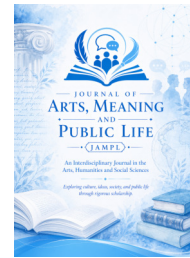
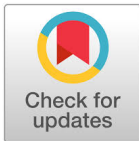


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The patient as a diagnostician: voices of hatred, manipulation, and societal pressure in Akwaeke Emezi's *Freshwater* and Yaa Gyasi's *Transcendent Kingdom*

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ABSTRACT

This article examines how Akwaeke Emezi's *Freshwater* (2018) and Yaa Gyasi's *Transcendent Kingdom* (2020) depict their protagonists as more than sufferers of mental and spiritual turmoil: they become active diagnosticians of the societies, cultures, and institutions that create and perpetuate their crises. "Patient" functions here as a critical and metaphorical category, denoting narrators whose testimony of suffering also produces clinical and cultural insight. Drawing on Mad Studies, postcolonial feminist criticism, and critical race theory, the article argues that both novels use confessional narration as a mode of reverse diagnosis through which Ada and Gifty name, anatomize, and challenge the forces that colonize their inner lives. The comparison develops three interwoven thematic axes: the internalization and deconstruction of racial-spiritual hatred; emotional manipulation within familial, religious, intimate, and biomedical spaces; and diasporic, gendered, and institutional pressures on Black women's psyches. Each author constructs a poetics of survivorship in which narrating illness becomes cultural critique and the patient's gaze turns outward to indict systems that claim the authority to cure.

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1. INTRODUCTION

The title of this article plays on the primacy of clinical and spiritual authority and deliberately reverses the conventional diagnostic relation. If psychiatrists and African cosmological systems claim the authority to interpret, these novels suggest that the sufferer at the heart of the crisis may possess a closer, although more painful, understanding. Ada maps the spiritual-cultural edifice of Igbo cosmology inhabited by her *ogbanje* selves and exposes the racial violence and relational manipulation that fracture her human container. From the double exile of the laboratory and the

Pentecostal church, Gifty uses the language of neuroscience to diagnose herself, her brother Nana, and her mother, as well as the biochemical and sociological addictions that consume them within the racialized social and institutional conditions of the contemporary United States.

Since the publication of these novels, critical discussion of mental health, interiority, and survivorship in modern African literature has gained momentum. Scholars have examined how Black and African diasporic subjectivities are shaped by histories of trauma, migration, racialization, and psychic fragmentation [Sharpe \(2016\)](#); [Mbembe \(2017\)](#); [Quayson \(2014\)](#). Yet the way these texts enable their protagonists to criticize and diagnose—rather than simply suffer from—hatred, manipulation, and societal

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pressure has not received sustained analytical treatment. This article addresses that gap.

The article builds on three intersecting lines of research: Mad Studies [LeFrançois et al. \(2013\)](#), its extension to postcolonial contexts, postcolonial epistemologies of women of African descent [Oy wùmí \(2016\)](#), and the concepts of the wake and wake work [Sharpe \(2016\)](#). The comparative approach is justified by resonant, although not perfectly symmetrical, parallels between the novels. *Freshwater* is narrated through Ada's shifting, plural *ogbanje* consciousness, whereas *Transcendent Kingdom* is narrated by Gifty's single, highly educated voice. Both novels nevertheless center the betrayals of family and institutions as agents of psychological crisis, interrogate the adequacy of available healing frameworks—spiritual, medical, and communal—and position the narrative act itself as a site of diagnostic authority.

The article first states its objectives and research questions, then situates the novels within relevant scholarship and explains the interpretive method. Three analytical sections examine hatred, manipulation, and societal pressure. The conclusion brings the comparative findings together and considers their implications for African literary studies, Mad Studies, and feminist criticism of the African diaspora.

1.1. RESEARCH OBJECTIVES

The analysis is guided by three objectives:

1. To analyze how Ada in *Freshwater* and Gifty in *Transcendent Kingdom* act as self-appointed diagnosticians who identify, name, and question the racial, spiritual, familial, and institutional forms of hatred that drive their psychological and spiritual suffering.
2. To examine how Ada and Gifty are subjected to emotional and psychological manipulation through religious authority, parental conditioning, biomedical gatekeeping, and intimate relationships, and to analyze how each narrator constructs a counter-discourse to these mechanisms.
3. To examine how racial marginalization, immigrant exceptionalism, Pentecostal religious normativity, and gendered expectations of self-effacement are depicted as systemic pressures that the narrators analyze from within, thereby transforming individual suffering into social critique.

1.2. RESEARCH QUESTIONS

The analysis addresses three research questions:

1. How do the narrative strategies of *Freshwater* and *Transcendent Kingdom* construct their protagonists as diagnosticians of the racial, spiritual, and relational hatred embedded in the environments that give rise to their suffering, and how do they trouble traditional notions of psychiatric and spiritual authority?
2. How do mechanisms of manipulation operating through familial, religious, biomedical, and romantic channels contribute to the psychological crises of Ada and Gifty, and what rhetorical and aesthetic strategies do the narrators use to identify and resist those mechanisms?
3. How do the texts negotiate diasporic and gendered pressures such as immigrant exceptionalism, religious normativity, and Black feminine endurance in biomedical settings, and what

does this negotiation reveal about the relationship between personal testimony and cultural knowledge production in contemporary African diasporic women's writing?

2. LITERATURE REVIEW

2.1. AFRICAN DIASPORIC FICTION AND THE MENTAL HEALTH TURN

Over the last decade, critical attention to mental illness, psychological disintegration, and spiritual crisis in African and African diasporic literature has increased. This turn is linked partly to broader public awareness of mental-health disparities among first- and second-generation African immigrants in Britain and North America and, more concretely, to a formal development within the literature itself, as writers increasingly treat interiority as legitimate ground for political and aesthetic investigation [Ahmed \(2014\)](#); [Berlant \(2011\)](#). Selected fiction by contemporary African women writers [Adjapon \(2018\)](#); [Braithwaite \(2018\)](#); [Arimah \(2017\)](#) exemplifies a growing willingness to explore dark psychic spaces that other literary feminisms had addressed but that African writing had seldom sustained at length.

Since the publication of Emezi's *Freshwater*, scholarship has centered largely on cosmological and psychological questions. One reading treats the novel as a meditation on the limits of Western psychiatric categories for explaining African spiritual phenomena and argues that it offers an alternative ontology that it treats with greater seriousness than the standard psychiatric model. A later account revisits this argument by examining dissociation as both spiritual reality and survival mechanism, contending that Emezi creates a "dual epistemology" in which knowledge of the cosmos does not oppose knowledge of the self but supplements it.

Research on *Transcendent Kingdom* has tended to emphasize the novel's unresolved tension between Pentecostal faith and neuroscientific rationalism, with Gifty's narrating consciousness persistently negotiating between the two rather than settling into either. A review essay [Wood \(2020\)](#) interprets the novel as a reflection on the epistemology of grief, reading Gifty's experiments on the neural circuits of addiction and depression alongside her inability to work through the losses and decline that mark her family. The concept of the patient-as-diagnostician developed here extends beyond the two novels and may provide a framework for future work on engaged, analytical testimony in African diasporic women's writing.

2.2. MAD STUDIES, POSTCOLONIAL FEMINISM, AND BLACK WOMEN'S PAIN

As a critical and activist discipline, Mad Studies challenges the legitimacy of psychiatry and biomedicine as exclusive methods for understanding, containing, and treating psychic suffering. Foundational work [LeFrançois et al. \(2013\)](#) conceptualizes Mad Studies as part of a broader service-user and survivor movement, emphasizing the political force of experiential knowledge as an alternative to professional knowledge. Postcolonial extensions of this work apply it to postcolonial and diasporic spaces, arguing that the psychiatric encounter is never culturally neutral and that the diagnostic gaze carries racial, gendered, and colonial hierarchies. This argument applies directly to both novels: the protagonists' encounters with therapeutic and biomedical insti-

tutions are characterized by misrecognition and silencing rather than healing.

The concept of “wake work” developed in *In the Wake: On Blackness and Being* Sharpe (2016) describes both the labor of living in the wake of generational Black trauma and the work of making that wake intelligible, a task that Ada and Gifty perform through narration. An account of how African women’s bodies and minds are constituted as objects rather than subjects of knowledge Oy wùmí (2016) further illuminates self-diagnosis in the novels as a political reclamation of epistemic authority over inner life. Postcolonial feminism and Mad Studies are joined here by Pumla Dineo Gqola’s account of Black feminist imagination as a site of resistance to psychic colonization Gqola (2021).

2.3. HATRED, MANIPULATION, AND PRESSURE IN AFRICAN WOMEN’S WRITING

A critical vocabulary organized around hatred, manipulation, and societal pressure has begun to emerge in scholarship on African women’s fiction. Early work on the psychopolitics of African womanhood Mama (1995) called for sustained attention to the psychic dimensions of patriarchy and colonialism in African women’s experience. This article contributes to that developing framework and extends an analysis of the pastoral and therapeutic dimensions of Pentecostalism in Nigeria Marshall (2009) to the Ghanaian diasporic Pentecostalism dramatized in *Transcendent Kingdom*.

3. METHOD OF ANALYSIS

The article uses an interpretive qualitative method, with close reading as its primary mode of analysis. As accounts of the method indicate Barry (2017); Ahmed (2017), close reading attends not only to what a text says but also to the rhetorical, syntactic, imagistic, and formal means by which it says it. This method is especially useful for first-person confession because it allows the analyst to identify the moments at which the narrator’s voice moves from “I suffered” to “I am diagnosing you.”

The theoretical framework triangulates three streams of thought. First, the conceptual vocabulary of Mad Studies is used to understand the political dimensions of the protagonists’ postures of self-diagnosis, especially their resistance to psychiatric and spiritual authority. Second, postcolonial feminist theory—particularly postcolonial feminist accounts of knowledge, wake work, and imaginative resistance Oy wùmí (2016); Sharpe (2016); Gqola (2021)—is used to analyze how the novels resist and remain implicated in racial, gendered, and diasporic structures of power. Third, critical race theory’s elaboration of intersectionality Crenshaw (1991), enables attention to the racial, gendered, classed, and national subject positions from which the protagonists’ diagnoses emerge.

The comparative method is used throughout. The novels are not treated as analogues but as illuminating contrasts: *Freshwater* is read through an Igbo cosmological perspective that radically pluralizes the self, whereas *Transcendent Kingdom* is read through a biomedical perspective that the narrator both inhabits and critiques. Together, the novels show that the patient-as-diagnostician is not a single posture but a spectrum of positions available to African diasporic women in different epistemological settings.

Extended quotations are set as block quotations, and textual evidence is drawn from both primary texts. Primary-text citations

include page numbers supplied in the manuscript; contextual and theoretical sources are cited in author-date form and listed in the references. The study does not claim quantitative representativeness but offers an interpretive analysis oriented toward depth and rigor.

4. ANALYSIS

4.1. DIAGNOSING HATRED: RACIAL-SPIRITUAL VIOLENCE AND THE ARCHITECTURE OF THE SELF

The first diagnostic operation performed by both Ada and Gifty is the naming of hatred: the identification and analysis of the organized hostility, both racial and spiritual, that structures their inner and outer worlds. In both novels, this naming is neither simply reactive nor melodramatic; it is rendered with the dispassionate clarity associated with diagnosis. In *Freshwater*, hatred is first encountered not as a social phenomenon but as a metaphysical one, inscribed into Ada’s constitution by the *ogbanje* selves who share her body. Speaking in the plural first person, the collective *ogbanje* narrator announces:

We were born in the back of a mind, in a fertile, dark forest, and we wanted to be summoned. There was a world then, and in that world, a father prayed at an altar and a mother played a piano. We decided we liked the sound of her fingers on the keys, so we came. (Emezi, 2018, p. 3)

This opening places the reader within a consciousness that is already multiple, contested, and alert to its own internal architectures of power. The narrating “we” is not benign: it is a force that decides, chooses its vehicle, and arrives with purposes of its own. The language of decision and desire performs the diagnostic move tracked here. The collective *ogbanje* voice is not merely acted upon; it acts. The diagnostician’s position depends on this claim to agential knowledge.

The spiritual hatred embodied by the *ogbanje* selves is amplified and complicated by the racial and gendered hostility Ada encounters at an American university and in intimate relationships. When she arrives at the University of Virginia and encounters white American hostility expressed as indifference, condescension, and sexual objectification, the novel filters that encounter through the *ogbanje* register. Social hatred becomes a familiar metaphysical substance that resonates with the warfare already taking place within Ada’s psyche. The narrator states:

It was easier to hate them than to be afraid, and we were good at hate. We knew how to let it burn through us, how to let it coat our insides until everything was slick and impermeable. (Emezi, 2018, p. 64)

This passage is a compact site of self-diagnosis. The narrator identifies not merely the presence of hatred but its phenomenological character: it functions both as shield and corrosive agent, a defense mechanism that simultaneously protects and destroys. The image of a “slick and impermeable” interior shows an awareness that hatred, once internalized as a coping strategy, produces its own pathology. The diagnostician’s insight lies not only in recognizing hatred but in tracing the consequences of its inward and outward circulation.

Gifty's diagnostic encounter with hatred in *Transcendent Kingdom* is structured differently but with comparable precision. For Gifty, hatred enters the text as an ambient condition of being Black, Ghanaian, and Pentecostal in the American South, and it is diagnosed through the scientific exactitude that characterizes the narrative. A sustained diagnostic sequence appears in her retrospective reconstruction of Nana's encounters with the healthcare system after a sports injury introduces him to opioid painkillers:

I have spent a lot of time thinking about what it means to be a Black boy in America who is in pain. What the system sees when it looks at you. Nana was a good boy, a quiet boy, a boy who didn't complain, and even that wasn't enough. Even that couldn't save him from the suspicion, from the way they looked at his chart and saw a young Black male and prescribed accordingly. (Gyasi, 2020, p. 131)

The rhetoric of diagnosis is explicitly structural. Gifty does not frame the healthcare system's failure as bad luck or personal inadequacy; she presents it as a systemic process operating through racial profiling, in which the clinician's gaze reads "young Black male" and acts accordingly. The phrase "prescribed accordingly" compresses the mechanism of racialized medical decision-making and registers the hostility embedded in apparently neutral clinical practice with the economy of a laboratory finding.

The narrators' diagnostic authority is established partly through such precise naming. Neither Ada nor Gifty merely rages; each analyzes. The analytical register confers the authority to transform lived experience into legible knowledge. As Sharpe's concept of wake work suggests, this is intellectual labor performed under duress: the making of meaning from the wreckage of experience and the conversion of that wreckage into knowledge for others (Sharpe (2016).

Both novels also represent the limits of diagnostic authority. Ada's *ogbanje* selves, despite their analytical precision, participate in the fragmentation they describe. Gifty, despite her neuroscientific training, acknowledges that analytical precision may itself become a defense against painful questions. *Freshwater* registers this limitation in Ada's uncertainty about whether she is diagnosing her condition or elaborating it. *Transcendent Kingdom* registers it in Gifty's admission:

The truth is, I don't know why my family fell apart. I have theories, the way scientists have theories, but theories are not knowledge. They are hope dressed up in the language of certainty. (Gyasi, 2020, p. 187)

This epistemological humility is itself diagnostic: it identifies the limits of available frameworks and insists on intellectual honesty about them. The novels are therefore concerned not only with the power of self-diagnosis but also with its constitutive uncertainty—the gap between what can be known from within and what remains opaque even to rigorous introspection.

4.2. MAPPING MANIPULATION: FAMILY, RELIGION, AND BIOMEDICINE AS TECHNOLOGIES OF CONTROL

Naming hatred is the first diagnostic action; mapping manipulation is the second. Both novels are alert to the fact that manipulation rarely announces itself as such. It works through the

languages of love, care, salvation, and healing, exercising control in the name of relief while producing further suffering.

In *Freshwater*, familial manipulation is expressed chiefly through Ada's mother, Saachi, whose love is represented as both genuine and deformative. The novel does not reduce Saachi to a villain; rather, it exposes the selective vision through which parental aspiration can displace a child's right to be seen:

Saachi was so fond of her daughter that she couldn't see her. She saw, however, what she had to see: a bright child who would justify the hopes of all her family, for across the Atlantic they'd come, and all of these hopes they had dropped off safely on the other side of the university degree. (Emezi, 2018, p. 47)

The repetition of "she saw" and "she had to see" identifies a pattern of selective perception that places parental need before the child's selfhood. The economic register of "justify the hopes" and "dropped off safely" casts the daughter's achievement as a debt owed for the family's migration. Saachi's religious intervention is expressed through Pentecostal prayer and deliverance rituals intended to control the *ogbanje* presences that Ada's Igbo cosmology recognizes and that the church reads as demonic possession. For the *ogbanje* selves, deliverance is violent because it attempts to eradicate the selves that constitute Ada's inner world:

They wanted to expel us, prayer people and church people, and they had no idea that by expelling us they were expelling Ada and all of us, and there was nothing in the church but a shell that could sit in a pew and nod at the proper times. (Emezi, 2018, p. 93)

The diagnosis is structural: religious authority, in seeking spiritual uniformity, destroys what it claims to safeguard. The "shell that could sit in a pew" represents the ideal compliant religious subject, emptied of the complex and unruly selves that constitute personhood.

Religious manipulation also drives *Transcendent Kingdom*, especially in Gifty's retrospective examination of her mother's Pentecostalism and the church's response to Nana's addiction. Gifty recalls:

My mother was informed by Pastor John that the spirit of addiction was attacking Nana and that she needed to be prayed over. He said it with the surety of a man who has never had to witness someone he cherished in his life break apart from within. My mother thought him to be true because she had to think him to be true, and God was her last choice. (Gyasi, 2020, p. 98)

Gifty's double diagnostic consciousness recognizes both her mother's vulnerability to manipulation and the pastor's insulation from the suffering he claims to name and cure. The "surety of a man who has never had to witness" locates pastoral authority in distance rather than knowledge. Gifty's critique is epistemic: she identifies the structural separation between the authority figure and the suffering on which his authority depends.

Transcendent Kingdom also registers biomedical manipulation through Gifty's view of the psychiatric apparatus that fails her

mother and through her ambivalence about her own scientific practice. The psychiatric consultation during her mother's depressive episode becomes a study of institutional inattention:

The doctor was kind and polite and efficient and took such care of his patients and had fifteen patients to see. He was asking my mom questions in English, but since the death of Nana, she had become less fluent in English than before, as if she had eaten it. She spoke to me in Twi, and I translated to him, and I thought, He's not seeing her. He's watching a movie. (Gyasi, 2020, p. 214)

The diagnostic precision is striking. Gifty identifies several interlocking mechanisms: structural time pressure, linguistic inaccessibility, and the reduction of a person to a case file. Translation—medical, linguistic, and cultural—places Gifty in a distinctive position within the room. She is the person who sees her mother and simultaneously sees the system's failure to do so. The scene most explicitly states the patient-as-diagnostician thesis: the person who most accurately understands the clinical encounter lacks institutional power.

Both novels also anatomize manipulation within intimate relationships. In *Freshwater*, Ada's relationship with Soren exemplifies control disguised as love, in which her vulnerability is systematically exploited. Soren repeatedly tells Ada that he sees and understands her, producing the appearance of recognition; the narrating *ogbanje* collective recognizes the pattern as a dangerous use of feigned recognition to claim possession of another person (Emezi, 2018, p. 107). The mechanism offers Ada a sense of being known precisely in order to make her an object of possession. Intimacy is simulated, and diagnosis consists in exposing that simulation. Ada's retrospective recognition, after harm has occurred, reflects the novel's acknowledgement that full self-knowledge may be impossible in the moment of injury.

4.3. SOCIETAL PRESSURE AS PATHOGEN: DIASPORA, GENDER, AND THE POLITICS OF ENDURANCE

Societal pressure—the collective weight of racial, gendered, diasporic, and institutional expectation—forms the third axis of the patient-as-diagnostician matrix. Both novels treat this pressure as a principal pathogen of Black women's psychic distress. Their protagonists' suffering is not merely individual but is produced by arrangements of social power that demand impossible performances of identity and punish failure.

In *Freshwater*, the most sharply diagnosed pressure is the immigrant success narrative. Ada must be intelligent, grateful, and a testament to her parents' sacrifice while enduring a spiritual crisis for which the surrounding social vocabulary has no name. The narrator observes:

Being expected to be extraordinary, that is, being expected to be a robot, that doesn't leave any space for being human. There is no room for a crisis! You can't break apart. What it means to have survived is a burden that people don't have to carry on their shoulders if their families don't have to cross oceans for them, people who are not falling apart if they do. (Emezi, 2018, p. 78)

The passage offers a powerful sociological diagnosis. Immigrant exceptionalism structurally prohibits vulnerability by demanding that migration be justified through a child's educational and professional performance. The phrase "falling apart" exposes the classed and racialized politics beneath the discourse of immigrant resilience, revealing resilience not simply as an authentic cultural value but as an economic and social imperative imposed on those with limited alternatives.

The gendered dimension of social pressure is developed through Ada's body as a site of social inscription. Her gender renders her hypervisible as a sexual object and invisible as a person with an interior life. This double bind contributes to the psychological crisis that the novel diagnoses:

They were seeing her body before they were seeing her, and when they were seeing anything that could have been her, it was decided that she was who she was. She was always arriving at a furnished room in which she was invited to live. (Emezi, 2018, p. 115)

The metaphor of arriving in an already furnished room offers a phenomenological account of interpellation: social ideology constitutes subjects before they can define themselves. Psychological fragmentation consequently appears not only as a spiritual or individual condition but as the effect of a social apparatus that prefigures gendered and racialized identity.

In *Transcendent Kingdom*, immigrant exceptionalism intersects with Pentecostal normativity in the Ghanaian American family. Gifty examines the "Gospel of Hard Work," a theology inherited from her mother in which suffering is interpreted as divine testing:

Mum thought that all that had befallen us was God's plan, and her faith in that was what kept her going. I understood that. The corollary I could not accept is if you suffer enough, pray enough, and work hard enough, God will lift the weight. The weight had some lesson to teach you. This was a lesson that Nana taught us. I refused that. I will always say no to her. (Gyasi, 2020, p. 162)

Gifty does not simply dismiss her mother's faith; she understands its sustaining function. What she rejects is the theological logic that converts suffering into instruction and can imply that the sufferer has invited or deserved it. Her refusal marks the movement from patient to diagnostician and from diagnostician to ethicist.

The racial politics of the American South also inform Gifty's diagnosis of society through both neuroscientific training and lived experience. Reflecting on the racial dynamics of her doctoral program, she states:

I was the only person in the room who was Black, and I had to learn how to do that and learn how to make myself smaller and use those results with more precision and make sure that my results were unquestionable before I brought them into the room. I had to work twice as hard and be taken half as seriously and call this discipline. A long time I took to give it the name that it deserved. (Gyasi, 2020, p. 77)

The diagnostic force lies in the delayed act of naming. Gifty's insight is not immediate; it requires time and a conceptual language produced through scientific education and reflective labor. The novel itself becomes the product of that labor.

The novels also diagnose the politics of Black feminine endurance: the cultural expectation that Black women must bear suffering, transform it, and continue living. In *Transcendent Kingdom*, Gifty's description of her mother's depression presents bodily collapse as the end point of a lifetime of impossible endurance:

But after all this time she couldn't take any more, and her body had rebelled against her. I had heard how strong, resilient, and built for hardship Black women were, and I believed it was because I had seen my mom do everything. But no one knew that it was not living that was being taught; it was merely surviving, and that a body that had been trained to only survive had never been trained to do anything else. (Gyasi, 2020, p. 200)

For Gifty, the discourse of Black women's strength and resilience is not a neutral description of natural capacity but an ideological construct that negates vulnerability, need, and visible suffering. The distinction between surviving and living diagnoses the wider apparatus of expectation: the demand for endurance can produce the suffering it purports to overcome.

In *Freshwater*, a comparable diagnostic move occurs when Ada recognizes that her self-destructive behavior—cutting, dissociation, and emotional outbursts—is being read as weakness rather than as a response to the pressures imposed on her. The narrator observes:

They examined her body, and they saw damage, and they were right but did not ask what had caused the damage. They wanted to patch up the surface, and say to you, "That's healing." This was for decoration. (Emezi, 2018, p. 142)

The final word, "decoration," is devastating. The narrator identifies the failure of therapeutic interventions that address symptoms without investigating causes. To call such intervention decoration is to describe available structures of healing as cosmetic, oriented toward social acceptability rather than recovery. This is perhaps the most acute statement of the patient-as-diagnostician thesis: the patient's insight into damage and healing remains inaccessible to those who hold institutional power.

5. CONCLUSION

This article has argued that Akwaeke Emezi's *Freshwater* and Yaa Gyasi's *Transcendent Kingdom* shift the sufferer from the conventional position of patient to that of diagnostician in African diasporic women's fiction. Both novels place the patient at the center of a diagnostic project extending beyond individual experience to the social, cultural, spiritual, and institutional conditions that generate and sustain psychic suffering. The analysis has traced this shift across three connected arenas: the naming of racial-spiritual hatred, the mapping of familial, religious, intimate, and biomedical manipulation, and the diagnosis of societal

pressure as a systemic pathogen in the lives of Black diasporic women.

The comparison does not produce a single model of the patient-diagnostician but a range of diagnostic attitudes shaped by different epistemological frameworks: Igbo cosmology and *ogbanje* ontology, neuroscientific rationalism, and Pentecostal disillusionment. Ada's diagnosis is largely ontological and spiritual; it challenges the premise of an individual, unified self and frames harmful forces as ethical and metaphysical. Gifty's diagnosis is primarily structural and scientific; it applies the analytical habits of laboratory science to race, religion, and institutional medicine. Together, these modes demonstrate the range of intellectual resources African diasporic women mobilize to understand and articulate suffering.

The implications are manifold. For African literary studies, the article contributes to an expanding discussion of mental illness, interiority, and psychological complexity in contemporary African and diasporic fiction. Attention to interiority is not a retreat from politics. Rather, the rigorous representation of psychic suffering is itself a powerful mode of social criticism. The novels also lend literary support to the claims of Mad Studies and postcolonial feminist theory that experiential knowledge—knowledge produced by living within suffering—is not merely supplementary to clinical or theoretical knowledge but may constitute a more accurate and politically sophisticated form of diagnosis. For scholarship on African diasporic women's writing, the patient-as-diagnostician offers a concept that can be tested beyond the two novels studied here.

The study has limitations. Comparative reading can illuminate important similarities but may compress the particularity of each novel in pursuit of symmetry. Future research might examine *Freshwater* more fully within contemporary Nigerian literature and Igbo cosmological thought, or *Transcendent Kingdom* within Ghanaian diasporic fiction and the growing body of Black scientific writing. The theoretical lenses used here—Mad Studies, postcolonial feminism, and critical race theory—are productive but not exhaustive. Disability studies, queer theory, and African philosophy could further illuminate central dimensions of both novels.

Freshwater and *Transcendent Kingdom* develop their own critical vocabularies and insist that the sufferer knows. To narrate suffering is to produce knowledge that the broader culture overlooks at its own cost. In a literary and critical environment that has too often treated Black women's psychic distress as spectacle or testimony alone, these novels invite us to read them as theory: self-reflexive studies of the social conditions of consciousness in the African diaspora.

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COMPETING INTERESTS

The author declares that they have no known competing financial or personal interests that could have appeared to influence the

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ETHICAL CONSIDERATIONS

This study did not involve human participants, animals, confidential personal information, or sensitive data. Therefore, ethical approval and informed consent were not required.

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