their own grief through the care they expressed for her mother.

Eventually, Marla invited her neighbors over. As they entered her home, Marla observed that her mother kept her eyes down, directly at their feet, then slowly scanned up to see their faces. In Marla's words, her mother was attempting to verify that they had a "head on their shoulders." When their familiar faces and covered heads greeted her with their warm presence—which, for her, was as undeniable as it was reassuring—this was the first step of a communal commitment to see Mrs. Lana strip madness of its stigma.

Pastor Scott was the first neighbor to come over in the winter of 2009. He kept on his fedora despite it being mandatory for all men in his congregation to take off their hats when entering the sanctuary. A month later, it was Mrs. Beverly, with her cashmere cowl, and her twins with their pink hoodies. Marla monitored who came and went and learned to scrutinize their naked scalps, as did her mother. "You can't step foot in this house unless you cover your head," she told everyone. Only weeks later, Mr. Gregory visited. He told me:

"If you had to take your shirt off and fashion it into a makeshift turban [when visiting Mrs. Lana], that's what you did." Marla's concerns were finally assuaged when, in early December, Travis's football team had a pizza party and everyone ate slices at her mother's table through their face masks.

Flipping through her journal, Marla recounts her description of that day with a smile. She tells me that the night of the pizza party she watched from her mother's bedroom door as she fell into a still, deep sleep that didn't require the aid of drugs—a sleep that began and ended in Mrs. Lana's own bed rather than Travis's, as had become the custom. Looking on as her mother slept, a yellow bandana affixed to her head, Marla came to realize that the struggle to order and focus experience was not just her mother's; it was a collective fight that would have to elevate madness such that it was no longer a devalued liminal state but simply another response to violence. In this way, elevating madness—making room for it, even valuing it—was an effort to develop an alternative framework of care that searched for therapy through accommodation and understanding. People might be mad, but they were still human (see Bambara 1980; Morrison 1974).

That is, once her neighbors began to accommodate Mrs. Lana's voice, they could understand their own lives and losses—their own *grief*—in relation to it. Eastwoodians stopped trying to hurry past Mrs. Lana's porch or diverting their eyes when they saw her sitting unstill. This is not to say that as time went on they took less notice of her madness. Quite the opposite: everyone took a little more care. Passersby looked for Mrs. Lana on her porch, gang members called her name and touched the brim of their caps (a personal salute), and women took their babies out of their strollers to show off bonnets.

Toward the end of 2009, I began jotting down passing references to Mrs. Lana in my notebook. On the "lunch money" corner, adjacent to Mrs. Lana's house, idle talk about her was plentiful. Tiko, ready to leave the dice game, was putting his sweater back on over his RIP T-shirt when he said to Danny, "You sure did take a long time going to the store. I thought you were coming right back?"

And Danny, brushing off his inherited boots, answered, "I had to walk the long way past Mrs. Lana's. I forgot my hat."

Or Justin, talking to his wife Tina: "We should feed that baby before we go to church." Tina agreeing: "If we don't, she'll be screaming louder than Mrs. Lana in a barbershop."

More: Mrs. Pearl lent her grandson, Pete, some money, and there he was, standing on the corner with the hat he purchased using his grandmother's gift, a suede cap with a snake-skin brim.

"You wasted my hard-earned money on that thing," Mrs. Pearl said. "That hat is so ugly that even Mrs. Lana would tell you to take it off."

Even Pastor Scott addressed her in a sermon. "Mrs. Lana," he said, "has got more sense than any of the so-called antiviolence activists I know. She doesn't hold a rally and then feel good about herself. She warns everybody, every day, about the consequences of the bullet." How many in the congregation, the pastor wanted to know, could claim they did the same?

In all these ways, Eastwoodians promoted Mrs. Lana's madness to the ranks of respectability. And her scars gained a status that was no less than sacred for the people on James Street.

Throughout this essay, we have witnessed residents creating a space to express grief in many different places: on the corner where teenage boys don RIP T-shirts; embedded in the boots a best friend has left behind; inside Mrs. Lana's home, where residents must take heed to cover their heads. In this context, the disproportionate likelihood that an Eastwoodian will suffer from mental illness or fall victim to gun violence shapes the ways in which grief is understood. Moreover, as I have shown, many people who grapple with grief contribute to, and draw from, a critical reserve cultivated from their own vulnerabilities (Vargas 2006, 481). It follows that by donating their time, energy, and emotions to this reserve, Eastwoodians create what I refer to here as an alternative framework of care. From Marla we learned that the chief element in such a framework includes an elevation of madness, such that it is neither denigrated nor devalued but given the same respectability as mourning. By cleansing madness

of its stigma and shame, Eastwoodians become aggrieved through collective practices of care.

Metaphorically speaking, care in a context of structural violence entails the unsettled discontentment of a baby wailing in church, a woman whose grandson spends her hard-earned money on something frivolous, and the annoyance of having to walk the long way home even when there is a shorter path. Likewise, feeling irritated when your mother constantly leaves the house and yells at people, yet exercising concern for her well-being nevertheless, points us to how anger and resentment might serve a greater good. Toward this end, the pastor's words (Mrs. Lana "warns everybody, every day, about the consequences of the gun") crystallize the common Eastwoodian contention that one's anger can be a critical asset when it is directed at the very social problems that exacerbate mourning, madness, and many other manner of grief.

## CONCLUSION

In this essay, I have developed a concept of grief that accounts for both mourning and madness. Furthermore, I have distinguished the grief that many Eastwoodians express from the ways people become aggrieved—a process through which an alternative framework of care is developed. As we have seen, this framework seeks to balance the scales of judgment and ridicule between the ephemeral sadness associated with mourning and the permanent sorrow that plagues "the mad." By doing so, it challenges traditional (yet still common) understandings of mourning, which rely on a model of the human subject that is strictly wedded to a sense of the individual. In the Freudian scheme, mourning ends when a mother ceases her debilitating everyday preoccupation with her loss and finds a way to function as she did before the death of her child, thus reestablishing her own autonomy through sorrow. My analysis, by contrast, moves beyond the individual to examine collective grief. Like the Eastwoodians who visit Mrs. Lana at her home, I do not pathologize madness even as I compare it to mourning. Instead, placing mourning and madness within a spectrum on the same social plane makes grief more about affirming life than merely coping with death. I see Mrs. Lana's screams, in this

regard, as an attempt to create a public sphere in which oppositional voices are not feared, degraded, or dismissed but valued for the productive reflections they can occasion.

Insofar as it clues us in to the basic needs and desires of a dehumanized collective, examining the strategies for caregiving in black Chicago—as well as the premises behind them—can help scholars, researchers, and medical experts understand locally salient ways of interpreting the human condition. In this essay, I have urged researchers to begin their analyses by seeking to understand the local responses to trauma that are generated from within the communities they study because, as I see it, the framework of care that Eastwoodians have developed is a therapeutic method of accommodating trauma that does not unduly institutionalize people. Here, practices of care are rooted in the idea that “the mad” can be regulated in a way that has more to do with integration than quarantine. Crucially, this alternative framework is at odds with the sole reliance on pharmaceutical drugs to treat trauma patients. Screaming is not an indication that someone should simply be institutionalized or merely prescribed medication. People can scream and it’s okay.

This, above all else, is why I have elaborated

for so long on the hidden potential embedded in a “mad” woman’s screams. Her anger helps us to reimagine grief by contemplating what kind of life is made livable on Chicago’s West Side.

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