Abigal Muchecheti

THE SILENCE THEY WROTE FOR ME

A Black Disabled Woman's Fight Against Institutional Erasure

Disability Studies

Collection Editor
DAMIAN MELLIFONT

LIVED PLACES
PUBLISHING

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To every psychiatric survivor who whispered their truth into a system that refused to hear it, this book is yours. You are not invisible. You are not broken. You are the archive, the witness, the theorist.

To my son, Farai Nigel, whose name means joy, whose presence reminds me why we fight to build worlds that don't pathologise feeling. May you never inherit silence as protection. You are the reason I write.

To my husband, Phillip – thank you for holding me through the tremors, for reading the words I couldn't yet speak, and for standing beside me as I tore open the truths hidden in white coats and locked doors.

To my mother, gone but never absent – your strength lives in these pages, in the language I reclaimed when they tried to strip it away. I am here because you survived. I write because you did not.

Some of us were never meant to survive. Still here we are, writing from the after. Adapted from Audre Lorde and the voices that lived beyond the ward.

Abstract

This book is a fugitive document. *The Silence they wrote for me* is part lived experience, part manifesto, and part abolitionist intervention. It interrogates the psychiatric system in the UK as a site of racialised, gendered, and epistemic violence, particularly under the use of Section 2 of the Mental Health Act 1983. Drawing from five years of participatory action research and lived experience, this book centres Black women and racialised survivors whose voices are often silenced under the guise of care.

Rather than seeking reform, it enacts refusal. Through testimonial circles, dream mapping, sousveillance, and insurgent storytelling, this book offers abolitionist blueprints for relational mental health justice. Each chapter excavates violence but also gestures towards healing – towards the world that must be built in psychiatry's ruins. *The Silence they wrote for me* is not about inclusion in the system. It is about survival beyond it.

Key words

Psychiatric abolition, Section 2, Black women, Racialised trauma, Mental health justice, Survivor testimony, Epistemic violence, Abolitionist futures, Carceral care, UK psychiatry

Contents

Content warning

This book contains personal accounts and analyses of psychiatric detention, forced treatment, institutional racism, and systemic abuse under the UK Mental Health Act. It includes references to loss, grief, restraint, surveillance, and gaslighting within clinical environments.

These narratives are not included to shock. They are offered as truth-telling and testimony, as tools for abolition, not consumption. Reader care and community grounding are encouraged.

Learning objectives

By the end of this book, readers should be able to:

1. Understand and critically assess the racialised and gendered dynamics of psychiatric detention in the UK, with a focus on how Black women and racialised individuals are disproportionately harmed under Section 2 of the Mental Health Act.
2. Recognise the concept of epistemic violence and how psychiatric systems erase, discredit, or silence the knowledge and experiences of survivors, especially those marked as "foreign," "non-compliant," or "too coherent."
3. Examine the intersections of carceral logics, mental health care, and structural racism, particularly as enacted through uniforms, surveillance, ward hierarchies, and diagnostic practices.
4. Interrogate the myth of neutrality in psychiatric spaces, exploring how power operates through the presence of white male and institutional gazes ("The Men in the Room") and through the flattening of difference ("Levelled").
5. Engage with the methodology of refusal as both a political stance and a writing practice, including testimonial circles, dream mapping, sousveillance, and insurgent storytelling.

Introduction

> You are not unwell; you are ungovernable.
>
> Survivor testimony, 2022

This book is both testimony and theory. It emerges from the ruins of psychiatric institutions in the UK, places where the line between care and control collapses and where racialised, disabled, and non-conforming bodies are held not to be healed but to be corrected, sedated, or silenced.

I began writing from within the walls of a psychiatric ward. I was detained under Section 2 of the Mental Health Act 1983, diagnosed and labelled in ways that sought to render my grief pathological, my knowledge delusional, and my presence disruptive. But even there, in a place designed to mute resistance, I wrote. This book is the result of that writing – an attempt to hold memory and meaning in a system structured around forgetting and erasure.

Methodological refusals: Researching from within

This is not neutral research. It is insurgent research, a refusal to produce knowledge for institutional consumption and a commitment to epistemologies born of survival. This book draws on five years of participatory action research (PAR) conducted in collaboration with psychiatric survivors, abolitionist organisers, and care workers across England.

The work is grounded in Black feminist theory, disability justice, and carceral geography and uses methods shaped by refusal, relational accountability, and radical imagination:

- Testimonial Circles: Inspired by Patricia Hill Collins's "kitchen table epistemologies," these were survivor-led spaces not just for storytelling but for analysis, grief work, and politicisation.
- Sousveillance Practices: Participants shared encrypted documentation – audio recordings, visual artefacts, texts – to collectively archive what the system refused to acknowledge.
- Dream Mapping: Through speculative sketches, poetry, and spatial dreaming, survivors envisioned abolitionist care beyond the psychiatric state.
- Co-Analysis: Interpretations were shaped through dialogue. No contribution was published without consent. Some remain unpublished as a result of participants choice.

Participants were mostly Black and racialised women, many of whom had experienced Section 2 or Section 3 detainment. Their ages ranged from early 20s to late 60s. Interviews were conducted post-discharge in places chosen by the participants: kitchens, parks, WhatsApp voice notes, and poetry groups. No one was interviewed inside a hospital. My refusal to do so was central to the ethics of this work.

My own experience stands apart: I wrote *from within* the ward. The book begins there – with my own letters, notes, and observations – before moving outward to include other voices, other refusals, and other strategies of survival.

Book structure

Introduction: Methodological refusals and writing from within

This book begins by rejecting institutional demands for neutrality and academic distance. Instead, it embraces a method of *writing from within* that is grounded in lived experience and narrated through fragments, refusals, and testimonies. This introduction outlines the book's theoretical commitments to Black feminist thought, disability justice, and decolonial epistemologies. It positions the work as a fugitive archive that is rooted in care but unafraid to indict.

Chapter 1: The body they feared

Containment, diagnosis, and writing from the ward

This chapter introduces the racialised, gendered body as a threat in psychiatric institutions – it is both feared and disciplined. Through letters, ward notes, and narrative fragments, it reveals how psychiatric "care" becomes a form of carceral control. The body is sedated, surveilled, and restrained – not because it is unstable, but because it refuses to conform.

Chapter 2: Locked spaces, locked voice

Language, muteness, and institutional control

Silence is imposed and internalised. This chapter explores how institutional practices, from isolation to overmedication, systematically strip patients of their voice. Women learn to self-censor, knowing that coherence can be misread as mania and grief as risk. Drawing on Foucault (1977), Fanon (1967), and participant accounts, it theorises silence as both coercive and strategic.

Chapter 3: Violence in uniforms

Coercion by staff, security, and police in psychiatric institutions

This chapter interrogates how uniforms – medical and security staff and police uniforms – become vessels of psychiatric force. From forced injections to physical restraints, it documents how state violence operates within therapeutic settings. What is called "protection" is often indistinguishable from punishment. Testimonies trace the fear, humiliation, and physical trauma inflicted under the guise of care.

Chapter 4: The men in the room

Patriarchy, power, and gendered violence in psychiatric care

Here, the analysis turns towards gender. Drawing on Oyěwùmí (1997), Fanon (1967, and Wynter (2003), this chapter explores how African and racialised men are positioned as institutional enforcers. Their masculinity is produced through proximity to colonial authority, often at the expense of vulnerable women. Psychiatric masculinity emerges as a performance of domination – legitimised through force, rewarded through control.

Chapter 5: Estranged minds: Migration, madness, and institutional abandonment

This chapter examines how immigrant women, especially those without visitors, language support, or cultural familiarity, are cast as hyper-pathologised and structurally alone. Their foreignness becomes evidence of madness. Drawing on diasporic feminisms (Brah, Spivak, Anzaldúa), it exposes how displacement, untranslatability, and cultural misrecognition compound psychiatric harm. These women are not just patients, they are perceived as lost.

Chapter 6: Epistemic violence

Silencing, pathologising, and denial of knowledge

This chapter analyses how psychiatric institutions erase the knowledge that comes from survival. Black women's spiritual, cultural, and intellectual expressions are framed as delusion or defiance. It interrogates how Western psychiatry defines what counts as insight and how those definitions silence the very people they claim to help.

Chapter 7: Levelled

Institutional flattening of memory, identity, and agency

Here, the book reveals how identity is stripped through institutional life. Creativity, language, cultural memory, and even clothing become regulated. Women are rendered flat, not because they lack personality but because the system cannot tolerate difference. Flattening is misread as healing and conformity is misread as recovery.

Chapter 8: Exiting but not free

Surveillance, stigma, and systemic abandonment post-discharge

Discharge is not freedom. This chapter documents the continuation of psychiatric surveillance in therapy, employment, education, and family life. Women describe being disbelieved, over-policed, and discredited long after the ward doors closed. Recovery is conditional. Wellness is mistrusted. Diagnosis becomes a haunting.

Chapter 9: What I could not say in the ward

Memory, love, rage, and the unspoken truths

This is the book's most intimate chapter. It gathers the fragments, the things participants dared not say until it was too late. Rage, longing, shame, erotic memory, ancestral visitation, and inner clarity all emerge. What psychiatry called symptoms, this chapter reads as forms of knowing.

Chapter 10: Building otherwise

CARE: A decolonial framework for abolitionist mental health

This final chapter offers a future. Through the CARE framework – *Collective refusal, Accountability, Relational infrastructures, Emergence* – it outlines a vision for mental health that is rooted in abolition, community care, and relational healing. This is not reform. This is what survival makes possible – the right to live otherwise.

Epilogue: When silence becomes a weapon, so does the word

Closing the door on reform, opening the path to insurgent healing

This closing reflects on silence as resistance and language as reclamation. It refuses institutional redemption, and instead it centres the wisdom of survivors and the necessity of building in the aftermath. To speak is not to forgive, it is to continue.

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Introduction: Methodological Refusals and Writing from Within

This book was not written from the outside looking in. It was written from within the machinery of harm from hospital corridors where silence was enforced, from the waiting rooms where speech became suspicion, and from the long aftermath of being written about, rather than written with. The Silence They Wrote for Me emerges from that inside space, one marked by surveillance, medicalisation, and the quiet undoing of selfhood. To write from within is to refuse the safety of abstraction. It is to speak from the cracks of a system that names pain as pathology, and to turn those cracks into method.

Methodological refusal, in this sense, is not simply an academic stance but a survival strategy. It is the decision to write without permission from institutional ethics boards, disciplinary expectations, or the voyeuristic demands of the reader. Refusal here means writing against the grain of what counts as knowledge, what counts as recovery, and who is deemed coherent enough to be believed. It is a way of claiming authorship over the narrative that psychiatry, bureaucracy, and academia sought to overwrite.

This book does not present findings; it bears witness. It does not offer closure; it dwells in the unfinished. Writing from within means sitting with the textures of silence — the bureaucratic, the clinical, the intimate and asking how they accumulate into structural violence. It means tracing the contours of a body made unrecognisable by systems that claim to protect. And it means reassembling that body through fragments of memory, theory, and resistance.

What follows is not a linear account but a series of reckonings. Each chapter unravels how the architecture of care becomes the architecture of control, how silence is demanded yet weaponised, and how the very act of narrating one's experience becomes both testimony and trespass. To write from within is to insist that those who have been institutionalised, dismissed, or erased are not objects of study but theorists of their own condition.

In writing this book, I do not seek to heal the institution or make its violence more understandable. My aim is to make its violence visible to expose the banality through which harm is normalised, paperwork becomes punishment, and silence becomes policy. This is not a book of redemption. It is a book of refusal, of quiet defiance, and of reclaiming language from the margins of coherence.

1

The body they fearedContainment, diagnosis, and writing from the ward

The doors did not slam, but they closed behind me with the slow, final certainty of something that no longer needed to announce itself. I had entered a hospital, but what I found was an institution of control. From the colourless walls to the humming buzz of surveillance systems, everything spoke the language of containment. Nothing about that space said healing. It said management. It said: you are now someone we must monitor.

They took my name first – then my clothes, then my voice.

This spatial choreography of control is not incidental, it is historical. The very design of psychiatric spaces reflects what Foucault (1977; p. 170) described as the rise of disciplinary institutions: sites where power operates through observation, categorisation, and normalisation. Mental health wards, like prisons and schools, function as “enclosures” in which surveillance is continuous and the individual is made legible through a regime of notes, diagnoses, and files. These are spaces that extract compliance under the guise of care.

This book is grounded in critical autoethnography and informed by disability justice, Black feminist theory, and carceral geography. Chapter 1 draws from my own documented experience of psychiatric institutionalisation, using excerpts from contemporaneous letters, observation notes, and recordings. All identifying information has been anonymised. The events described are not anecdotal but are situated within patterns evidenced by broader research, public data, and the structural realities of UK mental health systems (Boylorn, 2016; Ellis et al., 2011).

In the early moments of my admission, I saw myself becoming a stranger to those around me and eventually to myself. I was not greeted as someone in distress or someone deserving of care. I was read. My body was read. My skin, my gender, my tone, and my posture were all misinterpreted through the diagnostic gaze that pathologises the Black female body before it ever speaks. I did not need to act angry to be labelled as such. I only needed to exist within a body that institutions have long feared, silenced, and over-disciplined.

This chapter traces how the institutionalisation of Black women in psychiatric care is not simply about health but about histories. It is about power and the cultural production of pathology. As bell hooks (1981) and Collins (2000) remind us, institutions do not merely reflect dominant ideologies, they reproduce them. Psychiatry, in its institutional form, often becomes a mechanism for managing what society refuses to care for: the inconvenient, the unruly, the raced and gendered other.

Institutions as sites of racial control

Psychiatric institutions in the UK do not operate in a vacuum. They are historical artefacts shaped by empire, eugenics, racial science, and carceral logic. As Fanon (1967, made clear, colonial psychiatry was never about understanding the mental health of the colonised. It was a disciplinary tool, deployed to suppress resistance, pathologise defiance, and justify the paternalistic control of Black bodies. That legacy persists.

Mental health facilities, particularly those used for compulsory detainment, have long mirrored prison architectures – what Foucault (1977) calls the "carceral continuum." They are spaces of control dressed up in the language of care. These institutions function as what Alexander (2010) terms the new racial caste system: they are not overtly exclusionary but are quietly devastating through disproportionate surveillance, detention, and sedation of racialised subjects.

Gilmore (2007) extends this logic through her theory of carceral geography, describing how institutions that spatially separate and constrain certain bodies also produce social death. In this view, psychiatric wards are not simply medical spaces. They are racialised technologies of power where some lives are routinely deemed unmanageable and thus unworthy of autonomy.

Black women in particular are disproportionately caught within these systems – not because we are inherently more unwell, but because our emotional expressions are interpreted through a framework of threat. As Davis (1981) notes, institutions historically feared the political potential of angry or grieving Black women. That fear has not disappeared. It has simply become medicalised.

When I entered the ward, I felt the full force of this history. The space itself communicated mistrust. Windowless corridors. Observation windows. Alarms on staff belts. It was a choreography of containment where even kindness felt scripted. Butler (2009) reminds us that some lives are seen as less grievable. In the ward, my presence was treated as threat mitigation, not care. I was already outside the realm of empathy.

I had not arrived in the ward voluntarily. My husband had called NHS 111 after I had not been sleeping for several days. I was exhausted, not violent, but I was sectioned under the Mental Health Act. From the outset, I was under forced control. Consent was never part of the equation.

These institutions, framed by medical neutrality, often reproduce the same logics of containment found in prisons, schools, and immigration detention centres, especially when it comes to the treatment of Black women. We are not admitted. We are processed. And once inside, we are marked not by what we say or do, but by what we represent: risk.

I've described earlier what it meant to be sectioned – for exhaustion, not violence. But the deeper violence came after.

I was detained under the Mental Health Act not for harm, but for depletion, and from that moment, control replaced care. There was no language of consent, only procedures of risk management. The environment made it clear: I was not to be trusted. Narrow corridors without windows, shatterproof glass panels, staff radios clipped to belts. Every detail choreographed surveillance over support. Even kindness, when it appeared, arrived as part of protocol.

As Butler (2009) reminds us, not all lives are equally grievable. Inside the ward, I was not treated as someone in pain, but as someone to be contained. Especially as a Black woman, I was not admitted into care – I was processed through it. What marked me wasn't my behaviour, but what I embodied: unpredictability, deviance, threat. These institutions may claim neutrality, but they often mimic the structures of prisons, schools, and border regimes – spaces where racialised bodies are managed, not understood.

Who gets detained? Who decides?

The decision to detain someone under the Mental Health Act is rarely framed as racialised, yet the statistical disparities are irrefutable. Black people in the UK are over four times more likely to be detained under the Act than white people. Black women compared to White women, specifically, are disproportionately subject to compulsory admission, restraint, and forced medication, frequently through police involvement rather than therapeutic referral (Care Quality Commission, 2021; Fernando, 2017). These disproportionate rates are not the result of random clinical judgement, but rather reflect systemic practices embedded in colonial legacies, racial hierarchies, and gendered logics of social control.

Who gets detained – and who decides – cannot be understood outside the sociopolitical apparatus that constructs risk as racialised. As Roberts (1997) argues, Black bodies are hyper-surveilled and disproportionately punished across welfare, criminal justice, and healthcare systems, which treat Black women not as subjects of care but as objects of discipline. The psychiatric gaze does not merely observe – it classifies, labels, and confines. The very notion of "risk" is a racialised and gendered construct, produced within what Crenshaw (1989) theorised as intersecting axes of oppression.

The image of the "madwoman" is not new, but when applied to a Black woman, it becomes a dangerous amalgam of colonial phobia and contemporary institutional fear. A Black woman who cries is hysterical. A Black woman who questions is oppositional. A Black woman who refuses sedation is aggressive. These misreadings are not clinical errors; they are cultural scripts, enacted through the bureaucratic apparatus of mental health services.

Professionals – psychiatrists, crisis teams, social workers, police – operate with considerable discretion. Yet their discretion is shaped by institutional cultures and racialised scripts. Diagnostic labels are not handed out in neutral terms; they reflect the ideologies of those empowered to make them. The designation of a Black woman as "non-compliant" or "lacking insight" functions as both a silencing tool and a justification for greater control. As Davis (1981) and hooks (1992) remind us, the social order depends on managing the perceived deviance of Black women's affective lives.

What appears to be a clinical decision is often the endpoint of a racialised chain of assumptions. The cumulative outcome is not just a misreading, it is also a material consequence: overmedication, isolation, restraint, institutionalisation. This is what Collins (2000) identifies as the enduring legacy of controlling images: the Angry Black Woman, the unbreakable matriarch, the deviant. These narratives shape how we are seen, how we are treated, and how we are silenced. They determine who is deemed worthy of