Becoming Serpent: Mapping Coils of Paranoia in a Neocolonial Security State

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BECOMING SERPENT: MAPPING COILS OF PARANOIA IN A NEOCOLONIAL SECURITY STATE

By

RACHEL JANE LIEBERT

This manuscript has been read and accepted for the Graduate Faculty in Psychology to satisfy the dissertation requirement for the degree of Doctor of Philosophy.

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THE CITY UNIVERSITY OF NEW YORK
ABSTRACT

Becoming Serpent: Mapping Coils of Paranoia in a Neocolonial Security State

By Rachel Jane Liebert

Advisor: Michelle Fine

What follows is a feminist, decolonial experiment to map the un/settling circulation of paranoia – how it is done, what it does, what it could do – within contemporary conditions of US white supremacy. Drawing on participant observation, interviewing, scientific artifacts, reflexive journaling, and a public art project, I enter white supremacy through a burgeoning form of pre-emptive psy to capture ‘the prodrome’ – a stage-cum-population-cum-figure at the center of a transnational program of research to identify and intervene on ‘pre-psychosis’. I argue that this nascent, contested, and accelerating movement is enacting a contemporary transition from societies of ‘discipline’ to those of ‘control’, from the ‘molehill’ to the ‘serpent’. I describe how nets are cast to capture potential prodromes who are then assembled by borderguards as perhaps psychotic, held in prodromal custody through the threat of psychosis, and searched for indicators of their impending illness. All protected by a common sense that is stuck together with trust and compassion, these four cogs allow the prodromal movement to feed itself with its own risk factors. Further, they outline the workings of a ‘molar assemblage’ driven by paranoia – a dis-ease of white supremacy emerging from a colonial desire-to-know entangled with a fear of ‘regressing’. I thus suggest that the prodromal movement can be thought of as a ‘state machine of capture’ that works as a checkpoint of psycurity – an ‘abstract machine’ that directs paranoia to hide as reasonable suspicion, predict the future, brand threatening bodies, and grow through fear. Paranoia, then, makes up the undulating coils of a neocolonial security state. Recognizing that this itself is a ‘paranoid reading’ of contemporary conditions, I then undertake a ‘reparative reading’ of psycurity by staging an encounter between the prodrome and Coatlicue – the earliest of the Mesoamerican Earth goddesses, also known as The Lady of the Serpent Skirt. Reclaiming the etymological roots of paranoia as a sense of something beside-the-mind,
this encounter directs attention to the colonial milieu in which these roots – that is, paranoia’s more-than-human potential – was and is darkened and divided by a Science that claims an unadulterated access to the Truth. In response, I place a psychometric ancestor of the prodrome (Magical Ideation) into an artistic adventure (Missed Connections) to experiment with ‘re-turning’ its radical potential. Asking what might happen if we treated the prodrome as more-than-human and therefore with practices of participation, listening, and mystery, Missed Connections decomposes the prodrome, shape-shifting pre-emptive psy into a craft of space-making. Overall doing a method that can best be described as a magical ideation that witnesses our participatory relation with the world, welcomes otherworldly encounters, and experiments with imagination, this project sheds the skin of Psychology – in the singular and with a capital ‘P’ – finding soulful studies of ‘psykhe’ underneath. I end with an Epilogue that considers how the preceding chapters have changed the shape of white supremacy, widening our response/ability for the present political moment. No longer a problem of aberrant individuals (whether fascist leaders or the mentally ill) so much as a collective paranoia that works as a war on imagination, I suggest that white supremacy might be interrupted by a protest of participation, listening, and mystery. By orienting us to immanence, such space-making would foretell not predict, mobilizing a struggle of yearning not paranoia.
ACKNOWLEDGMENTS

Its 4.30am on Thursday, March 17th, 2016. It feels appropriate to be writing my acknowledgments at the witching hour, albeit four and a half hours after this dissertation was due. So many forces, human and more-than-human, have supported this project over the past three years. To my advisor, Michelle Fine, and my committee members and external readers, Sunil Bhatia, Cindi Katz, Linda Alcoff, and Patricia Clough, for your questions, guidance, and creativity. To Colin Ashley, Michelle Billies, Ali Lara, Wen Liu, and Akemi Nishida for the readings, the writing, the critiques, the radicality, the wine, and the laughter. To Holli McEntegart, my collaborator, for the magical ideations. To Priya Chandrasekaran, Deshonay Dozier, Amber Hui, Dominique Nisperos, Fernando Quigua, Whitney Richards-Calathes, Sonia Sanchez, Kate Sheese, and Jen Tang for pointing at the moon. To Maria Elena Torre for the public science, Leonore Tiefer for the scholar-activist spirit, and Nicola Gavey for the ground from which this project came. To my family, Mum, Ben, Jenny, Frankie, Sam, Jordan, Paul, and Fir, for inspiring me so much more than I think you realize. To the whales (and their riders). And to Tehseen Noorani, as you sit there formatting my references, for the intellectual enchantment. Ehara taku toa i te toa takitahi, engari he toa takimano.
PREFACE

Rock Hill, South Carolina (CNN) – A Muslim woman wearing a hijab was escorted out of Donald Trump’s campaign event on Friday by police after she stood up in silent protest during Trump’s speech.

Rose Hamid, a 56-year-old flight attendant sitting in the stands directly behind Trump, stood up Friday during Trump’s speech when the Republican front-runner suggested that Syrian refugees fleeing war in Syria were affiliated with ISIS.

Trump has previously called for a temporary ban on Muslims entering the U.S. Despite her silence, Trump supporters around her began chanting Trump’s name -- as instructed by Trump campaign staff before the event in case of protests -- and pointed at Hamid and Marty Rosenbluth, the man alongside her who stood up as well.

As they were escorted out, Trump supporters roared -- booing the pair and shouting at them to "get out." One person shouted, "You have a bomb, you have a bomb," according to Hamid.

"The ugliness really came out fast and that's really scary," Hamid told CNN in a phone interview after she was ejected.

Major Steven Thompson of the Rock Hill Police Department told CNN Hamid was kicked out of the event because the campaign told him beforehand that "anybody who made any kind of disturbance" should be escorted out.

The Trump campaign did not immediately respond to a request for comment asking why Hamid was escorted out of the venue.

It’s 9.50am EST on January 9th, 2016. The above was posted thirty minutes ago by CNN Politics (Diamond, 2016). It was the first link to come up on my Internet search for “trump muslims” as I was looking for an image to open this dissertation. Rose Hamid’s protest was a response to a recent call by Donald Trump – currently being represented as the leading Republican candidate (RealClearPolitics, 2016) and the 405th richest main in the world (Forbes, 2016) – for increased surveillance, if not registration, deportation, and/or national refusal of Muslim peoples following radical Islamic attacks in Paris on November 11th, 2015.

With mainstream and even conservative commentators (such as CNN) noticing the overlaps between Trump’s rhetoric and rallies and those of Adolph Hitler prior to the Holocaust, his politics are being increasingly associated with fascism. Jamelle Bouie (2015), for example, outlined on November 25th in Slate Magazine how they meet at least seven of Umberto Eco’s hallmarks of fascism: a cult of action, a celebration of aggressive masculinity, an intolerance of criticism, a fear of difference and outsiders, a pitch to the frustrations of the lower middle class, an intense nationalism and resentment at national humiliation, and a “popular elitism” that
promises every citizen that they’re part of “the best people of the world” (n.p.)

In the first half of the twentieth century, just after the Holocaust, a strong body of black intellectuals, including W.E.B. DuBois (1947), were understanding fascism “not as some aberration from the march of progress, an unexpected right-wing turn, but a logical development of Western Civilization itself”, a “blood relative of slavery and imperialism” (Kelley, 2000, p. 20). Aime Cesaire (1955), for example, wrote that the ultimate crime of Nazism was that it was “a crime against the white man, the humiliation of the white man, and the fact that he applied to Europe colonialist procedures which until then had been reserved exclusively for the Arabs of Algeria, the ‘coolies’ of India, and the ‘niggers’ of Africa” (p. 36).

Indeed ultimately, for Cesaire, colonization poisons everyone:

...at the end of all these treaties that have been violated, all these lies that have been propagated, all these punitive expeditions that have been tolerated, all these prisoners who have been tied up and ‘interrogated’, all these patriots who have been tortured, at the end of all the racial pride that has been encouraged, all the boastfulness that has been displayed, a poison has been distilled into the veins of Europe and, slowly but surely, the continent proceeds toward savagery. (p. 35-6, his emphasis)

This colonial administration of savagery has uncanny connections to radical Islamic terror given the recent discussion of this book: Administration of Savagery: The Most Critical Stage through which the Islamic Nation Will Pass. First published on the Internet in Arabic in 2004 under the nom de guerre Abu Bakr Naji, this text is thought to “reveal something about the worldview that informs jihadist thinking” (Hanieh, 2015, n.p.). It follows that, both echoing colonialism – including its “cunning” instilling of fear (Cesaire, 1955, p. 43) – Trumps’ fascist politics have something in common with radical Islam.

Indeed, that America itself can produce terror. On June 18th, 2015, Dylann Roof – a young white male – walked into a church service in Charleston, SC, and killed nine black parishioners. A month later, an article in the New York Times (NYT) entitled, ‘Dylann Roof’s Past reveals trouble at Home and School’ mined his life for reasons behind the attack (Robles & Stewart, 2015). After observing that he been “reading white supremist websites and, in the
months before the massacre, boasted of wanting to start a race war” the authors state the following:

But nothing in the records, and nothing in his friends’ memories, offer a clear explanation to the question haunting South Carolina and the nation: How did the silent young man with no record of violence in his past come to be accused of killing nine people who had gathered to pray?

“When he opened up, you could tell something was wrong at home. He wasn’t at peace,” said Taliaferro Robinson-Heyward, who attended middle school with Mr. Roof. “It wasn’t like he was a mean person, but you could tell he had a darkness to his life.”
(n.p., my emphasis)

The article goes on to search for a “clear explanation” by entering Roof’s “darkness”, which soon became synonymous in the text with him being the product of a “broken home”; one that had included “a car that cost $700 a month, a 3,000-square-foot, custom-built home in Earlewood and four other properties, including two homes in the Florida Keys” (n.p.). After his mother left his father (“claiming” that he was abusive), Roof became “strange”, “smoking grass”, a “loner”, “too smart”, “scrawny”, “quiet”, “emotionless”, “dressed in black”, “loitering”, and carrying both semi-automatic rifle parts and Suboxone – a prescription drug used to treat opiate addiction. All characteristics that made him suspiciously different from his family:

Several former neighbors, none of whom wished to have their names used because they did not want to be associated with the case, said the same thing: The Roofs were as normal as normal could be.

Yet a website that Mr. Roof created included photographs of him with patches from white-rulled African governments on his clothes and others of him waving the Confederate battle flag. He sported the number “88” on his clothes, which appeared to be a reference to the white supremacist code for “Heil Hitler.”

On that website, investigators say, he posted a 2,500-word essay that complained bitterly about black crime, citing incidents described on the website of the Council of Conservative Citizens, a white supremacist group.

He also praised segregation, saying, “Integration has done nothing but bring Whites down to the level of brute animals.”

“A lot of people feel children learn that, they are taught intolerance and discrimination,” Ms. Devine said. “I don’t feel that is something Joe Roof would have taught or tolerated. Someone had to teach him that. So where?”

By birth good and innocent, Roof has been corrupted by something perplexing. He is the abnormal to his family’s normal, indeed his community’s normal; an individual with clear signs of madness – the only explanation for the supposedly unexplainable. Despite that the authors’
questions as to the why of Roof’s attack are posed adjacent to descriptions of his white supremacist activity.

This coverage smells familiar. Mass shootings by white men – even when they explicitly do so in the hopes of starting a race war – are reduced to their biographies, to breeding grounds for mental illness. Locating attacks in a wayward individual, ignoring the cultures of whiteness, (hetero)patriarchy, and militarism that produce them. A dynamic intensified under contemporary conditions whereby ‘shootings’ need to be differentiated from ‘terrorism’; revealing Roof and other national attackers as politically motivated interferes with representations of Islam as the source of terror, as the enemy against which America stands proud.

My dissertation is a response to these contemporary instances of white supremacy. I take as my entry-point a desire moving through the Roof-esque media – identifying ‘early

1 In using the term “white” I do not want to repeat the rigid definition and enforcement of whiteness as something “pure” and “natural” that haunts US racism (Omi & Winant, 1994). Like all racial categories, “white” has been shaped by, and shapes, social, economic, and political forces; understanding its circulation requires attention to its historical context. A largely modern phenomenon, Omi and Winant (1994) suggest that ‘race’ emerged during colonization as Europeans’ encounters with people who “looked different” challenged existing conceptions of what it meant to be human. Through practices of science as well as religion, these variations in humankind were classified and ranked, leaving Europeans atop a racial hierarchy that was used to justify not only colonial violence but its racist descendants:

The expropriation of property, the denial of political rights, the introduction of slavery and other forms of coercive labor, as well as outright extermination, all presupposed a worldview which distinguished Europeans—children of God, human beings, etc.—from “others.” Such a worldview was needed to explain why some should be “free” and others enslaved, why some had rights to land and property while others did not. Race, and the interpretation of racial differences, was a central factor in that worldview. (p. 1-2)

Other decolonial scholars suggest, however, that the above listed colonial violence preceded the justifying ideology, not vice versa as Omi and Winant seem to be arguing (e.g., Césaire, 1955; Kelley, 2000). Either way, ‘race’ is “an unstable and “decentered” complex of social meanings constantly being transformed by political struggle” (Omi & Winant, 1994, p. 7). For example, in the US, while differentiating European settlers from slaves began through the term “Christian”, this was eventually replaced by “English” and “free” before, in the late seventeenth century, “White” (Jordan, 1968). Following the (supposed) abolition of slavery, working class whites were encouraged to mobilize along color, rather than economic, lines (Alexander, 2010; Federici, 2014) leading to the institutionalization of a racial order whereby “white” became a unified, powerful category, reproduced through everyday ideologies and practices that made (and make) it “common sense”.

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warning signs’ of mental illness that might inform ‘early intervention’ mental health services. Done in the hope of preventing American attack(ers), I argue that such pre-emptive psy is a window to, an enactment of, a system of governance whose central function, like colonialism and terror, is modulating an affective tone of fear. Following 9/11, this was a tactic of “incalculable power”:

The grounding and surrounding fear that the system helps develop tends toward an autonomy that makes it an ontogenetic force to be reckoned with. That reckoning must include the irrational, self-propelling mode of fear-based collective individuation we call fascism. Although there is nothing in the content of any thought that explains why it should arise, the passage to a society of that kind is a potential that cannot be excluded. The Bush administration’s fear in-action is a tactic as enormously reckless as it is politically powerful. Confusingly, it is likely that it can only be fought on the same affective, ontogenetic ground on which it itself operates. (Massumi, 2005, p. 47)

Written a decade ago, Massumi’s warning here is uncanny in light of the above-described US climate – a neocolonial security state. Thus, with my ear to the affective, ontogenetic ground, what follows is a feminist, decolonial experiment to map the un/settling circulation of paranoia

2 I use this phrase instead of the more typical ‘neoliberal security state’ in part to move away from an increasing tendency in critical scholarship to make flippant nods to ‘neoliberalism’ (Larner, 2000) and, in particular, to make salient the coloniality of present conditions. For, “the fact is, while colonialism in its formal sense might have been dismantled, the colonial state has not”: “...we are hardly in a ‘postcolonial’ moment. The official apparatus might have been removed, but the political, economic, and cultural links established by colonial domination still remain with some alterations”; “...The same old political parties, the same armies, the same methods of labor exploitation, the same education, the same tactics of incarceration, exiling, snuffing out artists and intellectuals who dare to imagine a radically different way of living, who dare to invent the marvelous before our very eyes” (Kelley, 2000, p. 27-78). These quotes are from Robin Kelley’s preface to a 2000 reprint of Aime Cesaire’s (1955) seminal text on colonization, which he documents as a form of barbarism wrapped in humanism. Written six decades ago, Cesaire ends by saying “The hour of the barbarian is at hand. The modern barbarian. The American hour” (p. 76). He is referring to “the machine for crushing, for grinding, for degrading peoples” that is rolled out in the name of “liberation”: global capitalism, global democracy. Colonialism, then, reverberates in contemporary conditions; decolonial scholarship offers essential tools for understanding these times. By foregrounding coloniality I am also seeking to forefront white supremacy; to do ‘race’ in a way that explicitly points to whiteness as something that needs to be destabilized; in doing so I am also challenging the ignorance (and therefore supposed innocence) so central to the maintenance of this stature.

3 My decision to use a feminist, decolonial lens is primarily because the colonial emergence of ‘science’ and ‘Man’ provided the conditions of possibility for the modern-day conceptions of ‘race’ and ‘madness’ circulating through both preemptive psy and political conditions to which this practice is responding (Wynter, 2003). In addition, while ‘anti-medicalization’ and/or ‘anti-psychiatry’ critiques have been circulating for decades, reductive and violent practices still
– how it *is done*, what it *does*, what it *could do* – in order to think through a response to contemporary conditions of white supremacy.

And so: in Chapter 1, *Terrain*, I review critical literature on risk and/or madness to traverse the (bio)political terrain of pre-emptive psy. Following its discursive and affective logic through US conditions of discipline, terror, and revolt, I consider how this practice circulates to make citizens, push profits, delineate monsters, expel threats, project anxieties, do nation, obscure injustices, and suffocate revolution. All galvanized by the construction of ‘risk factors’ that are soaked in race, statistically spun into populations, thrown into bodies, and stuck down with fear. And splitting ‘the at-risk’ from ‘the risky’, this process propels people into life-long diagnoses and interventions while ricocheting accountability, violence, and madness away from whiteness, away from America.

In the following chapter, *Machine*, I draw on published commentaries and literature as well as some of my own participant observations to introduce an emergent field of pre-emptive psy: the prodromal movement. The ‘prodrome’ is a stage-*cum*-population-*cum*-figure at the center of a transnational program of research to identify and intervene on ‘pre-psychosis’. This program has become increasingly dominated by the US, particularly since the Sandy Hook

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*dominate our approaches to madness; I wanted to bring in new tools, to do a “vernacular psychology of resistance”* (Hook, 2012), with scholars who have not fully turned their attention to madness and/or have not been drawn on in the literature on madness, in order to see if I could change the shape of the problem and therefore our ability to respond to the contemporary moment. While I am suggesting that indigenous and mad communities are connected through the colonial project (relying as it did on conceptions of the ‘irrational’), I am *not* suggesting that the experiences of the mad mirror those of the colonized. Indeed the boundaries around, diversity within, and histories of these two categories of experience are dynamic enough to refuse any such think-netting. For example, dominant representations of madness as neurobiological make it somewhat evasive, potentially lurking in anyone (including ourselves, our babies, our culture, our country), and thus us as somewhat helpless, more dependent on expert theories, practices, and technologies; anxieties that make madness fertile ground for in/secure politics. Similarly, throughout this dissertation I have chosen terms to describe pre-emptive psy (such as *borderguards* and *reasonable suspicion*) that carry other contexts with them (namely the ‘war on terror’ and ‘quality of life’ policing). I do so not to suggest that the experiences of the mad exactly mirror those who are terrorized by US security forces, but to suggest that the dynamics under scrutiny in this project may reverberate through different social struggles.
elementary school shooting of December 2012, which led to investments in “a Homeland
Security approach to mental illness”. Paying particular attention to racialized circuits of data
running through its US components – the North American Prodrome Longitudinal Study
(NAPLS) – I argue that this nascent, contested, and accelerating movement is enacting a
contemporary transition to ‘societies of control’, beckoning description in order to figure out
what we are being ‘made to serve’ and look for ‘new weapons’.

Thus, in Chapters 3 and 4, Cogs-I and Cogs-II, I describe the US prodromal movement
by drawing on fieldnotes from my participation in a school presentation, a SIPS training, and an
interview with a Research Clinical Coordinator who is part of NAPLS-2. I document how nets of
suspect descriptions, early warning signs, and screening questionnaires are cast to capture
potential prodromes. Pulled by a direct line, these “funny little kids” are then interrogated,
standardized, and educated by borderguards that assemble them as perhaps psychotic, as
suspects. They are subsequently held in prodromal custody through the threat of psychosis, and
searched by studies for those parts of their experiences, lives, or flesh that point toward this
impending illness. All protected by a common sense that is stuck together with trust and
compassion, these four clusters of operation enable their resultant set of little pieces to be
distributed across North America and put back together as algorithms to predict psychosis. Thus,
oscillating between quotas and calculators, the movement feeds itself with its own risk factors –
seizing the prodrome’s capacity to foretell the future.

Chapter 5, Coils, then considers how these cogs suggest the workings of a ‘molar
assemblage’ that reterritorializes Scientific desire, enabling the ongoing production of the
prodrome. I argue that this desire can be more accurately described as a desire-to-know that can
be traced to colonization, dependent as it was (is) on a hierarchy of Knowing, Knowledge,
Knowers; one that entangles with a fear of ‘regressing’ to make paranoia. Coloniality, then,
creates the affective conditions for its own dis-ease; an unsettling potential that is trafficked
through psycurity – an ‘abstract machine’ that directs contemporary assemblages to channel
paranoia in ways that animate a neocolonial security state. Thus, the prodromal movement is a peculiar form of a ‘state machine of capture’ that works as a checkpoint of psycurity. All driven by a paranoia that is able to hide as reasonable suspicion, to predict the future, to brand threatening bodies, and to grow through fear, thereby making up the undulating coils of a neocolonial security state.

In Chapter 6, *Roots*, I then experiment with a reparative reading of psycurity. Etymologically joining *para* (beside) with *nous* (mind), paranoia historically denotes an experience *beside-the-mind*. In an attempt to follow these roots, I stage and encounter between the prodrome and Coatlicue – the earliest of the Mesoamerican Earth goddesses, also known as the Lady of the Serpent Skirt. Coatlicue twists the prodrome into a borderland, an emotional residue from negative prehension, a participatory place of (r)evolutionary potential. Turning our gaze toward the colonial milieu in which this potential was (is) darkened and divided by a Science that claims an unadulterated access to the truth, she brings a cosmological, speculative approach to treating the ‘bifurcation of nature’ on which Psychology depends while reclaiming paranoia’s potential for political or cultural struggle. I thus argue for psychologies to take on a ‘more extreme’ kind of empiricism and response/ability: no longer asking *What should we do about paranoia?* So much as *What could we do with it?*

Chapter 7, *Compost*, puts this ‘imaginative leap’ to the test. Having placed a psychometric ancestor of the prodrome (Magical Ideation) into an artistic adventure (*Missed Connections*) to ‘re-turn’ it’s radical potential, I turn to the resulting imagery to learn from what its multiplicity of processes suggest about breathing new life into paranoia. Unsettling colonial binaries, *Missed Connections* asks what might happen if we treated the prodrome as more-than-human through practices of participation, listening, and mystery – three lively practices that offer guidance for not only re-turning paranoia’s roots, but psychologies’ too. Turning psycurity back on itself as a war machine, *Missed Connections* decomposes the prodrome, shape-shifting pre-emptive psy into a craft of space-making.
Lastly, in *Serpent* I attempt a different kind of methods section, reflecting on what has unfurled through the undulations of this project – at once critical and creative, paranoid and reparative, representation and non-representation. Accidentally pursuing an Anzaldúaian art, a Stengersian science, and a Deleuzian philosophy, I have created an un/settling image of not only psycurity, but psy inquiry too. With participant observation, interviews, scientific artifacts, reflexive journaling, and a public art project, I have made and unmade a mosaic of materials, theories, voices, concepts, poetics, and gaps. Doing a Magical Ideation that witnesses our participatory relation with the world, welcomes otherworldly encounters, and experiments with imagination, I have shed the skin of Psychology – in the singular and with a capital ‘P’ – finding soulful studies of *psykhe* underneath.

I end with an *Epilogue* that considers how the preceding chapters have changed the shape of white supremacy, widening our response/ability for the present political moment. No longer a problem of aberrant individuals (whether fascist leaders or the mentally ill) so much as a collective paranoia that works as a *war on imagination*, I suggest that white supremacy may be interrupted by a protest of participation, listening, and mystery. By orienting us to immanence, such space-making would prophesize not predict, mobilizing a struggle of yearning not paranoia.
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13. “I have noticed sounds on my records that are not there at other times (true),” Missed Connections, Tamaki Makaurau Auckland, Aotearoa New Zealand, 2015. Photo by Olivia Holmes.
Image 1: “The government refuses to tell us the truth about flying saucers (true)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
After checking in, we drove to a local pub (‘My Place’ - on the recommendation of the innkeeper) to have dinner and start to get a feel for things. We walked in and were definitely the odd ones out – while our whiteness matched that of every single person we could see, people were much more ‘middle American’ and there were a lot of men in their 30s, 40s and 50s watching a baseball game on a large TV over the bar. The place was small and packed, and fancy. Sarah spotted a poster memorializing 9/11 by the front door, Emily took a photo of it on our way out. We sat at a high table on the left hand side, and I started to look up places on my phone’s Internet for us to visit in the morning. I sat with my back against the wall and took messy notes in my journal – already feeling like a voyeur, I didn’t want people to see what I was doing. Emily noticed a man at the table next to us watching me. At one point as he returned from the bathroom he walked directly up to our table as though he was going to confront me – letting us know that we weren’t the only ones doing the watching. Several days later I found out that this was Nancy Lanza’s local.

I hadn’t anticipated how difficult it would be to find the original address for Sandy Hook Elementary, although I quickly realized that I should have – it seemed to be another example of how the community was trying to protect the grief and privacy of the families whose children had been killed. After managing to find it we decided to head there after dinner. When we arrived it was midnight, cold, and drizzling. The driveway to the school entrance was blocked off. Sarah shined the headlights on the fence and we just sat there, looking. It was incredibly eerie. The driveway was surrounded by woods and headed around a bend – disappearing from view. The volunteer fire service was to our left, which we had read had become pseudo-security for the area. There was a motorhome and a wooden roof with a picnic table underneath it. I thought I saw movement in the motorhome. Emily and I got out of the car. I was mesmerized by a small plaque on the fence advertising the security company that made it, as well as by a portaloo sitting in the middle of the driveway on the other side of the fence. The fence was low, had no currents, no spiky bits. It didn’t even go across the whole driveway.

On our way back from the school, we stopped to take photos of the town’s American flag, circling it several times as it gently flapped in the rain against the streetlamps. Ominous, we fell silent, watching as a police car – grey, blue, and yellow – drove slowly past us. It was well after midnight by this stage so we headed to the Inn and parked in a large empty carpark by the entrance to the bar underneath – we were after a night-cap. Emily hopped out of the car, and I heard a man’s voice ask her if we had been here earlier, she said it was where we were staying, he left. It had been a police officer, appearing on foot with a flashlight. We then turned as a barman was walking towards us, saying that the bar was closed and that we had to leave, despite that we could see several people sitting inside. (Fieldnotes, October 19th, 2013)

im in NZ now. just before i left i got an email from her saying that he had destroyed his house, because Bill Clinton had bugged it.
1. TERRAIN
To begin, I review critical literature on risk and/or madness to traverse the (bio)political terrain of pre-emptive psy. Following its discursive and affective logic through US conditions of discipline, terror, and revolt, I consider how this practice ascribes racialized embodiments of danger, producing (anti)citizens, (in)security, and (dis)imagination – ricocheting accountability, violence, and madness away from whiteness, away from America.

a. Discipline/(Anti)Citizens
Pre-emptive practice enacts a peculiar form of Western governance that arose during the 18th century when, as Michel Foucault (1978) famously writes, “the ancient right to take life or let live was replaced by a power to foster life or disallow it to the point of death” (p. 138). This new “biopower” was less concerned with “top down” sovereign decisions about whether people should live or die than it was with the “bottom up” unfolding and administration of life itself. It thus marked the emergence of a political condition in which our biology – our capacity to live – became drawn into governance.

These attempts included the deployment of regulatory mechanisms targeted at “man-as-species” in order to foster the capacity, and therefore ensure the sustainability, of a population. Such “biopolitics” relied upon the development of techniques for classifying, calculating, and comparing the biological capacities of individuals and the collective. In this way “society”, as Ian Hacking (1990) writes, “became statistical” (p. 1). And, “statistically organized and manipulated as groupings of characteristics, features, or parts” (Clough & Willse, 2010, p. 51), the “population” was foundational to this becoming – a “postulated reality” defined by “abstract properties” (Hacking, 1990) – risk factors – that effectively work to “dissolve” the subject (Castel, 1991). This identification of risk factors directs pre-emptive interventions that target the at-risk population without regard to the specific present state or experiences of individuals. Such weaving of pre-emption and dissolution, enabled by the construct of the population, makes risk
a biopolitical rationality: if dis-ease can be identified and intervened upon in advance, society can continue undisrupted (Foucault, 2009).

Thus, biopolitics patrols the borders of citizenship for threats, including those within psyches (Liebert, 2010). These security measures involve the “treatment of uncertainty” – via techniques to predict and prevent the unexpected, and the “management of contingency” – via techniques to identify and intervene on a calculated potential (Foucault, 2009). Hacking (1990) has called these statistical-cum-political moves the “taming of chance” and locates them in a 19th-century shift from notions of determinism to probability. Indeed, Nancy Press, Jennifer Fishman, and Barbara Koenig (2000) argue that it is this, “underlying cultural belief that probability statistics not only quantify but also tame uncertainty” that has produced our current-day, “enthusiasm for risk knowledge” (p. 242). Or what Nikolas Rose (2007) describes as, “a family of ways of thinking and acting that involve calculations about probable futures in the present followed by interventions into the present in order to control that potential future” (p. 70).

This increased attention to risk comes with requisites for personal responsibility, surveillance, and intervention at the level of the individual, including at the scale of the psyche (Rose, 2007). In her analysis of “postpartum depression” (PPD) for example, Rebecca Godderis (2010) argues that discursive constructions of risk not only work to make pregnant women and new mothers morally obliged to engage in screening, help-seeking, and prevention efforts, but rationalize this in the name of present and future harm to their (potential) child. And, it is this potential that is then used to construct PPD as a ‘major public health problem’. Women’s distress, Godderis continues, is thus both hyper-surveilled and invisible, while ‘good’ motherhood is personalized and severed from social contingencies. Once again thrusting the neoliberal burden to be responsible onto women (Fine, 2012).

Such a gendered requisite has been documented with regard to “bipolar disorder”. Looking particularly at their circulation with women, Christine Martens (2008) has suggested
that these diagnoses and interventions are predicated on what it means to be a good, self-monitoring, and autonomous neoliberal citizen in control of her emotions, and therefore act, “fundamentally in the naturalization of self-governing tendencies within populations” (p. 17). And, post-9/11, this medicated bipolar figure is overwhelmingly wrapped in heteronormative motherhood such that, via drugs, these figures are also drawn into the production of “the family” (Liebert, 2010) – a central apparatus in current mechanisms of US security (Grewal 2006). Meanwhile Emily Martin (2007) associates the rise in “American mania” with the rise in flexible selves and psyches required under contemporary capitalism. She argues that this alliance has shifted representations of bipolar “from disability to strength”, and lands particularly in the bodies of men. Pointing out that drugs for bipolar are frequently described as “managers”, Martin understands these interventions as harnessing the passion, risk-taking, and energy of the entrepreneurial man such that they experience “just the right amount” of mania.

However, the pharmaceuticized production of these two disciplined subjects depends on a raced and classed splitting of the bipolar figure into “the good and the bad, the subject and the object, the mainstream and the abject, the choosing and the controlled, the consuming and the contained, the insured and the incarcerated” (Liebert, 2010, p. 337); the formers by-and-large doing whiteness and richness, the latters doing brown-ness, blackness, and poorness. Indeed, as Jasbir Puar (2007) writes, the post-9/11 generation of “non-normative national subjects” is “paralleled and racially demarcated by a rise in the targeting of raced bodies for exclusion” (p. xii); only some are engendered to be self-governing – responsibly calming (for women) or harnessing (for men) their potential psyches – while others are denied entry at the borders of this mad citizenship.

It follows that risk works as a regulatory device ascribing gendered and racialized embodiments of danger (Grewal, 2003). This ascription becomes intelligible through the “other side” of biopolitics, which work to not only foster life, but also disallow it. As guarantor of the integrity of the population, the state has an obligation to defend “the security of the whole from
internal dangers” by driving out anything that biologically or politically threatens it (Foucault, 2003, p. 249); maintaining the wellbeing of the population requires its “sanitation” through the “repelling” of contaminates (Bauman, 2000). This “letting die” is what Foucault (2003) called “state racism,” and what Patricia Clough (2008) has since developed into “population racism” – a phrase that (among other things) is more suited to the transnational circulation of biopolitics within contemporary conditions.

These processes of racialization are embedded in the story of how psychosis came to be articulated and acted upon as a disease entity blended with responsibility and risk. In her critical psychological analysis of ‘hearing voices’, Lisa Blackman (2001) argues that U.K. governmental attention during the mid-nineteenth century to problems of ‘urban luxury and idle indifference’ and ‘proletarian degeneracy and idle poverty’, invoked a splitting of the sanities of the rich and the poor into the ‘morally mad’ and the ‘heritably mad’ respectively. The former had their reasoning ‘in error’ and were curable through moral therapies that – premised on ‘self-prevention or auto-prophylaxis’ – educated people about ‘prior signs’ of insanity, ‘warnings of danger’, and ‘strengthening the self-will’. The latter, however, congenitally lacked the capacity for reasoning, were more vulnerable to conditions that exacerbated madness, less able to be checked by ‘civilizing influences’, and, thus, ‘simply uneducable’.

By the early part of the twentieth century, this predisposition of ‘the poor’ was entrenched as an inherent, biological incapacity for reason. This ‘naturalization of responsibility’ meant that psy discourses and techniques could be used to “target those who were [construed as] unable or incapable of practicing particular forms of individuality and sociality” (p. 122). It thus, Blackman continues, wove with concurrent political moves to understand social problems – crimes, poverty, misery – as “problems of biological decay and deterioration” (p. 121). Indeed, combined with the rise in population statistics discussed above, the historic braiding of psychosis, risk, and responsibility, shares roots with eugenics strategies of social regulation.
Pre-emptive psy can thus be understood as a “citizenship project” or “the ways that authorities thought [think] about (some) individuals as potential citizens, and the ways they tried [try] to act upon them in that context” (Rose, 2007, p. 131, my emphases). The italics here are important: as suggested by the bipolar examples and Blackman (2001) above, rationalities and techniques of risk work to sort the “at-risk” from the “risky” – those potential citizens with the capacity to self-govern from those “anticitizens” or “intractable individuals unable to govern themselves according to the civilized norms of a liberal society of freedom” (Rose, 2007, p. 249). Pat O’Malley (2008) likewise documents this sorting in his critical analysis of substance abuse in the Australian neoliberal context, where people are constructed as the “responsible drug user,” or the “enslaved drug addict” or “drug abuser”. These categories are in turn morally charged toward social inclusion and exclusion, respectively – the former is “like us” and thus a candidate for self-governance, the latter is “unlike us” and thus a candidate for more explicitly coercive governance.

This unlike us anticitizen has been explored by a number of scholars using the Foucauldian construct of “the monster”. Through a critical analysis of the UK Dangerous and Severe Personality Disorder program advocating for the preventative detention of people diagnosed with certain “personality disorders”, Toby Seddon (2008) argues that despite how risk supposedly “dissolves” the subject, threat continues to land in some specific bodies – “the dangerous individual”. Or, those monstrous individuals who are implacably evil, different, or pathological – unhuman. Such excessive exceptionality is examined by Jasbir Puar and Amit Rai (2002) in their critical analysis of post-9/11 US constructions of the terrorist psyche, where the (mother-produced) terrorist-monster is deemed ungovernable and thus distinguished from the “individual to be corrected” as the “incorrigeible to be quarantined”. And these moral invocations work further to normalize citizenry; once quarantined the monster, “provides the occasion to demand and instill [a] certain discipline on the population ... [that] aims to produce patriotic, docile subjects” (p. 130).
Importantly, the monster also routinely imbricates culture and race (Puar & Rai, 2002). For example, O’Malley’s (2008) abovementioned “unlike us” drug abuser becomes more shifty when one considers that, at least in the US context, young white middle class bodies are now becoming the figures of heroin addiction and overdose. In turn, their respective communities are calling for a “gentler war on drugs” that includes reframing heroin abuse as a disease not a crime (see Seelye, 2015). As Goode, (2016) writes in a Letter to the Editor to the New York Times:

> For decades the police, judges and politicians who now express an enlightened attitude toward the addicted saw only addicts and criminals when those afflicted were mostly black or Latino. Inner-city addiction was written off as the inevitable product of community dysfunction or individual character deficiencies. But all that seems to be changing now that the addicted are increasingly young, white and middle class. (n.p.)

Rescuing the innocence and futures of these white middle class bodies, the move toward treatment lies in stark contrast to a long history of violently ignoring and policing heroin abuse in poor and black communities; a dynamic that mirrors the racialized response to shootings that I introduced in the Preface to this dissertation (indeed, as noted there, Dylann Roof – the young white male supremist who killed nine black parishioners in 2015 – carried pills for the treatment of opiate addiction).

Critical race theorists have long documented how moves to locate and eradicate threat land in brown and black bodies, targeting “an evil they have inside of them” (Sartre, 1962, p. li). “Over-determined from the outside” (Fanon, 1951, p. 95), the “racialized person is seen as a threat, an infection, a symptom of social decline” (Bhaba, 2004, p. xx). Moreover this threat is reliably biologized; as Franz Fanon (1951) argues, “the black man is attacked in his corporeality ... it is his actual being that is dangerous” (p. 142). This “attack” is done under the auspices of, “a mother who constantly prevents her basically perverse child from committing suicide or giving free rein to it malevolent instincts. The colonial mother is protecting the child from itself, its ego,
its physiology, its biology, and its ontological misfortune” (Fanon, 1963, p. 149). And Gloria Anzaldúa (1987) notes how such “misfortune” further intersects with gender,

... the female, by virtue of creating entities of flesh and blood in her stomach (she bleeds every month but does not die), by virtue of being in tune with nature’s cycles, is feared. Because ... woman is carnal, animal, and closer to the undivine, she must be protected. Protected from herself. (p. 39)

Such protection from an inherent, destructive potential of non-civility echoes through the history of madness, blackness, and illness in the US. “Negroes” were depicted as biologically unfit for freedom; if people escaped they were diagnosed with having a medical disorder – “drapetomania” (Cartwright, 1851) – and “treated” with whipping, hard labor, and, in “extreme cases,” toe amputation (Metzl, 2009). At the turn of the twentieth century European accounts of psychosis as a biological entity (“dementia praecox”) then met with these pre-existing American dissociations between blackness and freedom, thereby marking the emergence of pre-emptive psy. Jonathan Metzl (2009), for instance, documents the pushing of a national plan to screen for insanity in adolescents before they had, “progressed so far as to commit murder or other serious crimes”. It was thought that young people convicted of minor crimes could be made to gaze for ten seconds at an illustration of a scroll and a box and then draw these figures from memory; those unable to do so – the “defective stock” – would then be dealt with by “race betterment” strategies including prophylactic segregation and/or sterilization (p. 32).

Thus, while the intention of today’s biopolitics may (at least explicitly) be less about cleansing the population of potential contaminants of the bloodlines, contemporary efforts to protect the population against potential threats may nonetheless enact similar, racist effects to eugenic projects “of the past”. Including deflection: according to Zygmunt Bauman (2000), racism not only repeats assumptions about people’s capacity for modernity, but also functions to conceal the limitations of modernity by shifting their source into “a certain category of human beings” (p. 215). Such projection has been especially documented of late with regard to post-9/11
conditions of terror; locating risk in some “fundamentally” unruly bodies deflects the insecurity of security measures.

b. Terror/(In)Security

In his abovementioned analysis of the Dangerous and Severe Personality Disorder program of preventative detention, Seddon (2010) argues that these types of measures are emblematic of the twenty-first-century state’s increasingly limited ability to assure the security of its citizens, leading to the resurgence of punitive, authoritative responses to perceived threats. Indeed, in contexts of uncertainty, interventions that might otherwise be considered intrusive, oppressive, discriminatory, or paternalistic, such as mass surveillance and screening, can be rationalized in the name of protecting, and thus benefiting, both the individual and society as a whole (Peterson, 2011). These supposedly permissive dynamics map onto Agamben’s (2005) notion of ‘the state of exception’ whereby the State is ‘allowed’ to take disruptive, even violent action because of ‘exceptional’ circumstances.

While Rose (2010) agrees that risk-based approaches in mental health also echo a more generalized, contemporary demand for community protection and public defense, he adds further that such approaches simultaneously generate anxieties about the unpredictability and dangerousness of “the mentally ill” that help to justify the shift to, and maintenance of, these logics of regulation more broadly:

The demand for risk management of those who have a psychiatric diagnosis is one more way of seeking to manage the insecurities that the fantasy of security itself generates and intensifies. Risk assessment, or the demand for it, has a significance which is more symbolic than instrumental – it answers not to the reality of dangers but to the politics of insecurity. (p. 87)

Similarly, Puar and Rai (2002) note that the psychologization of the terrorist is an attempt to know, predict, and prevent acts that we find incomprehensible and frightening. And, Massumi (2010) agrees that rather than evidence of a ‘clear and present’ danger, it is fear that drives the
repetitive practices and politics of security in post 9/11 US as this ‘affective fact’ legitimates and eternalizes threat vis-à-vis its invocation of pre-emptive practices that disallow the potential’s falsification. Somewhat similarly, Press, Fishman, and Koenig (2000) also suggest that the rationalities and techniques implicated in the risk of breast cancer create a ‘risk spiral’ between escalating fear, at-risk designations, surveillance, and screening. It follows that measures to prevent the threatening not only feed off insecurities, but nourish them (DiProse et al., 2008; Massumi, 2010; Salter & Mutlu, 2012).

Such affective currents are essential to population racism – the circulation of “fear along with statistical profiles of populations ... [provides] neoliberalism with a rhetoric of motive” (Clough & Willse, 2010, p. 51). This twinning – what Patricia Clough and Craig Willse (2010) call “political branding” – resonates with preemptive psy, as the profiles of those at risk come dripping with historical assumptions, and affective arousals, of threat. Contemporary madness is therefore constructed as the antithesis to – thereby enabling it to become the scapegoat for – the (middle-aged, male, white, American) “rational actor” demanded under post/modern, Enlightened, imperialist pursuits, such as science (see Bauman, 2000) colonialism (see Fanon, 1951), and neoliberalism (see O’Malley, 2002). As Fanon (1951) argues:

> Each individual must lay the blame for his base agencies and instincts in the wicked genie of the culture to which he belongs (we have seen that this is the black man). This collective guilt is borne by what is commonly called the scapegoat. However the scapegoat for white society, which is based on the myths of progress, civilization, liberalism, education, enlightenment and refinement, will be precisely the force that opposes the expansion and triumph of these myths. This oppositional brute force is provided by the black man. (p. 170-71)

These politicized dynamics have been documented in Salter and Mutlu’s (2012) critical examination of the affectively drenched persistence of “psychotic security measures”. In a post-9/11 context of insecurity, Salter and Mutlu argue that these practices satisfy anxieties and reproduce desires that work to “shape the image of a safe United States” (p. 181) by enabling the regulation and exclusion of the Other alongside the assertion of the self. They are therefore
“convinced” that “foreign policy constitutes national identity – and that we see in the construction of dangers, threats, and traumas the construction of the self through the construction of the Other” (p. 182). Moreover, Puar and Rai (2002) argue that the aforementioned construct of the monster is drawn into nationalist discourses as an index of civilizational development and cultural adaptability. However, arguing that the monster signifies a ‘national deficit’ (Puar & Rai, 2002), the corollary to this may be that the absence, prevention, or correction of monsters signifies some sort of national surplus of civility. If so, moves to predict and prevent madness may also be enacting ‘exceptionalism’ – a narrative of ‘distinction and excellence’ that claims the superior management of a people or population, and is thus bound up with national identity (Puar, 2007).

Perhaps an example of this being enacted through pre-emptive psy can be found in remarks given at the University of New Mexico in April 2002 by then President George W. Bush. Launching the US New Freedom Commission on Mental Health, Bush invoked metaphorical “soldiers in the armies of compassion” – those “everyday people” committed to “fighting evil” – to “make America a welcoming place for people with disabilities”, as this “collective good … will define the true value and character of our country” (Bush, 2002, n.p.). The subsequent Commission recommended TeenScreen, a program of “mental health check-ups” run by Columbia University, to identify young people at risk of becoming mad and intervene with antidepressant and/or antipsychotic drugs. While recently ended (with no explanation given; its website has been replaced with an online fashion site), TeenScreen had been quickly implemented in primary care and high school settings across the US. If TeenScreen can prevent the emergence of young, burgeoning monsters, then the US is marked as exceptionally civilized, progressive, secure, and, importantly, compassionate – the latter being a key discourse within contemporary politics of terror (Berlant, 2004).

According to Mary Watkins and Helene Shulman (2008) security measures also engender a forgetting of, and thus refusal to explore, the unexpected and painful events that
trigger them – thereby creating a “dissociation” on which contemporary conditions depend. As an example they briefly offer the 1999 Columbine High School shooting – arguing that, “many schools responded to this and other school shootings with tougher security measures and armed guards rather than any type of dialogue with a goal of changing school culture” (p. 142), thereby allowing an ignorance, naturalization, and continuation of the context that contributed to this violence – including militarization (Protevi, 2009). Such security measures include “Threat Assessment” (TA) whereby schools and colleges are calling on staff and faculty to watch for, and catch, “warning signs” of potentially threatening students in the name of violence prevention and community safety. While originating in a collaboration between the US Secret Service and Department of Education following the Columbine shooting, TA was especially pushed for after the 2007 Virginia Tech shooting in the subsequent Report to the President which was co-authored by the then US Attorney General, Alberto Gonzales, whose tenure included warrantless wiretapping and the authorization of torture. As Reiss (2010) points out this Report “reads as a somewhat more chilling document when viewed in the context of national security more broadly”, and that “Cho’s racial difference and foreign background may well have added to the chain of links between the national security apparatus and campus screening of the mentally ill” (p. 37).

Since that time, TA has spread to 80 percent of campuses and universities throughout the country (Randazzo & Cameron, 2012). However it remains remarkably unremarkable in academic literature; very little scholarship documents and questions its broader logic and effects – especially with regard to its recent incorporation of “mental health issues” (see Randazzo & Cameron, 2012). Even a critical review of campus security by James Fox and Jenna Savage

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4 John Protevi (2009) argues that we need to move away from “moral/intentional analyses” of motivation and blame (from “bad seeds” to “cultural culprits”), and ask questions of how, not why. He turns to political physiology – the way that social influences shape the bodies politic of the Columbine killers and therefore their affective cognition – in this case, how contemporary military training “cuts subjectivity out of the loop” such that most soldiers’ bodies are temporarily able to withstand the stress of the act of killing.
(2009) – while raising concerns about the “hyper-focus” on the Virginia Tech shooting and how this may lead to an exaggeration of risk, diversion of scarce resources, “counter-productive” and “knee-jerk” measures of questionable efficacy, and “needlessly sustaining the level of fear” (p. 1467) – depicts, “educating faculty, staff, and students about recognizing and responding to signs of mental illness and potential threats” as simply “reasonable and practical” (p. 1468). Yet psychological profiling is helping to turn the high school into one of the most securitized spaces in contemporary American society” (Protevi, 2009); the contemporary classroom is, as Benjamin Reiss (2010) argues, “in danger of becoming a barely acknowledged zone of quasi-psychiatric surveillance, risk assessment, and preventative intervention” (p. 27). Elsewhere I have argued that this is a form of what Cindi Katz (2007) calls “banal terrorism” – those, “everyday, routinized, barely-noticed” reminders of terror, or the threat of terrorism, enacted through material and social practices including calls to report suspicious activity, people, and objects, diverse forms of screening, and anticipatory policing – but on the scale of the psyche (Liebert, 2014).

Thus, the ‘war on terror’ offers an important piece of the affective and discursive puzzle to understanding the movement to capture the risk of becoming psychotic. Indeed, post 9/11, the ‘securitization of medicine’ and the ‘medicalization of security’ are emerging with/in contemporary global politics via a variety of techniques to contain and manage “the ill, the contagious, or the disordered” (Howell, 2010, p. 349). This mobilization has been documented by Elbe (2008) who examines the contemporary ‘securitization’ of HIV/AIDS and notes that representations of the pandemic as a global health issue are increasingly being connected with issues of international security and thus used to justify international intervention. And Howell (2010) too argues that post 9/11 constructions of ‘the Baghdad mad’ were used to depict Iraq as threatening, archaic and lawless, and the US as benevolent, progressive, and promoting peace and safety. In addition however, Howell situates these moves within increasing global enactments of ‘therapeutic governance’ that monitor the psyches of entire post-conflict
populations, generalize ‘mental illness’ on a national scale, position medical solutions as the appropriate response, and invite population-level interventions in the name of future security.

Like TeenScreen mentioned above (Lenzer, 2004), this therapeutic governance is lubed by, if not trafficked through, the pharmaceutical industry (see Alhasnawi et al., 2009). Indeed, the proliferation of pre-emptive psy gains greater significance within contemporary conditions of multinational drug companies. A ‘driving engine’ of biomedicalization (Conrad, 2005), ‘big pharma’ is a long-standing lead US lobbyist (Angell, 2004) and third most profitable industry worldwide (Fortune 500, 2010) – forty percent of which is driven by North American sales (IMS Health, 2009). Framing problems as diseases in order to create and inflate markets for drug intervention, it is not only a purveyor of ‘disease-mongering’ (Moynihan & Cassels, 2005), but homogenizing the way the world goes mad (Watters, 2010). Elliot (2002) argues that we are witnessing new industries of risk that make “millions of dollars ... through product development, advertising, and market research ... construct new problems and market new solutions for risk-fighting individual agents” (p. 305). It follows, he continues, that this ‘commodification of risk’ has become “a kind of safe house for myths, fantasies, fiction and lies” (p. 305). In a post-9/11 context of intensified nation and terror, such myths, fantasies, fiction, and lies join with pre-emptive psy to create a kind of medico-security industrial complex (Liebert, 2013c).

However, measures to prevent the threatening not only feed off insecurities, but nourish them (see also DiProse et al., 2008, Salter & Mutlu, 2012). As mentioned, pre-emptive practices mean that one’s future menace can never be falsified, thereby propelling people into life-long interventions that reproduce the very fears and insecurities that fertilizes their execution in the first place (Massumi, 2010) – a (literally) crazy-making process that I have documented with regard to bipolar disorder (Liebert, 2013a). This dynamic further illustrates how the at-risk population is especially profitable because it is a potential. Under biopolitics, various populations are carved out in order to estimate their capacities to live; the at-risk designation marks those that require intervention to do so. Their vulnerability thus makes them valuable as
they become a site for attempts at ‘making live’ – a profitability that is maximized if the at-risk population is considered not only treatable, but also incurable. Herein lies the benefit of mobilizing discourses of madness as a chronic, neurobiological illness: if people are forever potentially mad, then – in order to be responsible, productive citizens – they must engage in life-long preventative intervention. This then, is the ‘bio-value of risk’ (Clough & Willse, 2010) generated and circulated through pre-emptive psy. In prevention efforts, “what is treated by doctors and drugs ... is not disease but the almost infinitely expandable and malleable empire of risk” (Rose, 2007, p. 87).

Thus, the shift to risk enacts a particularly subtle and effective mode of population regulation because it multiplies possibilities for intervention, “for what situation is there for which one can be certain that it harbors no risk, no controllable or unpredictable chance feature?” (Castel, 1991, p. 47). Moreover, as a biopolitical strategy, pre-emptive psy works to regulate the economic capacities of human life at a mass scale (Clough & Willse, 2010). This is evidenced in representations of madness as a threat to global security, national development, and public health because it purportedly puts a financial burden on the healthcare system and disrupts ‘productivity’ levels (Diprose et al., 2008; Godderis, 2010; Howell, 2010). Discourses moving through a 2009 survey by the World Health Organization and the Ministry of Health of Iraq to assess the prevalence of mental illness in Iraq, with the support of four pharmaceutical corporations (see Alhasnawi et al., 2009)

Risk, then, is profitable, stretchy, self-perpetuating, and nationalist. Indeed, Reitmanova and Gustafson (2012) contend that screening practices for tuberculosis at the Canadian border work to codify race and cultural differences into what it means to be at-risk such that threat – of tuberculosis, and therefore infection – comes to reside in the raced immigrant body, such that it is immigrants themselves who become the health risk for non-immigrant Canadians. For Hier (2008), this projection especially occurs when political events – such as 9/11 – evoke ‘volatile and moralizing’ discourses that invert everyday dialectics, including those regarding risk: the
responsibilization of risk becomes transposed onto collectivizing discourses about defense from the “harm posed by ‘irresponsible’ (i.e. dangerous, uncertain) others” (p. 175).

And so threat potential moves from the at-risk self to the risky other. A shiftiness that diverts attention from threatening institutions such as the military, corporations, police, and intimate relationships; the, “focus on security as internal and external policing helps to manufacture the ubiquitous fear that causes people to ignore those dimensions of security that would require attention to such issues as healthcare, education, and housing” (Davis, 2005, p. 86). Pre-emptive psy thus lastly intervenes on a capacity to imagine things any other way.

c. Revolt/(Dis)Imagination

Despite it’s limited capacities to actually predict and prevent dis-ease, pre-emptive psy nonetheless moves to contain people in categories, surveillance, and interventions; we are “quick to name, identify, and ossify those who presumably suffer at the mercy of ‘risk factors’” (Fine, 1995, p. 76). While this containment is in part driven by the above-mentioned affective looping of efforts to capture risk, it is also driven by numbers. Hacking (1996) considers statistical calculations to be a “fundamental engine” in “making up people” as they require the construction of categories that then “become a way to be a person, to experience oneself, to live in society” (n.p.). Drawing on Hacking, Rose (2007) argues that at-risk classifications create the “susceptible kind”: “once diagnosed with susceptibilities the responsible asymptomatic individual is enrolled for a life sentence in the world of medicine – of tests, of drugs of self-examination and self-definition as a ‘prepatient’ suffering from a protosickness” (p. 94). Indeed, to classify, as Fanon (1951) puts it, is to “imprison”.

This enrolment-cum-imprisonment was famously established with regard to schizophrenia by David Rosenham (1973), whose study provided early evidence of the tautology of psychotic disorder diagnoses – once applied, the diagnosis becomes the lens through which one’s feelings, thoughts, and behaviors are interpreted and treated. And elsewhere I have
suggested a similar dynamic with regard to bipolar (Liebert, 2013). Once more, these loops are especially over-determined given the contemporary dominance of biomedicalization in constructing people’s experiences as a chronic illness in need of chronic intervention (Clarke et al., 2003). Yet, as argued above (and contrary to what Rose, 2007, implies) this frame does not just lead to disciplined self-governance but also forced treatment and institutionalization for those who are deemed to be incorrigibly risky. And, again, it is these life-sentences that fall disproportionately on people who are brown, black, and/or poor. A dynamic that once more is carved into the history of psychosis; once schizophrenia “literally, and then figuratively, emerged as a black disease ... prisons emerged where hospitals once stood” (Metzl, 2009, p. xxi). This structural replacement occurred during the “de-institutionalization” of psychiatry; a process that relied on increased drugs as well as increased prisons.

Nonetheless, all people deemed at risk or risky are exposed to interventions with serious adverse effects – including psychosis (from drugs, Whitaker, 2010; and from incarceration, Kuper, 2008) – that not only create harm, but also further propel assumptions and practices of risk. To classify people as at-risk is thus to feed what Homi Bhaba (1994) might call the “fixity” of subjectivities – both compliant and “dangerous” – that again normalizes and perpetuates distinctions between Them and Us. And, as a dominant producer of risk factor research in general, psychology is complicit in the erecting and policing of these borders. For instance, Haines and Case (2008) argue that, by using samples that are largely comprised of white, middle class, college students to determine risk factors that are then used to incriminate (sometimes literally) ‘risky’ communities, risk studies “invariably discover what they are looking for” (p. 11). An unjust, tiresome method that affects the questions ‘we’ ask, and therefore the ‘answers’ that can be produced: dominated by abstract, aggregate, quantitative measures using pre-defined domains, such projects easily over-ride localized, situated accounts that might otherwise create a space for both diversity and possibility in people’s experiences (Candilis, 2003; Case, 2006; Diprose et al., 2008; Godderis, 2010).
Effects that become self-fulfilling fantasies given researchers’, funders’, and politicians’ over-determined gaze toward some bodies, behaviors, and families as risky, and others’ as not. This – what Cordelia Fine (2011) might call a “delusion of risk” – not only works to essentialize threat in certain categories of people, but to undermine structural contributions to dis-ease, advancing “the strategic twinning of pain and profit – the hijacking of structural inequality for ideological and economic gain” (Fine, 2010, p. 3), while obscuring and reproducing the imbalances of power that affect people’s experiences in the first place. As Michelle Fine (1995) argues,

... [at risk classifications] reproduce existing ideologies, shave off alternative frames, and recommend as ‘natural’ those programs of reform which reproduce and sediment class, race, and gender stratifications. Those controversies which have been subjugated and silenced, in contrast, would turn our critical concern onto the very ideological and material distinctions that privilege those already privileged and disadvantage those already disadvantaged. (p. 89)

For example, in her above-mentioned analysis of the risk of developing PPD, Godderis (2010) notes that the ‘high-risk’ mother is a statistical entity established through a set of risk factors that are by-and-large individualized; risk is predominantly located in either the woman’s state of mind or personal circumstances. This individualizing places risks in women’s subjectivities and personal control, thus responsibilizing them for their negative experiences while simultaneously ignoring the distressing sociopolitical context of mothering. Moreover, for women to accept the “safety and security” offered by submitting to risk assessments, they must also accept the limits placed on their daily lives by these practices. These limits often work within existing relations of power to further marginalize people through the (re)production of rigid stereotypes and increased surveillance. As such, Godderis argues that governmental technologies that make risk-based reasoning actionable are at risk, themselves, of reinforcing structural inequalities based on gender, race, and class.

Drawing on her critical analysis of the responsibilization of Aboriginal peoples in Australia for their (mental) health status and healthcare, Povinelli (2008) similarly documents
how, as a form of neoliberal state retraction, the individualization of risk is effectively a form of sovereign killing. Roberts (2011) too argues that, in response to gross health disparities that might otherwise expose racism, biotechnologies fatally (re)invent racial categories and divisions in ways that explain and maintain the American racial order. And Singh (2009) contends that the British “ideological drive” to place racialized rates of psychosis “firmly but erroneously” within the jurisdiction of psy technologies means that both the needs of marginalized communities and the political imperative to address social inequalities are ignored. Critically examining pre-emptive psy therefore requires what Sartre (1962) calls a ‘strip-tease of our humanism’ – “Not a pretty sight in its nakedness: nothing but a dishonest ideology, and exquisite justification for plundering; its tokens of sympathy and affection, alibis for our acts of aggression” (p. lviii).

Such ugliness perhaps sheds light on why accounts of the madness of whiteness and richness are starkly missing in the literature on risk, a silence that further allows the preemptive psy to work in cahoots with the status quo. This historical function that has been most famously documented and challenged by scholars, activists, and ‘patients’ with/in anti-psychiatry (e.g., Szasz, 1960), feminist (e.g. Ussher, 1992), and queer (e.g., Bayer, 1981) movements, and also to a lesser degree by people whose work speaks with/in decolonization (e.g., Fanon, 1963) and anti-racist struggles (e.g., Metzl, 2009).

For example, as depicted in the paranoia of Charlotte Perkins Gilman’s (1892) narrator in The Yellow Wallpaper, during the first half of the twentieth century ‘schizophrenia’ was affiliated with a white female docility; the diagnosis – and its affiliated experiences and treatments – landed on women who were refusing to conform with the demands of US middle class patriarchy (Metzl, 2009). Come the 1960s civil rights movement however, and it came to represent black male hostility as the diagnosis shifted to African American activists suffering from “the protest psychosis”. That is, what Walter Bromberg and Franck Simon (1968) describe as a disease of hostile and aggressive feelings and “delusional anti-whiteness” emerging from
one’s participation in black resistance movements, and demanding intervention for the sake of both the individual and “white America” (Metzl, 2009). This history resonates with the implication of psy practices in the establishment of a colonial hierarchy. Recalling the writing of Octave Manonni (1950, 1991) – a French psychoanalyst and author of, *Prospero and Caliban: The Psychology of Colonization* – Aime Cesaire (1955) shows how “the most absurd prejudices are explained and justified; and as if by magic, the moon is turned into green cheese” (p. 59): the colonized are said to have a “dependent psychology”, wanting and needing colonization, with any revolts against occupation described as “emotional disturbances”.

Importantly, contemporary classifications of madness have roots in the pathologization and institutionalization of people who were not just protesting against, but *feeling* racism. Indeed, upset with the over-drugging she witnessed in her psychiatric cellblock where she had been imprisoned for her involvement in US black resistance, Angela Davis (1974) writes along similar lines in her autobiography, “How could the woman next door to me even begin to be cured if the psychologist treating her was not aware of the way in which racism, like an ancient plague, infects every joint, muscle and tissue of social life in this country?” (p. 36). It follows that pre-emptive psy threatens to conceal how madness may actually be speaking of social injustices. Conditions of domination mean that the “effects and affects of oppression” are “silenced” (Oliver, 2004, p. 88), such that people, “who are often devoid of a public voice, resort to dreaming, imagining, acting out, embedding the reactive vocabulary of violence and retributive justice in their bodies, their psyches” (Bhaba, 2004, p. xx). And a considerable body of empirical literature suggests that racism plays a significant part in the psychosis experienced by brown and black people (e.g., Chakraborty & McKenzie, 2002), as well as sexism and misogyny in the madness of women (e.g., Chesler, 1970, 2005), and much scholarship documenting the crazy-making nature of colonization (e.g., Fanon, 1963) and globalization more generally (e.g., Watkins & Shulman, 2008).
Yet, risk decisions do not draw on these present, subjective experiences. Deploying calculated information from the future (Dumit, 2010), they turn feelings into objects to be accounted for and managed; detaching them from the world, and subverting their possibilities for meaning-making (Scheper-Hughes, 2010). It follows that preemptive psy threatens to stifle an embodied expertise that could otherwise inform critical awareness of, analyses on, and actions against, oppression. As Bhaba (2004) writes,

...the defenses of the colonized are tuned like anxious antennae waiting to pick up the hostile signals of a racially divided world. In the process, the colonized acquire a peculiar visceral intelligence dedicated to the survival of body and spirit. (p. ix)

Pre-emptive psy may thus domesticate a painful knowing – “a peculiar visceral intelligence” – that could otherwise fuel social change. This domestication seems especially imminent given that Bhaba subsequently asks, “from where does the spirit of revolt arise ... [when people are] constantly aware of their own anxiety and fragility?” (p. xxxi), and that pre-emptive psy not only trades in such “anxiety and fragility” but fortifies dis-ease and danger into our bodies and futures. It thus works to disrupt Fanon’s (1951) notion of “the psychological horizon” – enacting “the work of the colonist”, which is, “to make even dreams of liberty impossible for the colonized” (Fanon, 1963, p. 50). Indeed, Oliver (2004) places the destruction of imagination at the center of the “colonization of psychic space”.

And such linkages with imagination ring in the details of the risk factors for psychosis: “day-dreaming” (Meyer, Finucane, & Jordan, 2011) and a belief that dreams “can come true” (Cylarova & Claridge, 2005) have both been named targets for pre-emption. Moreover, Reiss (2010) documents how following the abovementioned Virginia Tech shooting, teachers were asked to surveil students’ creativity as a means to predict and prevent violent madness. Yet Watkins and Shulman (2008) argue that an awakening of imagination is required for the transformation and humanization of historically unjust, and pathologically repeating, social structures and relations. For them, imagination is a ‘psychological phenomena’ that “gives those
in isolating, asphyxiating, and exhausted social structures new possibilities” (p.3). Indeed, ‘psychologies of liberation’ must reach for “an opening against all closure, flexibility against everything fixed, elasticity against rigidity, a readiness to act against all stagnation” (Martin Baro, 1994, p. 183). As Fanon (1951) writes, “I am not only here-now, locked in thinghood. I desire somewhere else and something else” (p. 193, my emphasis). Moreover to desire, he continues, is to risk – it entails moving ‘beyond life’ and ‘toward an ideal’, refusing to be “ossified in a predetermined mold”, being “in a way a revolutionary” (p. 199).

Fanon’s references to the revolutionary potential of risk perhaps echo through governmental attempts to contain uncertainty – including through the prediction and prevention of threat – are thought to inhibit the imagination of alternative political futures and contestation of the status quo (Diprose et al., 2008). As explained by Hook (2012), resistance requires a “new social imaginary”, for “if belief in change is a precondition of committed political action, then a different world must come into view if one is to extract one’s self from the fatalisms engendered by the political present” (p. 31). Pre-emptive psy, then, moves with Henry Giroux’s (2013), “politics of disimagination” – those “images, ... institutions, discourses, and other modes of representation ... that undermine the capacity of individuals to bear witness to a different and critical sense of remembering, agency, ethics and collective resistance” (n.p.). As a form of banal terrorism, it’s practices incorporate us into particular regimes of seeing and not seeing; perhaps not just doing the work, “of occluding, of repressing, of displacing the pain and price of the neoliberal security state” (Katz, 2007, p. 354), but also the possibility that things could be another way.

Thus, preemptive psy circulates to make citizens, push profits, delineate monsters, expel threats, project anxieties, do nation, obscure injustices, and suffocate revolution. All galvanized by the construction of ‘risk factors’ that are soaked in politics, statistically spun into populations, thrown into bodies, and stuck down with fear. This racialized process splits ‘the at-risk’ from ‘the risky’, propelling people into life-long diagnoses and interventions while ricocheting
accountability, violence, and madness away from whiteness, richness, ‘America’. In mapping the discursive and affective logic of pre-emptive psy, I hope to have made it intelligible with/in contemporary US conditions of discipline, terror, and revolt. In the following chapter, I introduce an emergent field of pre-emptive psy: the prodromal ‘movement’, paying particular attention to the racialized circuits of data running through its US components.
Image 2: “I almost never dream about things before they happen (false)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
The next day was classic Fall – blue sky, florescent leaves, crisp air, ghouls, witches, ghosts, creepy-smiling pumpkins. We left the Inn just after 8am and headed toward the Blue Colony diner for breakfast. Enroute we saw a house on Main Street, just down from the flagpole, with three flags over the front entrance: an American flag, another that said “Come and Take it”, and another that said “Don’t Tread on Me”. That evening Google told me they represented conservative, militant parties that advocate for guns and are “supported by generous donations” – for, “when you are aware, you can prepare”. (Fieldnotes, October 20th, 2013)

he is sleeping in a 2-person room, divided by a curtain, space for a single bed and a set of drawers. his bed is closest to the window – he said the silhouette of the trees against the street light look really enchanting at night. the guy in the bed next to him was lying with a sheet over his head – he said the guy had lost his partner.
2. MACHINE

The coils of a serpent are even more complex than the burrows of a molehill. (Deleuze, 1992, p.7)

In this chapter I draw on published commentaries and literature as well as some of my own participant observations to introduce an emergent field of pre-emptive psy: the prodromal movement. Paying particular attention to the racialized circuits of data running through its US components (the North American Prodrome Longitudinal Study [NAPLS]), I argue that this nascent, contested, and accelerating movement is enacting a transition to 'societies of control', to the serpent that Gilles Deleuze (1992) suggests is usurping the molehills of our contemporary (bio)political terrain.

a. Movement

The anxiety generated by the news of risk can also be a benefit insofar as it heightens vigilance. One feature of this research is the close monitoring of a patient's clinical state. An activity that is maximized when everyone becomes more watchful and knows what to watch for..... Psychosis often arrives like Carl Sandburg's fog; that is, silently, on little cat feet. Its progressive losses and changes are easy to ignore, to explain away to minimize. Appropriate attention and concern for what is transpiring too often is delayed until the situation spirals into a crisis requiring coercive intervention. First psychosis is major life crisis; anticipatory anxiety helps to attenuate the shock surrounding onset and its potential for chaos. (McGlashan, Miller, & Woods, 2001, p. 568)

Here, telling a young person that they are at risk of becoming psychotic is said to produce an “anticipatory anxiety” that may in turn prepare them for their approaching trauma. Published the same year as 9/11, this valuing of vigilance rings with an imminent political climate – encouraging people to be anxiously attuned to potential threats, to be on the lookout for suspicious packages, practices, people. The piece is written by three of the founding figures of US research into “pre-psychosis”; while initial talk of an identifiable pre-psychotic phase can be traced to the beginning of the twentieth century, it was at this time that there was a “strong resurgent interest” in this idea (Woods, Miller, McGlashan, 2001, p. 223). Indeed a recent review of pre-psychotic research notes that, between 1991 and 2011, “the explosion of interest in
the literature has been remarkable”, with a 100-fold increase over these two decades (Fusar-Poli et al., 2013, n.p.).

This research into identifying and intervening on pre-psychosis oscillates around the *prodrome* – a cluster of thoughts, feelings, and behaviors thought to be a forerunner to, and thus predictor of, psychosis. While this term was introduced by Mayer-Gross in 1932, it did not appear formally in the literature for another six decades (Fusar-Poli, et al., 2014). Several years later and a handful of studies suggesting that the prodrome, if treated, could reduce the incidence of psychosis (e.g., Falloon, 1992), triggered the establishment in 1994 of the Personal Assessment and Crisis Evaluation (PACE) clinic in Melbourne, Australia, to systematically study this phase (Yung, 2003). The PACE clinic launched what was soon to be called an “alluring” “movement” (Candilis, 2003); less than a decade later and there were prodromal research sites in 13 countries (Olsen & Rosenbaum, 2006). According to Carpenter and van Os (2011), this transnational body of research has established a set of risk factors that can distinguish a population of ‘ultra high risk’ (UHR; now also called ‘clinical high risk’, or ‘CHR’) youth who are 500 to 1500 times more likely to develop a psychotic disorder within two years when compared to the general population.

These risk factors emerged out of the PACE studies, which analyzed retrospective accounts of ‘schizophrenia’ patients and their relatives, case studies, ‘high-risk’ studies, and studies of the relapse prodrome (Yung & McGorry, 1996) to produce three categories of experiences thought to be ‘pathways to psychosis’: (1) having genetic risk coupled with deterioration in global functioning (Genetic Risk and Deterioration Syndrome [GRDS]); (2) recently experiencing brief, intermittent psychotic symptoms that are not seriously disorganizing or dangerous (Brief Intermittent Psychotic Syndrome [BIPS]); (3) having attenuated positive symptoms such as ‘perceptual abnormalities’, ‘suspiciousness’, and ‘unusual ideas’ (Attenuated Positive Symptom Syndrome [APSS]) (Yung et al., 2003; see Appendix A). Together, these experiences-cum-pathways draw a border around a UHR population, which was then drawn upon by Yung and
colleagues (2003, 2004) to generate a sample for refining and validating its constitutive risk factors. This sample was made up of 104 individuals (51 males and 53 females) with a mean age of 19 years. There was no mention of ethnicity, national origin, class, or cultural background – although, along with people who were considered to be ‘intellectually disabled’ or have an ‘organic brain disorder’, people who were not fluent in English were excluded from participating. In addition, the researchers mention in passing that “some” participants were, or began, taking antidepressants – a notable point given that these drugs can elicit psychosis (Whitaker, 2010).

These characteristics (or lack thereof) are especially noisy given that this sample was used across the PACE UHR studies to create and validate the prediction models that have come to drive the transnational prodromal movement. After a year’s monitoring, Yung and colleagues (2003, 2004) identified five predictors of psychosis in this group of UHR youth, which together formed a set of criteria with a positive predictive value of 80 percent and a sensitivity of 60 percent. In other words, a young person presenting as UHR and who has at least one of these potential predictors, has an 80 percent chance of developing psychosis within twelve months, and 60 percent of people who go on to develop psychosis would be picked up by these screening criteria. A screening tool was thus developed, based on these predictors, to determine UHR youth – the Comprehensive Assessment of At-Risk Mental States (CAARMS) (Yung et al., 2005).

The Prevention through Risk Identification, Management, and Education (PRIME) clinic at Yale University then turned the UHR and CAARMS of Yung and colleagues into the COPS (Criteria of Prodromal Syndromes) criteria, which could be assessed using the Structured Interview for Prodromal Syndromes (SIPS) (Miller et al., 2002). A decade on and the SIPS has become the most used instrument in Europe and North America (Fusar-Poli et al., 2013). Designed to “define, diagnose, and measure change systematically in individuals who may be in a pre-psychotic state” (Miller, et al., 1999, p. 275), the SIPS evaluates five categories of Attenuated Psychotic Symptoms – ‘unusual thought content’, ‘suspiciousness’, ‘grandiose ideas’, ‘perceptual abnormalities’ and ‘disorganized communication’. It originated to support a double
blind clinical trial on the ability of anti-psychotic drugs to prevent psychosis. Indeed this clinic primarily advocated for prodromal research because of the possible efficacy of “early” rather than “delayed” treatment with antipsychotic medication in particular (Woods, Miller, & McGlashan, 2001).

Antipsychotics have been the “treatment of choice” throughout this movement (Thompson, Nelson, & Yung, 2010); alongside the research on risk factors there has thus been a number of studies examining the promise of prophylactic drug use during the pre-psychotic period (e.g., McGorry et al., 2002; McGlashan et al., 2006). As Yung and colleagues (2004) argue, “for this ultra high risk group, early introduction of neuroleptic [antipsychotic] medication may also be warranted, especially if attenuated psychotic symptoms worsen or functioning deteriorates. This may delay, minimize the impact of, or even prevent psychosis” (p. 140). This emphasis on drug treatment rings with the presence of the pharmaceutical industry in at least the initial stages of prodromal research, with the PACE studies receiving considerable funding from a number of drug companies – including Astra Zeneca, Bristol-Meyer-Squibb, Eli Lilly, and Pfizer.

As well as testing the efficacy of drug intervention, Tandy Miller and colleagues (1999) continue to note that the SIPS enables the collection of prospective data on the prodrome in response to a “growing acknowledgement” of the importance of this “paradigmatic shift”. As they explain, “Early interventions that may delay or prevent the onset of psychotic illnesses and their devastating effects have obvious public health implications. These strategies rely on being able to identify true positive prodromal patients” (p. 276). Their argument resonated with a

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5 For example, a recent piece calling for the global reform of mental health services by a lead PACE researcher, Patrick McGorry, ends with the following: “Disclosure: Professor McGorry has received grant funding from the Colonial Foundation and the National Health and Medical Research Council of Australia, NARSAD, the Stanley Foundation, and the Australian and Victorian governments. He has also received past unrestricted grant funding from Janssen-Cilag, Astra Zeneca, Bristol-Meyer-Squibb, Eli Lilly and Pfizer, and honoraria for consultancy and teaching from Janssen-Cilag, Eli Lilly, Pfizer, Astra Zeneca, Roche, and Lundbeck” (McGorry, 2015, p. 316).
simultaneous program announcement by the National Institute of Mental Health (NIMH) entitled “Prevention and Early Intervention in Psychotic Disorders”. Catalyzing prodromal research in the US, NIMH (1999) invited “applications to study the early symptomatic manifestations of psychoses in the prodromal phase” because of the “highly disabling” nature of psychosis as compared to the “remarkable” treatment available:

Among the psychotic disorders, schizophrenia and schizoaffective disorders are highly disabling brain disorders characterized by episodes of florid psychosis, as well as more persistent negative symptoms. Typically there is a delay of a year or more between onset of full-blown disorder and initiation of antipsychotic treatment. Despite remarkable therapeutic advances, only a minority of people make a complete recovery from a first episode of schizophrenia. Since complete recovery from schizophrenia is rare following the onset of full-blown disorder, intervention in the prodromal phase may be a critical strategy to improve course and outcome.

Seven projects on the prodrome were subsequently funded to improve diagnostic criteria, better characterize the prodromal stages, and refine risk prediction models. According to Jean Addington and colleagues (2007), these projects revealed several challenges to conducting prospective research on the prodrome, with sample size being “the principal obstacle to achieving rapid progress” (n.p.). Thus, eight independent research sites across North America, including PRIME, decided to combine into a collaborative, multisite investigation known as the North American Prodrome Longitudinal Study (NAPLS). Also funded by the NIMH, the overall goal of NAPLS was (and is) to search for predictors of psychosis by generating the largest prodromal sample in history, thereby providing “statistical power and scientific scope that cannot be duplicated by any single study” (NAPLS, 2015, n.p.). Indeed, adding the SIPS and some of the most vocal advocates for prodromal research to this powerful ‘n’, this project has come to dominate the movement worldwide.

Addington and colleagues (2007) write how, in order to combine their findings, the NAPLS members needed to determine diagnostic consistency and a core set of variables across their eight sites, as well as develop a common platform for electronic data and procedures for data management. In terms of diagnosing, the SIPS was chosen as its highly structured nature
was thought to “minimize the likelihood of measurement error related to site differences and increases confidence that these data can be aggregated” (n.p.). In terms of the data collected, all existing data was combined to create an “omnibus assessment protocol” of 273 variables within 11 baseline domains and 182 variables within seven follow-up domains. Each variable was “summarized in the comprehensive NAPLS assessment codebook, assuring a standardized approach to NAPLS data recoding and aggregation” (n.p.). Data from respective sites was then recoded into this format vis-à-vis “a versatile data integration program with appropriate safeguards for error”, before being combined, cleaned, and checked for storage in baseline and follow-up databases (Addington, et al., 2007, n.p.).

The resulting baseline database had data collected from 888 subjects who had been enrolled in North American prodromal studies between 1998 and 2005, 651 of whom had sufficient data for follow-up analysis analyses, and 370 of whom were believed to be prodromal. 94 percent of the prodromes were diagnosed through the presence of Attenuated Positive Symptoms (aka the third pathway originally posited by the PACE clinic); 60 percent of this group was male, and 80 percent was white, with no other demographic information published (and thus, presumably not collected). This data was used to produce a series of analyses on predictors of psychosis. Risk for the onset of psychosis was 35 percent after two and half years of follow-up, with a decelerating rate of conversion over this period. Through comparing those who converted to those who did not, a psychosis prediction algorithm was developed. Combining a genetic risk for schizophrenia with recent deterioration in functioning, higher levels of unusual thought content, higher levels of suspicion/paranoia, and greater social impairment, this algorithm had up to 80 percent positive predictive power (considered “high”) and 40 percent sensitivity (considered “modest”) (Cannon, et al., 2008).

Now known as NAPLS-1, this study was followed by NAPLS-2 – a five-year prospective study on ”Predictors and Mechanisms of Conversion to Psychosis” with a more neurobiological focus. NAPLS-2 aimed to replicate the NAPLS-1 algorithm in a new and larger sample; to
determine whether pre-psychotic biological and neurocognitive abnormalities could be used to develop another prediction algorithm; to determine if pre-psychotic neuroanatomical, neurophysiological, neurocognitive, and neurohormonal abnormalities can be markers of vulnerability or progression during the prodromal phase; and to develop a repository of DNA and RNA from prodromes and “demographically similar healthy participants” (Addington et al., 2012).

To do so, they recruited prodromes via referral from health care providers, educators, or social service agencies, or self-referral in response to “intensive community education efforts” including “academic detailing, grand rounds, educational talks, mailings, postings, websites and internet hits, and public service announcements”. In particular, each of the eight sites was said to “develop extensive referral sources in their area, and routinely contact them personally, with mail outs, and through educational efforts”. Potential prodromes then underwent a telephone screen – if they screened positive they were “invited to an in-person eligibility and consent evaluation” – aka, the SIPS (Addington, et al., 2012, n.p.). For all those deemed to meet prodromal criteria, a vignette was developed and taken to a weekly cross-site phone meeting co-chaired by the authors of the SIPS in order to obtain consensus diagnoses.

The resulting sample of 764 prodromes were between 12 and 35 years old and 60 percent male, however, unlike NAPLS-1, it was only 55 percent white. While no information was provided for other ethnicities, there is a brief note that the ethnic breakdown varied widely across sites with, for example, half of Emory’s prodromes being Africa American, and three quarters of Calgary’s being white. Indeed the NAPLS group specifically highlights how their multi-site approach, “affords the opportunity to examine regional and ethnic differences in the ascertainment of CHR individuals, as well as the nature and course of prodromal syndromes” (Addington, et al., 2012). This objective is notable given that, as alluded to in the PACE process above, throughout the program of UHR research, questions of ‘race’ are missing (Velthorst et al., 2012).
The NAPLS-2 prodromes underwent a series of baseline measures (demographics, premorbid functioning, life events and childhood trauma) followed by six monthly clinical assessments (including the SIPS, anxiety, depression, substance use and social functioning) and logs of medications, psychosocial treatments and resource utilization. Biomarker assessments of neurocognition, electrophysiology, cortisol, blood draws, and imaging were also taken at baseline and then at one and two years, or when people converted to psychosis; the project proudly states that it was “the first to study all of these clinical and biological factors prospectively and simultaneously in a large and well-characterized sample” (Addington, et al., 2012). However, while their data was included in a review of brain-imaging studies which postulated a blood-based predictor for accelerated grey matter loss affiliated with psychosis (Chung & Canon, 2015), only 12 percent of their sample converted to psychosis within two years, and as a whole they showed improvement in all symptom areas over their time in the study (Addington, et al., 2015).

These results call into question the ability of the movement to detect prodromes, indeed the existence of the prodrome in the first place. Nonetheless, in May 2015 NAPLS released the prodromal movement’s first “risk calculator” to estimate the likelihood that a young person will become psychotic within two years, data for NAPLS-3 is currently being collected, and members of the group recently launched a large scale early detection campaign – STEP-ED – across eight towns in Connecticut, US (Srihari, et al., 2014). This campaign is inspired by the infamous Norwegian TIPS study (Johannessen et al, 2005) which deployed “massive educational campaigns about the signs and symptoms of first psychosis targeting physicians, educators, and the general public” that “worked overnight” to reduce the amount of time that young people experience “untreated psychosis” (McGlashan, 2015). Involving a public education campaign, professional outreach and detailing, and measures to hasten engagement upon referral, STEP-ED is targeted at young people experiencing their first symptoms of psychosis (Srihari et al.,
2014). However, utilizing the SIPS, it expects to also pick up prodromes, which will subsequently be referred to PRIME research clinic⁶.

And so, the movement is accelerating. And yet, since its inception, it has met with a lot of critique, including within psychiatry itself. As members of the PRIME clinic wrote 15 years ago, these studies are “controversial because the existence of the disorder is not a fact but a probability” (McGlashan, Miller, & Woods, 2001, p. 564). At that time, this controversy emerged from concerns about high rates of false positives, minimal evidence of benefit from being diagnosed and treated as prodromal, adverse affects from antipsychotic drugs, potential harm from being told that one is at risk for psychosis, the potential for false negatives, and the ethics of doing such research with adolescents. These authors argue against these concerns, believing that “criteria as they currently stand confer a high enough accuracy of prediction that there now exists substantial risk in ignoring them, or in assuming that patients should be protected from the news and reality that they are at risk”:

To do so would be placing between 21 percent and 54 percent of any SIPS sample at ignorance of their true risk for schizophrenia, a risk they might not welcome as information but still feel they need to know. Proper caution about false positive risk is essential, but caution that ignores the risk of schizophrenia is promulgating an unbalanced picture of the risk/benefit status quo that could be quite destructive to the true positive prodromal patient who may benefit significantly from the information. (McGlashan, Miller, & Woods, 2001, p. 565).

Indeed, far from the prodromal diagnosis being harmful, McGlashan, Miller, and Woods continue that “withholding information about risk iatrogenically sanctions denial and places the true positive prodromal patient in jeopardy of a potentially disastrous outcome. In our opinion, it also violates the patients civil liberties and right to know” (p. 568). Moreover, as the opening extract to this section attests, any anxiety activated by telling people that they are prodromal is thought to alleviate if not intervene on the trauma of an approaching first episode.

These authors believed so strongly in the prodrome that they were part of a group pushing for the inclusion of the prodrome as Attenuated Psychosis Syndrome (APS) in the fifth

⁶ Personal communication, April 2015.
edition of the Diagnostic and Statistical Manuals of Mental Disorders (DSM-5). APS uses the UHR criteria to isolate a cluster of symptoms that are hoped to eventually identify people “at significantly increased risk of conversion to a full-blown psychotic disorder”, and thus once again to enable intervention and “a reduction in the rates of conversion to psychosis” (Psychotic Disorders Work Group, 2012; see Appendix B). Having this formal diagnosis was said to enable treatment of prodromal symptoms, reduction in untreated psychosis, studies of preventative treatments and interventions, access to healthcare, and development of treatment guidelines (Fusar-Poli et al., 2013; Carpenter, 2015). These benefits are situated within a US context whereby health insurance companies will only cover treatment if people have a formal diagnosis, and pharmaceutical companies will only invest in research when they know there is a market for their products. Thus, PRIME advocates for the APS diagnosis in part argued for its inclusion because it would facilitate large studies of pharmaceutical treatment and programs of pharmaceutical development (e.g., Woods, Walsh, Saks, & McGlashan, 2010). Moreover, seven out the 11 Psychotic Disorders Workgroup members for the DSM-5 have financial ties to the pharmaceutical industry.

Nonetheless, despite being a decade on, the critiques listed above were still circulating strong (see Nelson, 2014), and joined by 15,397 mental health professionals and/or organizations who supported an “open letter to the DSM-5” sponsored by the Society for Humanistic Psychology, Division 32 of the American Psychological Association in alliance with the British Psychological Society, Danish Psychological Association, and nearly 50 other divisions, societies, councils, associations, and institutes. This petition, expressing deep concern about the DSM-5, specifically called out the APS for its questionable diagnostic validity, targeting of young people (who are considered particularly vulnerable to the harms of anti-psychotic drugs), and sparse empirical basis. Indeed, the diagnosis was eventually moved at the

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7 This new category was previously called the “psychosis risk syndrome.” However, the name change was an attempt to highlight current symptoms as the focus for treatment, rather than the risk that the symptoms might pose for future psychotic disorder (Fusar-Poli et al., 2013).
last minute to Section 3 of the DSM-5, re-categorizing it as an area requiring further study (APA, 2015).

The DSM-5 debate led to a shift away from conceptualizing the prodrome as an at-risk state. Instead, the popular metaphor being used is one of chest pain – that is, that the prodrome is a sign that *something* is already up, which *could* be psychosis or something else. Any intervention can therefore be considered *secondary* prevention: the primary goal is to evaluate and intervene on the present symptoms and their present causes, the secondary goal is to prevent what may otherwise have followed (Carpenter, 2015; Fusar-Poli et al., 2013). For Carpenter (2015) this difference erases concerns about false positives that have continued to haunt the movement.

At the same time, another conceptual shift has been to see prodromal experiences as not prognostic or premorbid, but actually early morbid manifestations of a psychotic disorder itself (Carpenter, 2015, p. 325). Indeed, while in 2001, McGlashan, Miller, and Woods were hypothesizing neurodegenerative process in schizophrenia but all in all “largely ignorant” of them, nowadays the same authors are putting forth a theory based on the notion of synaptic pruning:

In sum, the pathophysiology of schizophrenia is considered to be related to an aberration of a normal developmental process in late adolescence and early adulthood, i.e., the pruning of intra-cortical neuronal connections. The process leading to psychosis removes too many of these synaptic connections (more or less permanently). The result is an uneven syncytium of brain loci, some that are hyperconnected and others (many others?) that are hypoconnected. The former constellations are likely primed to generate the positive symptoms of psychosis and the latter to be the source of the negative symptoms.

This final post-developmental constellation of cortical connectedness is more or less permanent by symptom onset. Treatment of psychosis in its earliest phases, however, appears not only to reduce positive and negative symptoms over a matter of days or weeks but also to slow (or stop) this process of connectivity ablation that generates the symptoms to begin with. The result is both better psychotic symptom remission and better preservation of pre-psychotic levels of functionality. (McGlashan, 2015, p. 354)

Early intervention, then, is thought to “truncate the process of cortical synaptic pruning” which would otherwise lead to psychosis; it is “the *timing* of treatment, not the *type* or dose of
treatment” that matters (p. 354, my emphasis). McGlashan (2015) thus ends his piece with a note that, “as long as we humans survive and thrive, the potential for psychosis will remain with us and be expressed among us”, such that “prevention through early detection and intervention will always be required to attenuate the full-blown expression of this devastating disorder” (p. 354).

Similarly, a May 2015 special issue in the Journal of Nervous and Mental Disease repeatedly describes the “pervasive” nature (Dickerson, 2015) and “global burden” (Whiteford et al., 2015) of schizophrenia combined with the lack of effective treatment for psychosis as “the bottom line” for early intervention or prevention. In the same issue, one of the founding figures of the prodromal movement, Patrick McGorry (who helped to establish the PACE clinic, and received Australian of the Year Award in 2010 for his contribution to youth mental health) called for using the prodromal movement as a model for the “radical reform” of mental health services across the globe in order to “save lives, restore and safeguard futures, and strengthen the global economy” (McGorry, 2015, p. 310). As he ends his piece, “this exciting new field promises human, economic, and public health benefits on a much larger scale than could have been envisioned in psychiatry even a decade ago” (p. 316).

And yet, no study has been able to again meet the 80 percent positive predictive value originally posited by Yung and colleagues (Thompson, Nelson, & Yung, 2010). Indeed, while a recent meta-analysis of approximately 2500 people diagnosed as prodromal by a range of instruments suggested an average risk of becoming psychotic of 18 percent six months after being diagnosed, 22 percent one year after, 29 percent two years after, 32 percent three years after, and 36 percent three or more years after (Fusar-Poli et al., 2012), this has varied substantially between studies, with declining risks in recent years (Fusar-Poli et al., 2013). Such slipperiness points to how, as shown in Chapter 1, ‘risk’ is not a neutral term. As O’Malley (2008) argues it is a “heterogeneous array of practices with diverse effects and implications that reflect the purposes to which it is put and the assumptions on which it based” (p. 453). Indeed,
as something malleable, dynamic, and contradictory, risk can only be made intelligible when viewed in a substantively political light (Seddon, 2010). A proviso that seems particularly relevant in the context of this project given that psychotic disorders (like all mental disorders) are themselves, “made possible by a contingent set of theoretical, social, and political phenomena” (Blackman, 2001, p. 97). Indeed, launched with a vigilant eye on threats that arrive “silently, on little cat feet” (McGlashan, Miller, & Woods, 2001, p. 568) the rise in the US prodromal movement makes more sense when considered in the context of the simultaneous rise in US politics of terror. In order to understand the ongoing commitment to capture the prodrome – despite the paucity of return after nearly two decades of investment – in the following section I turn to the Nation through which it moves.

b. Nation

Two things really struck me. The first was Jessica Rekos’ grave, which included an obvious love for whales; a black one had been covered somewhat with leaves and flowers, and she had two pendants hanging from a small post on the right hand side with other special charms. The second was all the American flags included in people’s graves. At first I thought they were just for the children who had been shot, but then I looked around and realized about 90 percent of the sites had them, flapping in the wind. It was so quiet you could almost hear it as a gentle, slightly frenetic, hum.

This is from my fieldnotes on October 20th, 2013, after visiting six small graves at Saint Rose Cemetery on Cherry Street in Newtown, Connecticut. I was there just days before the demolition of nearby Sandy Hook Elementary School. Both my visit and the demolition were a response to the shooting by Adam Lanza a year earlier, resulting in the deaths of his mother, six teachers, 20 students, and himself.

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8 This section draws on fieldnotes that I collected from several sites between 2013 and 2015: a two day visit to Newtown, Connecticut, where I documented what I could see, hear, and feel in relation to the December 2012 shooting by Adam Lanza; participant observation as a community facilitator in the Obama administration’s Nationwide Dialogue on Mental Health in response to this shooting; attending an annual meeting of the International Society for Psychology Study of Psychosis where key people in the prodromal meeting were giving plenary addresses; and participant observation in a SIPS training at a US prodromal clinic. All occasions were initially documented with photography and handwritten shorthand, before being typed up as full fieldnotes into my research journal.
Described on National Public Radio as, “to schools like 9/11 was to airports,” the Sandy Hook shooting triggered large-scale investment to identify and intervene on young people at-risk of madness; an attention that echoes in the concurrent plea by Dr. Oz on CNN’s Piers Morgan Tonight Show that, “We need a Homeland Security approach to mental illness”⁹. His call echoed through January 2013, when the Aspen Homeland Security Group’s (AHSG) counsel with the US Secretary of Homeland Security on Sandy Hook included a statement that “individuals with mental illness who are properly treated have no greater risk of gun violence than those without mental illness. It is those who the safety net has not caught that pose the greatest threat”, and that while one in five children are affected by some mental health issue, it often takes eight to 10 years for them to be “properly diagnosed”. Drawing upon the work of the 9/11 Commission, the AHSG thus advocated for the use of security measures, public education campaigns, and “validators” (including clergy members, celebrities and grassroots organizations) to “broadcast … mental health indicators” as a means to protect society from potential violence (Shalett, 2013).

Shortly thereafter, the Obama administration called for a large-scale package of mental health reforms to identify and intervene on young people at-risk of madness. The Whitehouse allocated $60 million for youth mental health intervention services and $15 million for Mental Health First Aid — a public education campaign that teaches community members how to identify and intervene on “signs of mental illness” before “problems become crises” — including prodromes (National Council for Community Behavioral Healthcare, 2013). This investment included a call for a “nationwide dialogue on mental health”, Come October 2013, and an official “community conversation” with over 400 people representing “the public” was held in Washington DC. I was one of 40 people facilitating the day. Scaffolded with pop music, energetic

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⁹ Notably given as an interruption to the interviewer’s point about gun control, Dr Oz argued that “guns we can debate over and I’ll let the politicians do that” before going on to complain that (unlike heart surgeons) psychiatrists’ “hands are bound” as “so many rules govern what they’re allowed to do [that] it makes it almost impossible for them to provide broad scale support”.
hosts, and group aerobics, the day opened with a reference to the Sandy Hook shooting, followed by a series of expert presentations and discussion questions. Divided into groups of 10, participants’ subsequent conversations were scribed onto a laptop and entered into a centralized data system, undergoing “live data analysis” that was immediately fed back in the form of “top” answers (those that came up the most) and one “gem” (a direct quote thought to be especially powerful). When asked for “solutions to the mental health problem”, the top answer for 12 to 17 year olds was, “To educate them and the adults around them about the signs and symptoms of mental health”; the gem was, “If you see something, say something” – the slogan for the US Department of Homeland Security’s “anti-terror” campaign.

In March 2014, the President’s 2015 budget newly requested $484 million for the Mental Health Block Grant, to fund programs for “early intervention in serious mental illness” in the hope that these will be used to “implement evidence-based treatment and prevention strategies nationwide” – a grant that represents one percent of all state and federal spending on mental health care. Meanwhile, in May 2014, US Vice President Joe Biden’s speech at the annual convention of the American Psychiatric Association (APA) in New York City (NYC) called on a full house of 15,000 psychiatrists to “Imagine the possibilities” – “Imagine with all those young people if we had... tools of early detection to prevent mental illness from taking over their life”. Published by the Psychiatric Times Editors (2014) as an online video alongside a dramatic instrumental, Biden’s words have an even greater cadence when one considers that the APA has a membership of over 36,000 psychiatrists globally; the convention itself is so large that it needs to be booked at least ten years in advance to obtain the necessary meeting space and sleeping rooms.

In March 2015, the 19th International Congress of the International Society for Psychological and Social Study of Psychosis (ISPS) in New York City also included a plenary event – a panel entitled ‘From Social Exclusion to Social Inclusion’, a “dialogue focusing on high risk and early intervention in psychosis”. The second speaker was Robert Heinssen from NIMH,
who opened his talk with a disclaimer that he was presenting his personal views (not the US government’s) and that he had no personal financial interests with any of the companies that he was about to reference. Heinssen spoke of a “horrendous tragedy” in December 2012 – when “a young man with serious mental illness, untreated”\(^{10}\) shot his mother, six teachers, and 20 Sandy Hook elementary school students – creating a “shocking event” that “galvanized the interest” of the US government in early intervention. Indeed, while before the Sandy Hook shooting four states had “committed to early intervention”, 29 were projected to have done so by the end of 2015 – suggesting a seven-fold increase in national investment.

Struck by how much he “seemed like a politician – in a suit, no notes, center staged, slick”, I was scribbling observations as Heinssen went on to enthusiastically speak to us – an audience of approximately 1000 people identifying as clinicians, researchers, and/or ‘consumers’ of mental health services – about ‘EPINET’. A national network among treatment centers that offer evidence-based specialty care to persons experiencing subthreshold psychotic symptoms, “EPINET will link clinical sites through common data elements, data sharing agreements, and a unified informatics approach for aggregating and analyzing pooled data”. With the hope that systematic analyses of this data “will accelerate research into psychosis risk factors, biomarkers of psychosis risk and onset, and pre-emptive interventions”, Heinssen spoke of EPINET’s desires to double its nodes of data collection from 60 to 120 by the end of 2016, inviting us into his problem of “How to create a culture where early intervention becomes the norm in the United States?”

Part of the abovementioned NAPLS group, Heinssen has emerged as one of the more influential figures in the prodromal movement. As (the also abovementioned) McGorry (2015) recently wrote:

The role of Robert Heinssen in assembling and nurturing these national research collaborations and the leadership of the current NIMH director, Thomas Insel, have

\(^{10}\) Adam Lanza wasn’t “untreated”, but this adjective often accompanies accounts of his shooting – suggesting a stickiness made up of desires to make controllable sense of it.
been absolutely crucial in ensuring that early intervention has been placed at the apex of the US mental health research agenda and furthermore is being realized. In a perverse yet positive twist, the recent shooting tragedies in the United States have focused attention and funding on the need to respond more effectively to emerging mental disorders in young people and have added moral force to the logic and evidence supporting early intervention and sustained care. (McGorry, 2015, p. 314)

It is this “moral force” – added to the “logic and evidence” of the prodromal movement – that I am interested in, although it is the word force that especially catches my eye. During the evolution of the prodromal movement, the possibility of predicting and preventing psychosis has been routinely described as “alluring” (e.g., Candilis, 2003), “compelling” (e.g., McGlashan, Miller, & Woods, 2001), “remarkable” (e.g., Fusar-Poli et al., 2013), and “exciting” (e.g., McGorry, 2015). What is it about this movement that makes it feel so increasingly irresistible and titillating?

As pointed out by the NAPLS group, the “true positive prodromal incidence approximates the incidence of schizophrenia”, that is one person per every 10,000 people in the general population (Addington et al., 2007). Interestingly, this figure is one hundred times less than the rate typically used (yet never referenced) in popular accounts of schizophrenia. Moreover, both of these averages erase the ways in which this diagnosis falls on different bodies. Across Western countries people of color are consistently represented as more likely to be/come psychotic (Chakraborty & McKenzie, 2002), including the US (March, Hatch, & Susser, 2010). Indeed, while “as a [purported] biological disorder, schizophrenia is an illness that should occur in one percent of any given population”, Metzl (2009) argues that, “in the real world, one percent is a delusion” (p. x) – the diagnosis moves disproportionately through African American communities, who are up to seven times more likely to be labeled ‘schizophrenic’. His point is backed up by statistics from Medicaid – a health insurance program for low-income families and children in foster-care in the US, nearly 60 percent of whom are Black, Hispanic, or Other (Child Welfare, 2015; KFF, 2016). Not only are children enrolled in Medicaid disproportionately prescribed antipsychotics (compared to those who are commercially insured), children in foster
care are prescribed three times as many (Rubin, et al., 2012). A recent federal investigation antipsychotic use across five US states expressed concerns that these children – as young as four years old – were receiving too many drugs, at the wrong dose, for the wrong reason (Levinson, 2015).

The juxtaposition of these figures against the bleached hegemony of the one percent suggests that the racialization of psychosis in the US may be suffering from what Nancy Tuana (2006) calls “epistemologies of ignorance”. That is, an active not-knowing; one that not only echoes within the notably limited epidemiological data available to examine how diagnoses of psychotic disorders fall across differentially raced bodies in this country (Cowan et al., 2011), but also a Research Clinical Coordinator’s (RCC) refusal to answer questions about ethnic/racial breakdowns of the prodrome during a SIPS training:

During the Q&A, RCC started talking about the importance of taking different religions into account. I asked about ethnic/racial breakdown of the prodrome, given that I couldn’t find any mention of this in the literature. She immediately replied that she was “not comfortable answering”. I pushed her a little, asking about any patterns that she has personally seen during her 16 years of practice. She still refused to answer. It felt odd, as though to answer would somehow threaten her recurring attempts at cultural sensitivity. (SIPS fieldnotes)

In contrast to these present absences in the US, there is an excited body of literature in the United Kingdom (UK) exploring the disproportionate rates of psychotic disorders – “excess risk” (Coid et al., 2008), psychosis “epidemic” (McGrath, 2010) – in communities who appear interchangeably referred to as “migrant minorities”, “ethnic migrants”, or “ethnic minorities”. Kirkbride and colleagues (2010) for example, undertook a “theoretical exercise” to argue that up to 22 percent of all psychoses in England could be prevented if “exposures” associated with increased incidence in ethnic minority populations were addressed. Arguments such as these form part of a trajectory of research interested in the “risk factors” for psychosis in brown and black people – the common ancestor to which is the Aetiology and Ethnicity of Schizophrenia and Other Psychoses (AESOP) project (Morgan et al., 2006).
AESOP was a two-year case-control study of 600 people presenting to mental health services that hypothesized, and subsequently documented, “remarkably high” rates of psychosis in “African-Caribbeans” and “Black-Africans” when compared to “white British people”. Given that all three of these groups live in England, these racial categorizations in and of themselves betray the circulation of Nation. Such racist pretenses carried through the study as the researchers went on to examine “risk factors” for psychosis within the two black communities with an overwhelming focus on what were considered to be indicators of neuropsychological, neurological, and/or neuroanatomical risk. These included, cognitive dysfunction, abnormalities in sensory and motor performance, reduced or excessive grey matter volume, and “subtle defects” of the head, face, hands, and feet; findings that tremble with imperial, medical projects of locating both risk and race in flesh (Chapter 1).

Indeed, such research threatens “epistemological violence” (Teo, 2010) given that it is generated to identify potential targets for preventative interventions. For example, the turn of the century saw a rise in the deployment of universal public health strategies to pre-empt psychosis (Mojtabai, Malaspina, & Susser, 2003) – including in the US where people have been drawing on the UK findings to advocate for large-scale interventions in migrant and minority populations (March, Hatch, & Susser, 2010). And, as a particularly obnoxious risk factor for psychosis, mothers remain a popular site for these programs (Candidis, 2003; Carpenter & van Os, 2011) – with strategies that surveil and intervene on, for example, mothers’ multi-vitamin use and immunizations (Mojtabai, Malaspina, & Susser, 2003), prenatal infections (Brown et al., 2001; Warner, 2001), and mental health (Copper et al., 1996; Hedegaard et al., 1996).

Staring at raced bodies (against which “white” is the unquestioned comparison) but not the dynamics or structures that create or maintain this racialization in the diagnosis, such research dynamics manage to isolate, incriminate, invent, and ignore ‘race’ (Roberts, 2011). These seemingly contradictory effects offer an important subtext to the prodromal movement. Said to “stem from a growing realization that psychosis is ‘brewing’ long before its manifestation
in characteristic and official diagnostic symptoms” (McGlashan, Miller, & Woods, 2001, p. 563),
this impassioned research threatens to extract data from young white bodies that will eventually
target potentially psychotic ones – those brown, black and/or alien bodies that, as shown in
Chapter 1, threaten the Nation.

As also referred to in the previous chapter, such pre-emptive psy can be understood as a
form of biopolitics. For Michel Foucault (1978), these are a feature of ‘disciplinary societies’ that
organize spaces of enclosure (the family, the school, the barracks, the factory, the hospital, the
prison) through which an individual passes, from one closed environment to another, carrying
out an ideal project: to concentrate, to distribute in space, to order in time, to compose a
productive force. Located in the eighteenth and nineteenth centuries and reaching their height
at the outset of the twentieth, this model joined existing ‘societies of sovereignty’ (which aimed
to tax rather than organize, to administer death rather than life). However, Deleuze (1992)
argues that we are in the midst of “the progressive and dispersed installation of a new system of
domination” (p. 7), including with regard to health:

For the hospital system: the new medicine “without doctor or patient” that singles out
potential sick people and subjects at risk, which in no way attests to individuation – as
they say – but substitutes for the individual or numerical body the code of a “dividual”
material to be controlled. (p. 7)

The prodromal movement, then, marks this latest societal addition. For Deleuze, starting
from the early twentieth century and accelerating after WWII, disciplinary societies organized
around spaces of enclosure are themselves becoming replaced – despite (or perhaps as
illustrated by) constant reform efforts, “everyone knows that these institutions are finished,
whatever the length of their expiration periods” (p. 4). He calls this replacement, societies of
control. This shift does not present the “need to ask which is toughest or more tolerable regime,
for it’s within each of them that liberating and enslaving forces confront one another” (p. 4).
Instead, “what counts, is that we are at the beginning of something” (p. 7); what we need to do,
quite simply, is to describe “what is already in the process of substitution”, to figure out what we
are being “made to serve”, and to “look for new weapons” (p. 4). Thus, as something nascent, contested, and accelerating, in the following two chapters I draw on fieldnotes from my participation in a school presentation, a SIPS training, and an interview with a Research Clinical Coordinator who is part of NAPLS-2, to first describe the cogs of the US prodromal movement.
“People often behave so strangely that one wonders if they are part of an experiment (true)”, *Missed Connections*, New York City, United States, 2015. Photo by Holli McEntegart.
We were pretty much silent on the drive to Adam Lanza’s house. Unlike the other places we had visited, it was strikingly easy to find the address. In fact, we hadn’t even thought of going there until a photo of his house and the address popped up as I was searching for other things. It felt like a long way away. At some point Sarah softly realized that we were returning along the route that he would have done after he had shot his Mum and was heading to the school. A couple of blocks away from his house and Emily’s camera died completely, the timing yelled at us. I was taken aback by how unmarked the house was. Sitting high on a hill with a small playground to one side of it and a lot of trees around the back and to the sides, there were no signs, no cameras, no fences, no police tape, no cones, no stars or hearts. I even wondered if we were at the right place. I got out of the car (Sarah and Emily did not get out this time, at all) and tentatively walked up the driveway and the hill – I could not yet see that the house was boarded up and was yet to be convinced that it was empty. In part as two newspapers, wrapped in bright green plastic, looked as though they had been freshly thrown onto the foot of the driveway. At first they were so banal that I had subconsciously made an effort to exclude them from my photos, but they soon became animated – What exactly was happening here? Did the delivery-person not realize that there was no one living in the house? Had no one canceled their subscription? But surely everyone in this town knew whose house it was and what had happened, didn’t they? After taking a few photos from afar, I went to get back in the car but felt pulled back toward the house and stood there staring at it. It was then that I noticed a small, torn, piece of white card flapping from a metal rod that had been shoved in the ground by a young tree near the letterbox. I turned it over and saw it was half of a “No trespassing” sign – a marker that this was the place. I walked back up the hill and right around the house and the playground, tuning in as much as possible, feeling quite dizzy, and somewhat in disbelief – I could even have gone up onto the back deck, pushed my nose up against the ranchslider, tried the front door, had I wanted to. The energy was so, so heavy. My neck and shoulders felt so full of *stuff*. I walked back down and Emily said we should go. She said she was worried about police coming, just as two dogs started barking and running in our direction – as though let loose by someone who had been watching us from a distance. I left with thoughts about the absence of witnessing and of protecting his mother’s death.

(Fieldnotes, October 20th, 2013)

he is definitely mad sometimes and definitely tormented.. i just wonder if we didnt have the fear, or expectations i guess, how things could be a bit different..
RCC: So this is where it gets complicated because we do a SIPS, okay? So maybe I do 80 SIPS a year, okay? But not all 80 people are gonna be prodromal. Some are already gonna be psychotic, some are gonna be non-prodromal, and some are gonna be prodromal. So I have to do that many SIPS in order to get 24 prodromes who will agree to be in the study. You know what I mean?
Me: Yeah that’s the kind of math I was doing in my head but I-
RCC: Yeah it’s it’s it’s a lot. You know it’s a lot. And then again remember NAPLES isn’t our only study so, you know? I’m now dividing up the people who are prodromal into the different studies that we have. So it it, it’s ah, it’s complicated [chuckles]. It’s very complicated.
Me: It sure is. And it’s just- it’s a lot of work. And so is that about how many SIPS you would do a year – about 80?
RCC: Yeah every year is different. Um this year- I can tell you where I’m at this year but, um- [Turns toward wall; 2 second pause] You know I have years when there’s 69, years when there’s, you know 78. You know it can be different.
Me: Is that a chart on your wall?
RCC: [Still turned toward wall] It is, it is. That’s my motivator, keeps me going you know. I try to do better than I did last year you know.
Me: [Chuckles] Yeah I love things like that. So what is that? The list of the years and then the-
RCC: [Still turned toward wall] Right. So I wasn’t there all of those years, um-
[8 second silence]
Me: Mmm.
[17 second silence]
Me: [Whispers] I have to- [Scribble sounds followed by soft murmurs]
[9 second silence]
Me: So you’re looking up how many? Is this a-
[6 second silence]
RCC: [Still turned toward wall] So I’m at 76. Oh no- [Quietly to self] I’m more than that.
[9 second silence; RCC counting under breath]
RCC: [Still turned toward wall; counting getting louder] 84, 85-
Me: Wow.
RCC: [Still turned toward wall; counting back to normal volume] 86, 87, 88. [Turns back to face me] 88 so far this year.11

This exchange marks a distinctive intensity during my interview with a Research Clinical Coordinator (RCC) at the center of the US prodromal movement that I introduced in the previous chapter. It occurred after an hour of talking together in her small office – tucked away in the far left hand corner of a prodromal clinic. She was sitting behind her desk in front of a computer with a noticeboard on the wall to her right, I was on the opposite side with my

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11 For all quotes and extracts I have changed identifying information and underlined those parts that were said with emphasis.
notepad and digital recorder in front of me. Up until this point RCC had by-and-large been responding to my questions with the same tone and content (sometimes word for word) that I had by now encountered during two earlier events that she had facilitated. Yet here her demeanor changed. Stuttering when she named the amount of prodromes needed to meet the required ‘n’ for the various studies undertaken at the clinic, she was all of a sudden turned away from me, completely engrossed by a piece of paper on her noticeboard. It felt increasingly awkward – as illustrated by my initially breaking the silence with an “Mmm” and then my (more desperate) faux writing of a ‘To do’ list after another long pause about halfway through – finally ending when she had counted, with pride, her total number of ‘successful’ SIPS so far for the year: 88.

With the transnational, racialized circuits of the previous chapter in mind, below I enter this awkward ‘silence’, describing the means by which the US prodromal movement, as operating within a contemporary society of control (Deleuze, 1992), assembles young people who are potentially psychotic – making suspects, meeting quotas.

a. Nets

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12 Both this and the following chapter draw upon fieldnotes and materials that I gathered during a one-hour Community Presentation (henceforth, ‘school presentation’) on the prodrome at a middle school and a one-day Rater Training on the Structured Interview of Psychosis-Risk Syndromes (SIPS) at a prodromal clinic (henceforth, ‘SIPS training’) – both of which were held in December 2014. I was invited to both events by the facilitator, whom I had emailed about my research into the prodromal movement, stating that this had in part derived from a broader interest on the intersections of psychiatry and security. Both of these events were affiliated with the same prodromal clinic and facilitated by the same person – a Research Clinical Coordinator (henceforth, RCC) – whom I also had a 1:1 90-minute semi-structured interview with on the morning following the Rater Training. Thus, this chapter also draws on the transcript from this interview. During the school presentation and the SIPS training I introduced myself as a PhD candidate from CUNY who was doing an ethnography of the prodromal movement, and sat at the front to the right hand side of the projection, taking notes by hand. The interview was audio-recorded and I also took notes by hand. Immediately after all three of these events I typed up my notes, integrating them with their affiliated materials/audio-recording, fleshing them out with as much sensory information that I could recall, and adding any nascent analytic insights. Alongside mapping the mechanics of the movement, I focused on what was happening in between – what moments felt like, what was made by claims’ adjacency, my own and others’
I wonder if people may be planning to hurt me or even may be about to hurt me.¹³

“These are the kids who” you don’t want to sit next to a window as they’re “hypersensitive to sunlight”, or that are “overwhelmed” by noise and chaos in the school hallway so you might want to let them leave class 30 seconds early as this will make a “world of difference” to their stress levels.

“It’s the girl who says ‘my friends are just pretending to be my friends’”, and her friends and you can try and tell her that that’s not true and “offer proof”, to “use rational thought to change her”, but this isn’t going to work: she’s “irrational”. Instead you need to use distraction...

“These are the kids who are hypersensitive” to light, noise, busyness, to whom colors seem brighter. Someone jumped in and made a joke about one of the paintings in the office – that ‘these’ kids would not like that, and that they could use it as a test. Everyone laughed.

“These are the kids who can’t keep pop culture in check” – when vampires and werewolves were “all the rage” recently they “actually believed it” – they were afraid of what was in their backyards at nighttime.

“These are the kids who” believe in “aliens”, “UFOs”, “any type of alternative philosophies out there”.

“Remember, these are the kids who” perceive stress strongly and overreact, or get a “wooden” or “poker” face as they’d “rather not emote” than be wrong. Or who all of a sudden have a drop in personal hygiene and appearance. RCC listed off a few examples, including “not wearing make-up” – “a clear telltale sign of prodromal”.

Embodied responses, what ‘else’ was evoked, things that seemed to come ‘out of nowhere’, unexpected collisions of affect, things that seemed contradictory or oddly recurring. While I typically only cite one extract in order to make my argument, it is important to note that the content across the school presentation, SIPS training, and RCC interview was highly repetitive (sometimes even verbatim) – strongly implying that I was encountering a script. The significance of this is located in the fact that the SIPS is copyrighted to the clinic with which I was engaging, such that anyone who wants to use it must first participate in one of their official trainings (like the one I attended), and that only one person, worldwide, facilitates these (RCC). Indeed, in a phone conversation with an assistant director of another prodrome clinic, this dynamic was said to have made the movement “an American thing”. Moreover, while the Comprehensive Assessment for At Risk Mental States (CAARMS) is also used to designate prodromes outside of the U.S., I was told by RCC during one of our breaks in the SIPS training that the latest National Institute of Mental Health (NIMH) “buzz-word” is “harmonization” – that in order to synchronize the movement all studies globally are being pushed to recruit subjects using the SIPS and the CAARMS. Thus, I read RCC as a figure of the prodromal movement – the words that follow not only circulate through her clinic, but the US, and also globally.

¹³ These statements (and the ones in the following chapter) have been selected from the prescreening tool for the SIPS (See Appendix C). Easily available online, its 12 items are thought to point toward a potentially psychotic paranoia.
A week before the interview above, I had taken these fieldnotes down in rapid succession. I was sitting in the principal’s office of a middle school – surrounded by dark varnished wood, leather chairs, framed paintings, vases of flowers, and approximately two-dozen teachers, guidance counselors, and administrative staff. We were around a large rectangular table, with packets of outreach handouts, small plates of nuts, and a basket of water bottles in the center. A projector screen was at one end and our facilitator – RCC – was standing at the other, controlling the slides and speaking. She was giving one of her after-school presentations on the prodrome, having been invited after a staff member had heard about her doing the same at the local high school.

We were about two thirds of the way through RCC’s one hour time-slot, and up to the 29th slide, when she had started to describe young people who fit the description of a prodrome. The speed and repetitive structure of her list (“These are the kids who...”) accelerated an urgency that was already brewing in the space. The presentation had opened with RCC saying that their clinic “specializes in the prodrome”, that it’s really important that people get “help as soon as possible” as “the sooner they are identified, the better the prognosis”, and that they were “very pleased” with the outcomes of all the hearings following the Sandy Hook shooting – “millions of dollars” had been allocated to the field of early intervention, so they “have the resources now to do this really right”. Not even needing an introduction, the ghosts of Sandy Hook were called even closer by.

RCC had then proceeded with what to me had felt like an “onslaught of info” – “so many half-articulated ideas, peppered with a jargon that when really listened to simply don’t make sense”. Indeed, I increasingly had the impression that “a lot of people don’t really understand what she is saying but are agreeing because they want to get it and also because they don’t need to get it – the point is simply that RCC and her clinic are experts” (School fieldnotes). This sense only grew as RCC picked up the pace of the school presentation, at one stage saying about the SIPS that “she ‘won’t go into detail’ about the ‘validity and reliability studies’ – (everyone
laughed) – but they’re there if people want them, and that it is ‘being used around the world’.

Now moving fast through the slides (often too fast for me to even take notes), RCC could throw in jargon and a professional – indeed, global – norm (“being used around the world”), dousing the space with authority and showing that she was now fully established as “super into her science/knowledgeable/an expert set apart form everyone else” (School fieldnotes). Directly after the presentation I further noted how this style merged with the lingering “air of concern in the room – this was clearly a really serious topic for people yet at the same time they had just been thrown so much information – it feels like they’ve just let it wash over them, no one seemed to be taking any notes”.

Thus, the collision of intensity and passivity both thickened the urgency mentioned above and produced an ooze of expertise. The tidbits of advice scattered in the suspect descriptions above, for example, felt “like gold nuggets” (“you might want to let them leave class 30 seconds early”, “Instead you need to use distraction”). With the specificity and simplicity of these interventions carrying them as particularly knowledgeable and grounded, all up RCC “really, really established people needing her”. This was exemplified by the painting joke which, far from working as a sort of comic relief, portrayed the sense of comfort in the room. RCC was coming across as a trustworthy figure who knew both the technicalities and the seriousness of the prodrome, and who could help.

This trust in part came from the authority of science, which entered the space with RCC’s prestigious university affiliation and explicitly showed itself on the fourth slide of the presentation:

RCC started to say how they know that psychosis is not genetic because of adoption twin studies that show that it is “not 100 percent concordant in monozygotic twins”, and that in order to “avoid the deterministic view of mental illness” they “emphasize lifestyle and environmental factors”. The most common were “substances” and “stress”. With regard to the former, she said that they don’t just mean things that are “illicit” but also prescription, explaining that many young people are going through the mental health system “misdiagnosed” – they are prescribed amphetamines and these will “exacerbate pre-psychotic symptoms”. People nodded and murmured agreement and concern. Someone asked if trauma was also “a risk factor”, and RCC said yes, that there were
“eight risk factors in total” – including trauma, maternal illness in the 2nd trimester, and if someone’s mother “cleared cat litter while pregnant”. (School fieldnotes)

Filled with jargon (“adoption twin studies”, “100 percent concordant”, “exacerbate pre-psychotic symptoms”), this extract exemplifies the way that science was routinely gestured toward throughout the presentation – not only drawn upon, but also gently critiqued. Nods to the “deterministic view of mental illness” and young people being “misdiagnosed” implied a knowledge of, and reflection on, the psychiatric field that further cultivated a sense of expertise and trustworthiness14. The ease with which RCC responded to the “risk factor” question with a list of specifics only bolstered this authority – one that has a particularly watchful eye on mothers, and that can detect a suspicious package as seemingly benign as cat litter.

And that surpassed the skill of all of us in the room. RCC “really emphasized that while as people working with young people many of us will recognize these behaviors, they are ‘not just being an adolescent’”. “Playfully warning everyone that she was going to get onto her ‘soapbox’”, she spoke of how while, “as people who work with young people we are all dedicated to ‘encouraging young people to embrace their differences to an extent’ this should not be taken too far” – giving two examples:

The first was a young woman who had “safety pins in the palms of her hands for months” and “no one had sent her for a mental health assessment?!?” – because she was a Goth so people just accepted this as part of her self-expression. People gave noises of horror (at the girl) and judgment (at the people who had ‘let this continue’). The second was a young man with long blonde hair (“It was 18 inches, I know because I measured it”), who used a type of glue to put it into a Mohawk and then wasn’t able to sleep and “no one sent him for a mental health assessment?!?!” (School fieldnotes)

As well as pre-empting critiques that the prodromal movement is pathologizing normality, these patient descriptions conjure the perils of naiveté and ignorance – inciting people to send suspected prodromes for a mental health assessment.

14 Yet, the “mis-diagnosis” may also be misleading, evoking the “drug-induced diagnosis” that came to circulate with the rise in evidence that antidepressants can cause suicidality – leading to people claiming that they exacerbated an underlying depression (Liebert & Gavey, 2008) and the rise in evidence that antidepressants cause mania – leading to people claiming that they caused an underlying bipolar disorder (Liebert, 2013).
A duty summarized through a question at the bottom of a slide projected during these descriptions, “Is someone you know at risk?”. Summoned with the same cadence as the US Department of Homeland Security’s anti-terror campaign, “If you see something, say something”, a bright pink flyer in our stack of otherwise white handouts, the final slide of the presentation, and RCC’s closing remarks all urged people to call RCC’s clinic if they suspect anything, anything at all — “If you hear nothing else please hear this phone number”, “…anytime you think that a kid’s got something going on”, “I don’t care how minor the symptom is – that’s what this clinic specializes in – go with it”, “If you just get them to us, or us to them, then we can get them on to an appropriate course of treatment”, and her final words for the day: “Please don’t hesitate to contact me”.

These “symptoms” were listed on the slide above the aforementioned question and under a heading entitled “Early Warning Signs of Psychosis”. Nowadays a taken-for-granted phrase, both “Warning” and “Signs” almost covertly evoke a threat lurking beneath the surface: “Psychosis”. This threat could be further detected through a 12-questionnaire screening tool (see Appendix C) that RCC offered twice to email through to us, and which is also easily available online. Respectively, people were “very thankful” and “murmured gratefully” in response to these offers – the latter of which was accompanied by RCC’s point that, “We don’t want these kids to fall through the cracks, we know we can help them”.

Also a repeated trope with regard to early intervention in mental health, “falling through the cracks” simultaneously summons both the image of a safety net and a need to tighten security. RCC had used it herself in our subsequent interview, when explaining how the Sandy Hook shooting gave the prodromal movement more “momentum”:

I think Sandy Hook was a tragedy absolutely, and I think um unfortunately a little bit because of his mother and a little bit because of the system he fell through the cracks and that’s very sad. And we don’t want that we don’t want people to fall through the cracks you know. And so um you know word of mouth, psychoeducation campaigns, I think they’re so so important. (Interview)
While said in the context of wanting “to be very cautious to draw the distinction” between the Sandy Hook shooting and psychosis (because “usually they [“schizophrenics”] are not that organized to pull off something like that”), here the possibility of this event warrants “psychoeducation campaigns” – further showing how much it was in the air during our own psychoeducational experience at the school. Indeed, people’s gratitude at receiving the abovementioned questionnaire seemed to embody the anxious shadow cast by this potential threat.

The outline of which included a familiar, yet still ominous, intervening shape: mothers. Both participants and RCC made references throughout the school presentation to parents’ ignorance or “denial” being a problematic barrier to identifying and intervening on prodromes.

And again I can’t stress enough our toll free number because you know they don’t have to get parent permission to call us because we’re never gonna name the person, we’re just gonna talk in generalities – “I’m working with this student, this is what I’m seeing, what do you think?” (Interview)

Wrapping the “toll free number” with a promise of anonymity, RCC emphasizes that it can be used to elude an otherwise interfering parent. As a figure that was “definitely taking flight in this space” (School fieldnotes), RCC thus aligned the movement with the school-workers while outwitting a familial harboring of suspected prodromes:

First, a young woman who was sitting at the table one day and felt a cold wave come over and said that it was the spirit of her grandmother and was not distressed about it. However, she started to sit back at the table in the hope that it would happen again and ended up spending more time doing that than her schoolwork, seeing her friends, etc. (The implication being that she was therefore potentially pre-psychotic). Second, a young man who was bought into the clinic by his parents who were really, really distraught at the dramatic change in him – “something’s happened”, “he’s hit a wall” – while he used to be an athlete, out with his friends, etc., he now just sits in his room all the time. When he spoke to RCC he told her that, what his parents didn’t know, was that his friends had started to “smoke pot and drink alcohol and it’s too hard to say no”. This “was not psychopathology but good judgment” – “without having talked to him we would never have known”. (School fieldnotes)

Unlike their parents, RCC was able to ‘see through’ the supposedly normal behavior of the young woman and the supposedly pathological behavior of the young man. She used these examples to further explain that “‘We can’t measure what’s going on in people’s brains, all we can do is look
at behavior and make assumptions about it.” Indeed, an inability to measure brains was depicted as “the hardest thing” that they have to tell people – simultaneously locating prodromal experiences in a disordered neurobiology, making a trustworthy nod to the limitations of the movement, and aligning the struggles and desires of the movement with the struggles and desires of the people affected.

Indeed, described by RCC as all about “educating people about the early warning signs” – “I go to schools, I go to mental health clinics, I'll go to, you know, community outreach, NAMI, you know, PTAs, whatever. Anybody who wants to learn about this it's my job to go out and do those presentations” (Interview) – community presentations are said to be driven by community needs:

They are so relieved to know there is a resource out there. And you know especially with school systems they really love us because we're free. And with the school system if they make a referral the Board of Ed is liable for the money for that. So we're free so they can utilize us without worry. And so the schools love us. (Interview)

Caught through mail-outs for a “FREE staff training program” (their emphasis) and word-of-mouth (as RCC described, these are the main ways “that we get them”), community presentations (and their associated assessments and interventions) are framed as a comforting, empathic social service offered to under-resourced schools. For her, the “love” that they receive in response, is testimony to a “pendulum shift” – while “years ago when I started doing community outreach people’s reaction was 'You guys are just inventing some new mental illness so some drug company can develop the drug to treat it”’ now “when I go out and do the presentations the pendulum has swung completely the other way. Now people are looking at me going, ‘Why don’t we know about this?!’” (Interview).

Locating these initial concerns within a generic US cultural “attitude” to “question everything”, RCC simultaneously dismisses any wonderings that the prodromal movement may be disease-mongering and replaces them with an account that people could “really see the, you know, concrete use that it has and the difference it can make” (Interview). The “it” being the
accommodations that RCC suggests to schools for their prodromes, some of which “are so minor”. This emphasis on the small size of (some) interventions was given to again lift up the low cost to the schools (in terms of time and effort), as juxtaposed against the benefits for all:

Prodromal kids are what “we lovingly call FLK’s (Funny Little Kids)” – “everyone knows that something is up but nothing diagnosed” – in the past had to “wait and see” – don’t want to do this as affecting the brain, especially the executive functions, and their primary occupation is students so frontal lobe issues make learning difficult (Training fieldnotes)

And you know think about it: We send these kids to school everyday to learn but with this illness their frontal lobe’s not working properly and that’s their executive functioning, that’s what you need to learn. So we’re sending them to school without the tools they need to learn. And then we get surprised when they get bored or frustrated and act out?! It’s a natural sequence of events you know – “I can’t come here every day and fail constantly without having some sort of reaction to that”. (Interview)

Here, RCC casts a suspicion around even seemingly harmless kids – their “something” will eventually reveal itself, and in the meantime will silently assault their schooling. Prefaced with an explicit call in our interview for me to, “think about it”, this “natural sequence of events” drew once more on the authority of science (“that’s their executive functioning”) and compassion (“And then we get surprised when they get bored or frustrated and act out?!”) to wrap common sense around the prodromal movement which, all up, is ‘simply’ about these not-so-funny little kids getting the specialized treatment they need.

And you know, now- after this many years of doing this you know, there are psychiatrists and school psychologists and people out in the community that- we have a very strong relationship now and they’ll call us right away and say, “Look” you know “I’ve got this patient let’s get him evaluated just to make sure we’re not missing anything”. So I think what has actually happened is people are getting better care – “Rather than just assuming I know what’s wrong with you and making a treatment plan, I’m gonna get a second opinion by people who specialize in this, and you know really make sure”. (Interview)

Evoking both a trustworthiness (“after this many years of doing this”) and urgency (they’ll call us right away”), RCC summons “better care” as the ultimate driving force of the community presentations.
Yet, in doing so, she evades another agenda. The distribution of the suspect descriptions, early warning signs, and screening questionnaire are also casting a different kind of net – as often and as far and as wide as possible. When asked in our interview if people usually do call “the number” after the presentations, RCC replied: “Absolutely. Absolutely. You know it resonates with them and they’ll say, ‘Listen I have a student, this is what I’m seeing’:

So we do post ads on Craigslist about the clinic and the services. The phone calls from people who saw it on the Internet are less likely to actually come in for the SIPS. They no show on me, okay? The people who learned about us from a presentation come in. So probably 75 percent of the people who heard about us from a presentation will have come in for a SIPS. Whereas probably about 30 percent of the people who heard about us on the Internet will actually come in for a SIPS. (Interview)

Seeing something and saying something, the community presentations lead to phone calls lead to young people coming in for a SIPS assessment, to standing at the gate through which they need to pass in order to enter prodromal territory. In the following section I consider how this crossing is patrolled.

b. Borderguards

I have thought that it might be possible that other people can read my mind, or that I can read other’s minds.

3-4-5
1. Began/worsened in past year
2. Occurring in past month an average of 1/week
3. Distress/interference
4. Not better accounted for by another DSM diagnosis
5. Mentions insight

I copied this list down off a whiteboard in a very small, very hot, very bare room in the basement of a psychiatric hospital where myself, a research assistant, one graduate student researcher, and five clinicians/researchers (three of whom had flown in from Santiago, Chile) were participating in a one-day training to learn how to use the SIPS. We were cramped around a rectangular table – scattered four-inch ringbinders full of training materials and half-consumed donuts, bagels, and coffees in the middle, and a projector, screen, and facilitator (RCC) at the far
end from the doorway. Nearing the end of the day, RCC was revealing her “cheat-sheet” – the three ratings and five qualities that will turn an experience into a prodromal “symptom” – telling us that “lots of clinicians put these on a card and keep them by their side”. As suggested by both “symptoms” and “clinicians”, throughout this training (and the school presentation above), RCC routinely wrapped the prodromal movement in a biomedicalized discourse. This was despite also routinely making explicit disclaimers that she “hates that the SIPS is called a ‘diagnostic instrument’ because the prodrome is not an official diagnosis – it’s only in the Appendix of the DSM-5” (Training fieldnotes).

Nonetheless, “diagnose”, ”diagnosis”, and ”diagnosing” were consistently used to declare when one crossed into prodromal territory. Assessed by the SIPS, our training day demarcated this threatening space, located in-between ‘psychotic’ and ‘normal’. The first, more obvious, border was that which separated “the psychotic” and “the prodrome”:

“The psychotic” has “the devil talking to him” saying “I want you to hurt your children” with “a voice as real to him as mine is to you now” – The prodrome says, “When I’m resting sometimes I think the wind is trying to talk to me” – “They know it’s not true but it is very troubling to them”. (Training fieldnotes)

RCC saw a girl who used to go to the library and hear the hissing of the radiators and couldn’t “shake” that they were trying to communicate with her – She “knew” it wasn’t “real” but couldn’t go to the library any more – The same girl used to say that red lights felt like they had meaning for her – “I know it’s stupid as there are 10 other people waiting at the light, but I can’t make it go away”. (Training fieldnotes)

“The psychotic” would say, ‘I went to the dentist and had a tooth drilled and I know that they put a chip in there and the government is following me” – RCC “actually had a patient pull out one of their fillings with a toothpick” – versus “the prodrome” who will walk into a cafeteria and “can’t help feeling that everyone’s looking at me. I know it’s not true but I just can’t go there anymore”. (Training fieldnotes)

In these accounts, “the prodrome” spoke of their experiences as “stupid” or “not true” thereby differentiating them from “the psychotic”. This border, then, is patrolled by ‘insight’ – a prodrome will ‘know’ that what they are experiencing is not ‘real’. At the same time, these young people felt troubled and stopped going to their regular places – their symptoms affected them even against their better judgment suggesting that psychosis, threatening to overpower their
presently intact awareness, is close by. Indeed, with reference to talking devils, hurting children, and irrational paranoia, psychosis is plainly enemy territory:

Need to check under what conditions the daydreaming is happening – if it’s during class then this is relatively normal, but if it’s making people really preoccupied then find out the content – e.g. is someone daydreaming about what they are going to do after school or that they are going to “get a gun and blow everyone up”? (Training fieldnotes)

While not officially on guard, the content of people’s experiences is said to also maybe warrant further investigation. Evoking the Sandy Hook shooting, RCC’s ‘hypothetical’ example again conjures a dangerous, neighboring state.

The border between prodromal and normal is patrolled by four more border-guards: worsening (began or intensified in the past year), frequency (occurring an average of once a week over the past month), interference (causes an emotional or behavioral response), and fidelity (into accounted for by another DSM diagnosis). During our training, a series of nine vignettes were projected onto the wall next to the “cheat sheet” above, with 15 more in our binder for further independent practice. These vignettes were purposely created with “gaps” – RCC emphasized that, while “anyone can ask the first question”, “the trick” for those of us who would soon be experts in the SIPS is knowing when and how “to follow-up” versus “when not to follow a symptom”:

Lori stated that she has always enjoyed thinking about different kinds of ideas and beliefs. Beginning in January 2007 the time she spent engaged in this activity doubled. When asked how much of her day is spent thinking about these ideas and beliefs she stated about 55 percent of each day. She was unable to provide specific examples of her ideas and her thought process became more tangential and loose as the interviewer gently pushed her for details. She stated that her brain seems different and it is bothersome and worrisome. (Slide entitled, 'UNUSUAL THOUGHT CONTENT')

RCC – She is showing two symptoms but her belief that her brain is different is a higher rank symptom so use this to make the diagnosis. If “can’t get it there” then go to the next one. We don’t know how often she is doing it. We need to know the content - “don’t back off” even if she is becoming more tangential and loose. P1 = 3, diag = yes. (Training fieldnotes)

Peter stated that at least twice a week, beginning in September, he has the feeling that other people are thinking about him in a negative manner. He stated that he can tell by the way they stare at him and then quickly turn away. He also reported a vague feeling
that he is being watched. This occurs about once a month but he stated that he knows this is not real. (Slide entitled, ‘SUSPICIOUSNESS’)

RCC – He shows 2 symptoms. Being called is higher rank but not frequent enough so go with the second one and check the level of conviction by asking if he asks people and how he reacts to their answer – “did you ever find out if it was true or not?” “Don’t spend a lot of time asking questions that aren’t going to get you a diagnosis” P2 = 3, diag = yes. If calling out sick then P2 = 4. (Training fieldnotes)

Nicole stated that she hears her name being called about three times per month. This experience has begun in the past year and she is uncertain what to make of it. She reported that when she hears her name being called she often turn to look or asks someone if they heard it too (Slide entitled ‘PERCEPTUAL ABNORMALITIES’)

RCC – She showed a reality check, not a change in behavior, but it’s not frequent so it’s not diagnosable anyway. P4 = 3, diag = no. In clinical practice, would call Nicole back in a month as “may have just got them early in the prodrome”. (Training fieldnotes)

Lori and Peter were both deemed prodromal – the former for their unusual thought content, the latter for their suspiciousness. Schooling us to “follow a symptom”, to move on if we “can’t get it there”, to not “back off”, to not “spend a lot of time asking questions that aren’t going to get you a diagnosis” and to call people back in case we “just got them early in the prodrome”, the evaluation-cum-interrogation seemed driven by a desire to know where the prodromal symptom was hiding, a certainty that it was there, somewhere. Even if this meant broadening the jurisdiction of the border-guards: we were told at one point “don’t get stuck on ‘distress’”, that “people may not be bothered but they might be ‘intrigued’, ‘curious’, ‘captivated’, ‘find it weird’” (Training fieldnotes).

Repeatedly saying, “What do you know and what do you need to know?”, the reverberation of this command evoked the sense of a “hunt” that I also took down in my fieldnotes. This sense was furthered in both the SIPS training and school presentation when we told to “remember that there is ‘a lot of noise going on in their head at this time and they don’t want people to figure that out’”, that “young people go on the Internet and look up the symptoms, so ‘we have to get better at asking questions’ in a ‘softer manner’ – the SIPS is ‘really good at this’ – ‘otherwise they know what not to say’”. Framing “these” young people as guarded,
cunning, and deceitful, this tip dusted distrust over the prodrome while adding to the seriousness and expertise of the prodromal movement.

This mood climaxed in the last part of the day when we were given a one-hour simulation video of “Natalie” – a real-life patient re-enacted by one of RCC’s Research Assistants – being ‘interviewed’ by RCC with the SIPS. RCC left the room with instructions that we were to individually watch the video and work through our own copy of the SIPS (as handed out in our ring-binders) in order to evaluate whether or not Natalie was prodromal:

P.1. UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS: PERPLEXITY AND DELUSIONAL MOOD
RCC – “Have you had the feeling that something odd is going on or that something is wrong that you can’t explain?”
Natalie – No.
RCC – “Have you ever been confused at times whether something you have experienced is real or imaginary?”
Natalie – In class I start daydreaming and when I snap out of it I have to refocus. Sounds silly.
RCC – Take a few minutes?
Natalie – Yeah I have to figure out that I’m in class.
RCC: Bothersome?
Natalie – Yeah I don’t know what I’ve missed, and it affects my grades.
RCC – How low have they dropped?
Natalie – At first I got mostly B’s now I’m failing a few.
RCC – When started?
Natalie – Last semester.
RCC – Early? Late? Middle?
Natalie – October/November.
RCC – How often happen?
Natalie – Everyday.
RCC – “Do familiar people or surroundings ever seem strange?”
Natalie – Just when I come out of the daydream.
RCC – What do you make of what just happened to you?
Natalie – It’s just weird. I dunno.
RCC – Does your experience of time seem to have changed?”
Natalie – No.
RCC – “Do you ever seem to live through events exactly as you have experienced them before?”
Natalie – Like déjà vu? Yes.
RCC – How often?
Natalie – I don’t know if it’s déjà vu but sometimes I will have a dream and it’s like the dream actually happens.
RCC – What do you make of that?
Natalie – It’s not like I’m predicting things but it seems like a weird coincidence.
RCC – Happened your whole life, or new?
Natalie – I can’t recall having it that often before.
RCC – When started?
Natalie – Summer.
RCC – After highschool? June?
Natalie – Yes.
RCC – How often on average?
Natalie – A few times a month, not everyday.
RCC – Every week?
Natalie – Yes.

P.1. UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS: FIRST RANK SYMPTOMS
RCC – “Have you ever felt that you are not in control of your own ideas or thoughts?”
Natalie – No.
RCC – “Do you ever feel as if somehow thoughts are put into your own head or taken away from you?”
Natalie – No.
RCC – “Do you ever feel as if your thoughts are being said out loud so that other people can hear them?”
Natalie – Sometimes.
RCC – Can you tell me more about that?
Natalie – I’ve been concerned that I’ve been thinking of something and will see the expression on someone’s face and I’m worried, “Did they hear that?” And I worry ‘cos if it’s not a nice thing and I thought I just thought it.
RCC – What do you make of that?
Natalie – It’s just my imagination.
RCC – Is it concerning to you?
Natalie – In the moment, as I worry that they know what I think, but they don’t bring it up, so.
RCC – When did this start?
Natalie – I had it then it went away. I started noticing it again after I graduated high school.
RCC – Is it happening more often or bothering you more?
Natalie – No.
RCC – How often does it happen?
Natalie – Twice a month.
RCC – “Do you ever think that people might be able to read your mind?”
Natalie – Sometimes I think, “Did I say something out loud?” but I don’t think that they can read my mind.
RCC – “Do you ever think that you can read other people’s minds?”
Natalie – No.
RCC – “Do you ever feel the radio or TV is communicating directly to you?”
Natalie – No.

P.1. UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS: OVERVALUED BELIEFS
RCC – Do you have strong feelings or beliefs that are very important to you, about such things as religion, philosophy or politics?”
Natalie – No.
RCC – “Do you daydream a lot or find yourself preoccupied with stories, fantasies, or ideas?”
Natalie – It’s kind of embarrassing.
RCC – That’s okay, it’s just us girls.
Natalie – I got into Harry Potter and find myself fantasizing that I’m in them.
RCC – In the books? The story?
Natalie – Yes, I get lost in it.
RCC – When did this start?
Natalie – Summer.
RCC – Before college?
Natalie – Yes.
RCC – Is that distressing?
Natalie – I like being there and spend a lot of time wishing I was but it’s bothering my boyfriend.
RCC – Tell me more.
Natalie – He is making comments that I will just zone out and daydream.
RCC – Is this interfering with your ability to maintain a relationship?
Natalie – Yes.
RCC – So it’s impacting you socially?
Natalie – Yes.
RCC – How often does it happen?
Natalie – Daily.
RCC – “Do you know what it means to be superstitious? Are you superstitious?”
Natalie – I believe in things like Friday the 13th.
RCC – Do you do anything differently because of this?
Natalie – Not really.
RCC – Does it bother you? Impact your behavior?
Natalie – No.
RCC – “Do other people tell you that your ideas or beliefs are unusual or bizarre?”
Natalie – Just the Harry Potter stuff.
RCC – Anyone else besides your boyfriend?
Natalie – I started to tell my friend but I don’t talk about it anymore.
RCC – Do any of your friends read them?
Natalie – Yes but it doesn’t seem like it’s as important to them as it is to me.
RCC – Do you take it a step further?
Natalie – Yes.
RCC – What’s your conclusion?
Natalie – Obviously it’s not real but it’s confusing, distracting.
RCC – “Do you ever feel you can predict the future?”
Natalie – Just when I dream, it can come true at least once a week.

P.4. PERCEPTUAL ABNORMALITIES/HALLUCINATIONS: PERCEPTUAL DISTORTIONS, ILLUSIONS, HALLUCINATIONS
RCC – “Do you ever feel that your mind is playing tricks on you?”
Natalie – All the time.
RCC – Tell me about that.
Natalie – At night when I’m driving I’ll think that a mailbox or garbage can is a person and I’ll do a double take.
RCC – So you’re driving along and you’ll see a mailbox?
Natalie – And I’ll think that it’s a person and I’ll be like, “It’s a person”. It’s not only when I’m driving at night.
RCC – Can be during the day?
Natalie – In my dorm I’ll see something and my dorm-mate isn’t there and we don’t have a pet, so.
RCC – So it happens when you’re in your dorm?
Natalie – That’s when it happens the most.
RCC – How often? How many times if you averaged it out in the past month?
Natalie – A dozen.
RCC – Do you remember when this began? Was it before college?
Natalie – The driving thing did, not often, just a couple of times, but the stuff in the dorm room is just since college.
RCC – So it’s getting worse?
Natalie – Definitely.
RCC – Does it bother you?
Natalie – It freaks me out, I worry that it’s haunted.
RCC – Is it?
Natalie – I don’t know, sometimes I want my dorm-mate to stay home.
RCC – What about driving – do you avoid it?
Natalie – Yes, especially at night.

P.4. PERCEPTUAL ABNORMALITIES/HALLUCINATIONS: AUDITORY DISTORTIONS, ILLUSIONS, HALLUCINATIONS
RCC – “Do you ever feel that your ears are playing tricks on you?”
Natalie – No.
RCC – “Have you been feeling more sensitive to sounds?”
Natalie – No but I’ll hear sounds outside my dorm room and will go and check.
RCC – Is anyone there?
Natalie – Sometimes. But sometimes there hasn’t been so I’m like “It’s haunted” but then I’m like “No, that’s silly”
RCC – When you say “that’s silly” is that because you know it’s not real?
Natalie – Yes.
RCC – What does it sound like?
Natalie – Like someone’s there – footsteps, door closing – it’s like someone went into their dorm room, it’s not a big deal.
RCC – You said you tend to hear more in the evening. Do you ever feel more nervous in the evening?
Natalie – No, well only if I’m in the streets outside the dorm.

P.4. PERCEPTUAL ABNORMALITIES/HALLUCINATIONS: VISUAL DISTORTIONS, ILLUSIONS, HALLUCINATIONS
RCC – “Do you ever feel your eyes are applying tricks on you?”
Natalie – Just with the mailboxes.
RCC – “Do you ever seem to feel more sensitive to light or do things that you see ever appear different in color, brightness, or dullness; or have they changed in some other way?”
Natalie – No.
RCC – “Have you ever seen unusual things like flashes, flames, vague figures or shadows out of the corner of your eye?”
Natalie – Just the shadow thing in the dorm.
RCC – And the seeing didn’t happen before college?
Natalie – No.
RCC – How often – as often as once a week?
Natalie – Yes.
RCC – In the last month has it been this often?
Natalie – Yes.
RCC – “Do you ever think you see people, animals, or things, but then realize they many not really be there?
Natalie – Yes, and it’s the mailbox or garbage can.
RCC – “Do you ever see things that others can’t see or don’t seem to see?”
Natalie – No.

These extracts show the exchanges between RCC and Natalie that resulted in her being diagnosed as prodromal. ‘P1’ (Unusual thought content/Delusional ideas) because her daydreaming “certainly reached the level of psychopathology and certainly changing her behavior”, showed a “confusion between what’s imaginary and reality”, and “impacted her grades”; and ‘P4’ (Perceptual abnormalities/Hallucinations) because she saw shadows in her dorm once per week, mis-sees garbage cans and mailboxes as people, and doesn’t want to be alone so has her boyfriend or roommate stay home (“even though she questions if it is haunted, she is distressed and changing her behavior”). By the time we were at ‘first rank symptoms’ I was writing in my fieldnotes, “This questioning is so intense?!” – a feeling created by the speed with which they were being delivered (“we’re all flicking through the binders at the same pace as RCC is on the video = fast – the sound of her pages turning is stark and disruptive and eerie”) combined with the structured, closed-ended nature of interview, requiring potential prodromes to give a definite affirmative or negative response; only one of which is ‘normal’.

Notably, not the response that ‘we’ were looking for. Come the section on ‘overvalued beliefs’ and RCC’s ‘successful’ question about Natalie’s daydreaming, “So it’s impacting you socially?” and “Everyone is taking notes furiously – there’s a palpable sense of “BINGO!” – it’s like RCC is digging for gold with increasing skill and speed” (Training fieldnotes). Yet, far from unearthing prodromal experiences, by the end of the session it felt as if the SIPS was creating them. Bullied into predetermined binaries, they have little space to go – the structured nature of this interview seemingly standardizing not just the questions, but the answers too.

A similar dynamic was also moving through RCC’s talk about ‘false positives’. The following extracts are from the school presentation and SIPS training, respectively:
The main statistic that RCC wanted to draw people’s attention to was that after 24 months nearly 70 percent of people who had been diagnosed with the prodrome by the SIPS and not received any intervention had converted to schizophrenic psychosis, but also that at the clinic 100 percent of people who had not been diagnosed did not go on to convert. So, “If it’s going to err it’s going to err in the direction of false positive not false negative”. (School fieldnotes)

There are lots of different types of psychosis. One shortcoming of the SIPS is that it does not “split the hairs between affective and schizophrenic psychosis, but if it’s going to err it will be towards false positive”. (Training fieldnotes)

Especially given how central false positives are to critiques against the prodromal movement, it was striking how quickly this erring toward wrongly diagnosing people was glossed over. In fact, explicitly drawing our attention to it in the former and preceding it with a “but” in the latter, it was presented and received in both these settings as preferable.

This effect is testimony to the common sense that was steadily being established and grown throughout both the school presentation and the SIPS training that receiving the prodromal diagnosis is a good thing. When a participant asked in the SIPS training “In your 16 years of practice, what’s the most important thing?” RCC instantly replied with, “The psychoeducation piece is the most helpful, that initial evaluation”. In our interview she elaborated on this:

As I said through my own experience – I don’t have data to give you, this is just anecdotal – through my experience, the psychoeducation that occurs during the evaluation process, I see the difference that makes in my young patients and their parents. It’s incredible. Because they have no clue – they think they’re the only ones out there struggling with this, they have no idea how prevalent it is. And once you start to explain it to them and they see that other people experience this and that other people have been effectively treated, it really normalizes it for them. And it reduces their stress. And we’ve talked about this illness being a stress vulnerability illness. So anything that we can do to help them manage their stress is a positive thing. (Interview)

Telling “patients and their parents” during the SIPS that other people are prodromal and “that they have been effectively treated” is made central to the efficacy of the movement. Indeed, helping to “manage the stress” of this “stress vulnerability illness” this ‘explanation’ is an intervention in and of itself. A slippage between evaluation and ‘psychoeducation’ that further
suggests people are prodromal by default. Suspicious until proven otherwise, they pass through
the gate and into the clinic:

The SIPS is all about, ‘Are they at risk or not at risk?’ Now, because we're a research
clinic, if they don’t meet criteria for a prodromal- one of the risk syndromes, we can’t
work with them because we are mandated by our IRB. That’s the population that we
work with so those people who don’t meet a risk syndrome we have to refer elsewhere
okay? Then the people who meet a risk syndrome, then we consent them to a study, if
they want to be, okay? (Interview)

c. Quotas

I may have felt that there could possibly be something interrupting or
controlling my thoughts, feelings, or actions.

The prodromal movement casts suspect descriptions, early warning signs, and screening
questionnaires within a fear-full context of under-resourced schools, problematic mothers, and
potential shootings. Pulled by a direct line, potential prodromes are interrogated, standardized,
and educated – assembling them as perhaps psychotic, as suspects. Simultaneously, and as
perhaps epitomized by RCC’s repeated stating of “you know” in her interview, these nets and
border-guards are protected by a wall of common sense, stuck together with trust and
compassion, allowing them to make the “nice ‘n’” desired and required by the prodromal
movement. In the following chapter I continue to describe these workings, this time with
attention to what happens once young people have entered prodromal territory.
Image 4: “If reincarnation were true, it would explain some unusual experiences I have had (true)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
I was wondering what it must be like for the kids doing this long, wooded drive each morning and afternoon – a repeated reminder of the shooting and yet also of ignoring it. I caught a glimpse of a small mural painted on the side of an electrical box welcoming the students to their new school – it looked like a happy, dancing sausage. We arrived and there were police barricades and a Stop sign, although nothing about no trespassing. We parked the car and walked up the driveway, which had an official sign saying “Sandy Hook Elementary”. The building was sterile, bringing to mind a psychiatric hospital. From a distance I could see that there were silhouettes of figures cut out of white paper stuck to a front window on the second floor. By this point in our trip I knew that represented the 20 kids who had died. Up close we could even see their names written on them. Two metal poles framed the entrance with five now familiar cardboard stars – “BE KIND”, “SMILE”, “GET SMART!”, “DREAM”, “LAUGH”. Right next to them was a surveillance camera, and just behind were bold-colored, laminated notices stuck to the door – “Be Prepared To Show Photo Identification”, “NO PHOTOGRAPHY OR RECORDING DEVICES WITHOUT AUTHORIZATION (MAY BE SUBJECT TO SEIZURE)”, “NEVER PROP OPEN OR OPEN DOOR FOR ANYONE”. (Fieldnotes, October 20th, 2013)

i so want to chat with him about everything, but i feel like im not allowed to. like she and the clinical staff will be mad at me for confusing him, for feeding his madness, for planting the seed that meds aren't the only way.
4. COGS-II

Me: One thing that’s been really impressed on me from coming and having a look at this field is the amount of collaboration that goes on.
RCC: Absolutely. Absolutely.
Me: Yeah and just thinking about how the coordination of that, in and of itself, is just massive.
RCC: It’s huge. It- You know [pause] anybody who’s not in this field can’t even imagine how- You know, because you are talking about keeping a lot of balls in the air at the same time. So for example when we do an assessment you don’t want somebody to have their neurocog assessments while they’re spitting, because the neurocog testing is gonna increase your stress so that’s gonna artificially inflate your saliva cortisol. So we don’t wanna do that. So we have to do the spitting before we do the neuropsych, okay? So that has to be after in the day. You have to fit in an MRI [Magnetic Resonance Imaging scan] you have to fit in an ERP [Event Related Potential scan]. Now we’re very fortunate we have an ERP booth here so we have access to it. But we don’t have a Magnet, it would cost a fortune. So we have to book time on the university’s Magnet. So I can’t control that. I have to get my patient there when they tell me it’s there but within the same window that the appointment has to be in. The coordination is- You know we have to have blood draws – they want it at the same time of day, so I’m having my patient’s blood drawn at the same time of day that California is and- The coordination is- You just have no idea how unbelievable it is.

This exchange marks a second distinctive intensity during my interview with RCC. We were nearing the end of our one and a half hour conversation, when I started to realize how “massive” her job was, inviting her to tell me more. Immediately responding with “It’s huge”, she spoke with a sense of exhaustion and pride that carried a candidness markedly different from everything else I had encountered that morning. As she continued, the unimaginable took on a material form, gradually replaced by the ‘nuts and bolts’ of this transnational program of research.

Having described in the last chapter the nets and borderguards by which the US prodromal movement makes suspects and meets quotas, in what follows I continue to describe these workings but now with attention to what happens inside prodromal territory. I map the means by which the US prodromal movement assembles young people who are potentially psychotic – making data, creating calculators.
a. Custody

*I think that I have felt that there are odd or unusual things going on that I can’t explain.*

RCC: One of the things that I love in particular about working for our clinic director – because research can be a tricky field, okay – and um, one of the things that I love about working with our clinic director is in the 17 years I’ve been here never once have I ever seen him put the research above what’s best for the patient. He always makes his decision on “What’s best for this person sitting in front of me?” And if it isn’t the research he just pulls the plug and does what he needs to do to treat them. And I love that about him and about the work we do here at the clinic. Never ever do we put the research first.

Me: Yeah I wanted to talk about that actually. What is the line, or what’s the difference between research and treatment? Because this is ultimately a field of research isn’t it, technically?

RCC: Technically it is because if you look in the DSM-5 there isn’t a diagnosis code for the prodrome it’s only in the Appendix okay? So therefore it has to be considered research. But under that bigger umbrella of research we provide treatment. And and we have options, and we explain those to the patient, “You can do this, you can do that, you can do this”. And I think what’s very important about our clinic is we offer that free SIPS assessment whether or not you wanna have treatment with us. There’s no condition that you have to take treatment from us. We’re gonna do that- we’re gonna give you the results, make our treatment recommendations, you can go back to your own doctor and do it. So there’s no coercion, it’s totally voluntary.

This declaration of RCC’s “love” for her clinic director’s approach came out of the blue during our interview. Colliding with the preceding affect of our conversation, it stood out as speaking to something, as resounding in the presence of a salient tension; one finally named in the final sentence, “So there’s no coercion, it’s totally voluntary - a hundred percent voluntary”. This idea that prodromes are technically free to go, was repeatedly returned to throughout our interview and the SIPS training – “they’re not consented to a study unless they choose to, okay?” (Interview), it depends on what “might be a choice for somebody, okay?” (Interview), participation is “always voluntary, you can withdraw at any time” (Interview), while “the ‘risk assessment is free for everyone’, participation ‘in the clinic is not mandatory’” (Training fieldnotes), they “don’t ‘force’ any treatment or therapy but ‘offer’ it” (Training fieldnotes).

Described in our interview as being presented with a “menu of options”, prodromes’ involvement in studies is depicted, pressed as a relatively benign process of offers and decisions.
At the same time, the consistent pushing of this point as well as moving “consent” from a noun to a verb (as cited above) implied it likely that people will be recruited into a study. Once diagnosed prodromal, RCC explained that she will ask people, “Tell us what you want, what are you interested in, how do you want to approach your illness?” (Interview). While said to illustrate that people’s participation depends on what they want, RCC's questions also suggest that people are immediately spoken to in terms of being sick. Similarly, her description above once again suggests not only an expectation that people will be deemed prodromal but that they are called “patients”. Indeed, the benevolence of the clinic is about ultimately doing what one “needs to do to treat them” – treatment is the explicit, unquestioned priority. However, this is after recognizing that the prodromal movement is technically a program of research. RCC's seamless shifting to talk of treatment illustrates a seemingly deliberate slippage in this movement between these two intentions-cum-practices.

Yet emphasizing to people that their participation in a study is voluntary has a very different weight to it than emphasizing to them that their participation in treatment is voluntary. And identifying as a research subject has a very different weight to it than identifying as a clinical patient. For looming over the shoulder of the ‘treatment’ and ‘patient’ distinctions is one’s potential psychosis. When asked in the SIPS training about the “stigma” of being diagnosed prodromal (one of the recurring critiques of the movement), RCC replied with the following:

The emphasis is put on “the risk” – that “we don’t want to see people become worse” so will “help them to manage symptoms” so they “won’t develop the illness” – “I don’t have to convince you that you’re at risk, I just have to convince you that you have some symptoms that need treatment – it doesn’t matter how small it is” – I never use the word “psychosis”. (Training fieldnotes)

Here RCC neutralizes concerns about diagnoses by summoning a worsening or illness from the future in order to persuade people that they need treatment – a potential threat big enough to outweigh even the smallest of “symptoms”, and (as she described elsewhere in the SIPS training) “scary” and “stigmatized” enough to not be named – “I can’t even imagine what it’s like for these
people” (Interview). Never saying “psychosis” was another recurring gesture put forth by RCC. In both the school presentation and the SIPS training she announced with some concern that the ‘P’ in ‘SIPS’ has recently been changed from ‘prodromal’ to ‘psychosis risk’ – “I personally think that psychosis risk sounds more scary than prodrome, but I lost!” (Training fieldnotes). Instead she recommended that we describe the SIPS as “a ‘risk assessment to see if people are developing a more serious mental illness’ – ‘If they meet the criteria, then use the word ‘psychosis’” (Training fieldnotes).

Thus, while initially silenced because of concerns that it may stop people from agreeing to an assessment, “psychosis” is summoned once they have been – it’s associated terror shifts from being harmful to helpful. When asked about the main messages that their clinic is trying to get across, RCC responded with the following:

[ Campaign messages are] “There’s hope for recovery”, “There’s treatment available”, “You’re not alone”. You know, “If you’re having these experiences just call”, “Help is available”. You know because I think of the stigma that’s attached- I mean when you say the word “schizophrenia” to people they think horrible- […..] There’s so many myths out there and misinformation and and that word just scares people to death you know. […..] You know there are many people who get back a quality of life and go on to you know be in relationships and live lives, and so I think the focus- what people think of when they hear that word is the worse case scenario instead of the whole spectrum of the illness. You know and I think anything that we can do to help people recognize that is is gonna be huge. You know. (Interview)

Again I think for the young people- now not for the parents, but for the young people when they hear that there’s so many kids that have these experiences and it doesn’t mean that they’re gonna develop a mental illness it just means they have to be more cautious about it, I I think that’s a huge relief to them. Because they know something’s wrong with it, they want someone to put a name on it. “Help me with this. I know this is isn’t the me I used to be. I know this is different”. And people are afraid to talk to them about it. It doesn’t change what they feel. They know they’re different, they know something weird is going on. “So talk to me about it”. You know, “Help me get over this”. You know. Avoiding it doesn’t make it better. Never. (Interview)

This extract sheds light on the “relief” that RCC consistently referred to in the trainings and our interview. That is, that the overriding response of people to the prodromal diagnosis is a sort of liberation from a hopeless sense that they were otherwise “the only ones”. However, as seen above, the solution to this ‘stigma’ is treatment – people are made to feel okay about their
potential illness because it is *treatable*. Paradoxically, it’s only okay to have it because they no longer have to.

Further, people’s willingness to undergo treatment is taken as a measure of their rationality – “If Dr C. wants to give me medicine and I’m paranoid I’m gonna be like, ‘No way buddy. I’m not putting that in me’ [laughter]” (Training fieldnotes), “Prodromes are far more willing to be active participants” (Training fieldnotes), “They know things are not normal. They want treatment” (Training fieldnotes), “the biggest difference between ‘prodromes and schizophrenics’ is that prodromes approach ‘medication like a lifeline’ (Training fieldnotes), “usually psychotic people are paranoid and suspicious with regard to treatment” (School fieldnotes). Paradoxically, not wanting treatment is a sign that people really need it.

While above RCC neutralizes the potential stigma of being deemed prodromal with reference to people’s riskiness, throughout the school presentation, the SIPS training and our interview this neutralizing was typically done with reference to their *at-risk* status. Both relying on a looming psychosis, the former makes people dangerous whereas the latter makes them vulnerable, worthy of help:

I think what confuses people is they think it’s a diagnosis and it isn’t a diagnosis it’s a risk assessment. It’s prevention. It’s just like, you know, your risk factors for breast cancer – if your mother or your sister had breast cancer you know you’re at higher risk. That’s all this is about. It’s about prevention. We have to assess our risk and then we have to manage it. It’s not about labeling somebody, or you know taking away their hope for their future. It’s giving them hope. You have these risk factors now lets look at them, lets deal with them, lets move on you know. And um so I’m always surprised when people in the field have such a negative reaction to early intervention work. I’m like, “If you had a child and you knew you could probably help them mitigate at the least but maybe even prevent an illness from developing, why wouldn’t you do that?” (Interview)

Depicting critics as confused, the diagnosis is described as a risk assessment is described as prevention. RCC neutralizes concerns about the negative effects of being deemed prodromal by wrapping it in compassion (“It’s giving them hope”, “If you had a child and you knew you could probably help them...”) and benevolence (“That’s all this about”, “I’m always surprised...”, “…why wouldn’t you do that?”). As she said elsewhere, “I struggle with people in the field who
are opposed to early work. Because it’s like, ‘No this isn’t about stigmatizing somebody or traumatizing them’. It’s about, ‘Okay you’re at higher risk, what can we do to minimize that?’” (Interview).

Saying this approach is “just like” the one taken with breast cancer further establishes it as logical vis-à-vis the authority of the ‘hard’ sciences – engaging as they do with a (supposedly) indisputable flesh. Similarly RCC started both the school presentation and the SIPS training with a wry reference to her title slide – “A Revolutionary Approach to Treating Psychosis: Identifying Young People Early” – that the movement is not actually that revolutionary:

Referring back to the title of the presentation, RCC continued that while this may be a “revolutionary approach” in mental health, the notion of “an at-risk phase” has been around with regard to physical health “for a long time”. She drew on the diabetes example, talking though the different stages of identification and intervention that people experience before they are given insulin. In a similar way, if a young person is diagnosed prodromal it “of course” does not mean that they will be given anti-psychotics. They will at first try a range of therapies, like family and cognitive, and then try herbal medicines like glycerin and amino acids. (School fieldnotes)

Thus, contrary to accusations, a risk assessment gives people hope for their future by allowing them to have some control over their pending illness – aka treatment. Drawing it on the whiteboard for me before everyone else arrived at the SIPS training, and citing it later that day as the second “most important thing” in RCC’s practice (the first being psychoeducation), RCC is referring here to their “3-stage line of intervention”. The “early prodrome” is given “softer” interventions (such as supportive, cognitive behavioral or family therapy); the “mid-prodrome” is given more “naturalistic” interventions (such as Omega 3); and the “late prodrome” is given “low-dose antipsychotics”. Now neutralizing critiques that the movement may be recklessly prescribing anti-psychotics, the incremental structure of this model renders the prevention approach even more trustworthy.

While “a lot of people in the field have very strong feelings about- against using antipsychotic medications you know”, “you don’t start there” (Interview) – “if you can hold it or have it at bay with something else of course you would do that. But if it keeps progressing and
getting worse and worse at some point you do have to consider medication treatment”

(Interview):

You always wanna start with the least invasive thing. And you know- But that doesn’t always work and and you need to have this whole arsenal. You know my analogy is, “Nobody wants to fight a war, but when you’re fighting a mental health war, you’re not just gonna fight it with a hand gun. You’re gonna use every weapon in your arsenal available”. So you start with the least invasive tools and you work your way up. But you need to know what’s available. You know you need to know what are best practices, you need to know what are evidence based treatments so that you can help you know people. (Interview)

Described as on the frontlines of a “mental health war”, the prevention approach shifts from helping an individual to carrying out a civil duty. “It” – psychosis – is a spectral, aggressive force that “of course” warrants increasingly aggressive intervention if it can’t otherwise be held “at bay”. The prodrome effectively has an enemy within, one so slippery that it requires “every weapon in your arsenal”.

Made in the shadow of a future attack on self and others, one’s ‘choice’ to engage in treatment is effectively mandated – detained by the threat of future psychosis. The recurring emphasis on voluntariness obscures that people’s decision to ‘fight’ this ‘war’ does not happen in a contextual vacuum. In the next section I trace how ‘needing to know’ both ‘the enemy’ and the ‘best weapons’ drives the prodromal movement – dissecting suspects, making data.

b. Search

I think that I may hear my own thoughts being said out loud.

So my bottom line is always: Are we getting the help to the people who need it? You know and our clinic is free, so the fact that there’s not a DSM-5 code doesn’t impact us cos we’re not billing. But a mental health clinic – without having a code for billing, how are they gonna give this person good treatment, you know what I mean? They’re gonna have to give them treatment under- so other treatment that wouldn’t be the specialized treatment that we know would help them for this. So I feel sad about that because I think it denies people the best care you know. And that that doesn’t please me. But again it’s not because I want them to have a name or a label, it’s because I want them to get the treatment that we know is evidence-based.
You know right now what drug company’s gonna put a lot of money into whether or not a medication is effective with prodromes when nobody can bill for a prodrome? You know so, it’s true and you know a huge issue when a prodrome gets to the state where they’re really pretty severe- having severe symptoms, and it looks like antipsychotic medication is wanted. It’s a huge question: How long do they need to be on the medication? We can’t do any of that you know now. We don’t know. You know so we know with chronic schizophrenics they usually have to stay on medication the rest of their life. We don’t know that about the prodrome. And and we’re never gonna get there if we can’t research it. You know. So it does tie your hands. You know because when you’re a treater, when you’re out there in clinical practice, you want to do evidence based practice. But somebody’s got to get the evidence you know [chuckles] and it’s it’s- you know it’s very difficult.

These extracts followed RCC’s frustration in our interview that, “people doing early intervention work didn’t want it in the DSM! I was like, ‘Help me understand?!’”. She unequivocally counters any critiques of the prodromal movement with people “getting the help they need”. The “specialized treatment” offered by her clinic is filling a “sad” gap left by the lack of an official diagnosis in the context of a health system dependent on insurance companies and undoing knots tied by a research system dependent on drug companies. Ultimately concerned that people are being denied “the best care”, RCC thus pushes a benevolence that orbits around “evidence based treatment”.

And yet, at the same time, this evidence base is undermined by benevolence. During the SIPS training RCC spoke of how “the conversion rate has now dropped to 30 percent ‘because of course it’s not ethical to not treat’” (Training fieldnotes). In putting across this (supposed) common sense, she also highlights a complexity in the prodromal movement; recalling that this treatment is preventative, that it is intervening on a future threat. If people are treated then this threat can never be falsified, we do not know if the prodromal diagnosis was actually a false positive, one’s potential psychosis is eternal. Paradoxically, then, treatment interferes with the scientific process while simultaneously fueling this program of research.

Similarly, during both the SIPS training and the school presentation RCC described how the “lot of luck” that their clinic had with Abilify meant that they are not able to collect the evidence that they need:
Further data is needed regarding the efficacy of medication, “unfortunately our clinic is part of the reason for that” – they undertook a 2 year study titrating patients onto Abilify – starting them at 5mg and increasing by 5mg/week – found that 15mg was the “magic bullet” that “eliminated symptoms” in the prodrome – “patients did fabulously” – at one year they were supposed to titrate them off to see “how long the benefit might last for when given medication prophylactically” – “guess what happened? None of our patients would go off it. [They said] “I’m sorry but I’m not going to risk going off medication”” (Training fieldnotes)

They have not yet issued medication guidelines because they do not have the evidence about how long the prodrome should be on medication for, versus “chronic schizophrenics who have to take medication for the rest of their lives”. “Unfortunately our clinic is one of the reasons”: they were given the task to figure out “how long is long enough” and undertook a study that involved titrating the prodrome onto and then off a drug. In doing so they found the “magic bullet” that held the prodrome for a year”, but then when they went to titrate people off it they refused to go off saying “I don’t want to be sick again” and that even if their clinic just went ahead and stopped them taking the drugs they would just go to their doctor and get a prescription themselves. (School fieldnotes)

Said with a tongue-n-cheek tone, this reason for their clinic “unfortunately” contributing to the lack of data and guidelines on prodromal drug treatment was recounted with pride. Revealing and outdoing the limitations of clinical trial requirements, the movement was once more placed on the side of ‘the people’. Moreover, their ‘unsuccessful’ study proved exactly what the clinic believes in and pushes for – that the “patients did fabulously”. During the SIPS training we were told that anti-psychotics are “amazing” – “after 8 weeks they are better”, symptoms “go like that”, people “won’t stop taking them” (Training fieldnotes). Moreover, describing one drug, Abilify, as “the magic bullet”, RCC once more positions psychosis as an aggressive, prowling illness to be restrained, if not shot, by antipsychotics.

Research, then, is a “tricky field”. Unable to “bring them all to my consciousness” earlier in our interview, here RCC has found the list of 10 studies that her clinic was conducting:

We have ah the NAPLS-3 obviously. We have the Aspirin um double blind placebo controlled Aspirin study. Ah we have specialized treatment for the prodrome, so our clinic treatment versus usual care, so what somebody might get if they went to a community psychiatrist as opposed to somebody who specializes in early intervention. Um there are some um we’re we’re floating some screeners, questionnaires that people feel might be helpful in identifying people who are at risk and comparing how they score on the questionnaire with how they score on the SIPS and is it really valid. Um so we have two of those [.....] So you know we have various um studies. Right now we do not have an ah a medication trial. Sometimes we do. We just finished up um a double blind
placebo controlled trial with ziprasidone – also known as Geodon – but right now we’re not offering a medication study. (Interview)

As mentioned in the previous section, this list is typically described as a “menu of options” for prodromes to choose from. However, elsewhere in our interview RCC also spoke of how it brings the “complicated” demand of “dividing up the people who are prodromal into the different studies” – shifting the locus of decision-making from the young person to the researcher. As she explains:

Through the process of the SIPS you know you learn about the person, so you know they’re pro-meds, they’re anti-meds, they’re this, they’re that. So then at the end when I’m reporting back to them on my findings with the SIPS I’ll bring up the studies that I think they would most respond to, with the caveat these aren’t the only studies. (Interview)

Openly tailoring the “options” that she presents to people as per those that they will “most respond to”, RCC is implying positively that they individualize people’s treatment plans. And yet there is also no suggestion that people will not be involved in any of these studies.

Indeed even when people are technically *not* enrolled in a treatment study, RCC always makes sure they have some kind of intervention. During the SIPS training she described how, as opposed to in 1998 when she first joined the movement and they “didn’t do anything, just watched and listened”, now “no one will walk out of here without at least psychoeducation” (Training fieldnotes). A similar commitment was announced with pride during the school presentation as RRC told us that after a few years of doing this work “it no longer felt ethical to just watch and follow along. We now feel we have to help them to have a shot at getting better” – so they increased their clinical treatment component of the project” (School fieldnotes). Met with “noises of approval”, this promise to educate/treat was presented as a progress that trumps science with compassion – putting the ‘needs’ of young people first.

In the following extracts, RCC goes into more detail about what this progress looks like in practice with prodromes:

The early warning signs and the things that you can do to you know reduce it- um to reduce your stress and manage your stress and keep yourself healthy. You know when we
go through the things with people and, you know especially adolescents, "How much water do you drink a day?" [Said slowly, with a 'detective' tone, laughing] You know they're horrible! You know they just don't drink water at all. And we encourage them you know just start with one extra glass a day and see if that makes a difference. And they all come back and go, “I’m not as tired, I’m not as lethargic, I can think clearer”. They don’t realize that they’re just on that edge of dehydration and it really impacts their functioning. You know, getting good sleep you know, they they just all of these things contribute to them having better physical health and mental health. So each little tool that you give them really helps them to improve you know. And and of course I mean you know there has to be psychoeducation about substance abuse because so many of the young people self-medicate you know. And they think temporarily in the moment it helps them feel better and it’s really hard to make them understand that ultimately they’re doing themselves a disservice because ultimately it makes it worse, not better, you know. And and when I talk with young people I’m very honest about it – “Look you got a raw deal, there’s no doubt about it. Eight of your friends can smoke pot and be fine. Unfortunately because of your genetic make up, you can’t. And you just have to accept that you know? It’s like a diabetic can’t eat sugar. You know it’s like, is it fair? No of course not but it’s a fact and you have to face it”.

RCC: So there are assessments that we do. And then the other part would be their therapy – whether they were doing individual therapy or family focused therapy or whatever. So then it would be that piece of that.
Me: Right. So people would always have both, always have the therapy component?
RCC: Well we encourage them. We can’t force them but we certainly encourage them to have some type of supported therapy. And even with the patients who refuse supportive therapy, we do the assessments in a [pause] supportive therapy way. So even though we’re doing an assessment if we know they haven’t signed on for treatment we’ll do psychoeducation in that, and we’ll do some therapy. You know, “Oh so how did you deal with that when it happened? How’d that work for you? Oh it didn’t work, so well what do you think you could different?” You know? So even though it’s supposed to be an assessment if we know they haven’t signed on for therapy we will incorporate that piece of psychoeducation and therapy.

Directly following a claim that, “If we can catch them sooner then their quality of life is so altered you know. It really is”, in the former extract RCC is effectively explaining how psychoeducation detains the prodrome. Combining science (“because of your genetic make-up”), compassion (“you got a raw deal”) and a straight up kind of honesty (“it’s a fact and you have to face it”), these “little tools” are carried by a truth-value and trustworthiness that gives them an authority. Harmless, everyday, and common sense, they are difficult to refuse. Yet, taken in a context of trying to convince someone that they are at-risk for a serious mental illness, that they may develop psychosis if they don’t do something about it, they’re a lot stickier than they seem.
Routinely surveilled by others and and/or themselves, the abnormality and threat of people’s psyches is salient. Spun into a prodrome, their potential psychosis is never far away, waiting.

Regular, intensive interactions also occur through the actual study protocols. Being enrolled in a treatment study means coming to the clinic anything between once a week and once a month, while being enrolled in a naturalistic study is slightly less – the NAPLS-3 protocol described in the second extract below, for example, will mean coming in once every two months:

RCC: Yup so if they’re in a treatment study they would come in and obviously the first thing we’re gonna check on is are they having any side effects, you know, we wanna make sure that the treatment we’re giving them, if it’s a medication or supplement, is not having any negative impact on them.
Me: And that’s about sitting down and chatting with them about how it’s going?
RCC: And taking blood and you know doing side effect assessment scales, things like that. Then we’ll also monitor the progression and the symptoms because that’s very important, we need to know ‘Is the intervention working?’ you know. So we have to monitor- so we do the SOPS-repeated and you know check on that. Other scales, Calgary, depression scales, you know. Um in in NAPLS we did stressful life events because we know stress has such an impact on the illness, so we’d monitor what their stress levels were like. Um ah depression scales, anxiety scales. Um so we really do the total clinical picture okay, and monitor how that’s doing.
RCC: Looking at the assessment list that we have to do it’s gonna be- those visits are gonna be well over an hour. They will be you know, um, ah absolutely over an hour um because the saliva testing is over a two hour period.
Me: What is the saliva testing for?
RCC: Um cortisol – that hormone that we talked about?
Me: The stress one?
RCC: Yeah so, they spit in a test-tube. Not much, like this much [indicates with fingers]. And um- at baseline when they first come in. Then we work on the assessments and then at the one-hour point they do it again. We keep doing assessments and then at the two-hour point they do it again. And so we measure their cortisol levels. And um you know there’s some prep work that has to be done for that, there’s some dietary restrictions – they have to avoid caffeine, nicotine, and dairy.

Here, RCC describes what happens during visits for a treatment and naturalistic study, respectively. As well as the abovementioned dietary restrictions required the night before these assessments, people are also encouraged to “refrain as much as you can” from using “substances”/“abusing drugs” for the entire time that they are enrolled in a study. (Not to mention that, if they are considered ‘mid’ or ‘late’ prodrome, they will also be required to ingest a powerful psychoactive substance everyday).
Once inside, each visit can then take up to two and a half hours of psychometric scales, taking blood, saliva sampling, and – as described elsewhere in our interview – neurocognitive testing and brain scans. Searched for telltale flesh by a desire to extract one’s “individual risk”, and thus to calculate it:

It takes all of the risk factors and and your individual ranking. So, “You have first degree relatives, so you get this okay. You scored this on the SOPS, you get this okay. You were physically abused as a child so you have a history of trauma, okay. Now mine, “I don’t have a first degree relative, I get nothing in that area. But I have this score on the SOPS. And I don’t have any trauma, so I get nothing there”. So it’s not looking at the general population’s risk it’s looking at your individual risk and how each of those factors weighs in – your biochemistry, your cortisol levels, your brain- your grey matter. You know everything is taken into consideration and, “Now I can tell you your individual risk”. That’s gonna be phenomenal when this comes to fruition. (Interview)

In the “hard” absence of “that definitive blood test that we can give that says ‘You’re gonn-
You’re psychotic’”, the prodromal movement is turning to “identifying all the biomarkers that alert us to something going on you know” (Interview). The tiniest of signs with which a trained eye (or latest technology) can detect future psychosis. Whereas in our interview, the school presentation and the SIPS training RCC was describing the then futuristic risk calculator, it has since been released. Drawing on the algorithms produced through the NAPLS-2 data, the “2-Year Probability of Conversion to Psychosis” tool estimates the likelihood that a young person diagnosed as prodromal will become psychotic within two years.

c. Calculators

*I think that I might be able to predict the future.*

After being captured and interrogated in the previous chapter, prodromes are held in prodromal custody through the threat of psychosis, and searched by studies for those parts of their experiences, lives, or flesh that point toward this immanent illness. Operating within the fertile landscape of insurance and research industries, these practices are once again protected by a common sense that is stuck together with trust and compassion. Now a coordinated set of little
pieces, they are distributed across North America and put back together as algorithms to predict psychosis. Thus, oscillating between quotas and calculators, the US prodromal movement feeds itself with its own risk factors – seizing the prodrome’s capacity to foretell the future.
Image 5: “It is not possible to harm others merely by thinking bad thoughts about them (false)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
During our initial phone call Dr. M. immediately corrected me when I raised assumed links between violence and psychosis – telling me this was a “taboo” topic, but that (somewhat secretly) he had been hoping/planning to design a screening tool for potential violence. Aside from this, all he really cared to know was that I would only be doing interviews with staff at this point – if that “goes well” we could discuss me meeting with patients. It didn’t occur to him that I might not want to, no matter how often I said so. It seemed to me that the last thing the young people there needed was to be even more studied, besides, as the Psychiatrist loudly explained (again) to Dr. M. at the end of a subsequent meeting I had with them both, “No, we’re the research subjects”. That same day Dr. M. sat me in his office and schooled me in doing research. After saying that I would “of course” need to ultimately design a psychometric out of my findings in order for my project to be useful, he went on to tell me what to ask people about during any interviews – that what they’re researching is “constructed”, what they think of proposed thresholds and treatments, and class/race dynamics between the researchers and the subjects – suggesting, for example, that lack of eye contact could be interpreted differently between a black kid (suspicion) and a white kid (depression). (Fieldnotes, April 29th, 2014)

they asked him what he does all day, and he said meditate and eat but then told me to just to tell them that he eats. afterwards i met her at his house so we could clean it some more. she went and spoke to his neighbor – a mental health worker – and told them about how he is back into Robert Pirsig. they told her to tell the staff.
5. COILS

In the previous two chapters I documented how nets of suspect descriptions, early warning signs, and screening questionnaires are cast to capture potential prodromes. Pulled by a direct line, these “funny little kids” are then interrogated, standardized, and educated by borderguards that assemble them as perhaps psychotic, as suspects. They are subsequently held in prodromal custody through the threat of psychosis, and searched by studies for those parts of their experiences, lives, or flesh that point toward this impending illness. All protected by a common sense that is stuck together with trust and compassion, these four clusters of operation enable the prodrome – now a set of little pieces – to be distributed across North America and put back together as algorithms to predict psychosis. Thus, oscillating between quotas and calculators, the prodromal movement feeds itself with its own risk factors – seizing the prodrome’s capacity to foretell the future.

These discursive and non-discursive mechanisms suggest the workings of what Gilles Deleuze and Felix Guattari (1987) call a ‘molar assemblage’ – an extensive multiplicity of heterogeneous elements organized into a hierarchical system with a center of significance and subjectification: ‘the prodrome’. Nets and borderguards mark a boundary around ‘the prodrome’, enclosing a field of interiority, which is fixed and stabilized through custody and search. This prodromal territory is characterized by a rigid segmentation whereby young people’s experiences, lives, and flesh are divided into predetermined parts and organized as ‘prodromal’. Measurable, homogenous, and sedentary, this ‘striated space’ makes the prodromal machine a ‘state machine of capture’.

As a molar (or ‘aborescent’) assemblage, the prodromal machine mimics Isabelle Stengers’ (2012) image of progress as “a hierarchical figure of a tree, with Science as its trunk” (p. 2). “Progress” because this “Science” – in the singular and with a big ‘S’ – emerged from

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15 In this chapter I have effectively done a Deleuzian ‘social cartography’, a map of an abstract machine, its lines and their interactions, within a given social field (Patton, 2000).
colonialism, and as such “may indeed be described as a general conquest bent on translating everything that exists into objective, rational knowledge” (p. 2). “Bent on” because this “conquest” – operating through an assemblage – is animated by desire. Indeed, mapping the above cogs provides the outline of the affective flows circulating in and through the prodromal machine. In this chapter I map these coils, the contours of the serpent characterizing societies of control. To do so, I first consider their Scientific legacy.

a. Desire(-To-Know)
Colonization was (is) dependent on a hierarchy of Knowing, Knowledge, Knowers. As documented by Trinh Minh-ha (1989), Gayatri Spivak (1988), Chandra Talpade Mohanty (2003) and Linda Tuhiwai Smith (1995), among many others, we who colonized established ourselves as those who had access to the truth, while the colonized, quite simply, did not. Fooled by their ‘savage’ beliefs, they needed our protection and guidance – even, or perhaps especially, if they did not ‘know’ this themselves. Indeed, for Miller (1993), colonialism is a “project of controlling by knowing” (p. 20). For Sylvia Wynter (2003) this coloniality of power was and is based on an “ethnoclass (i.e., Western bourgeois) conception of the human, Man” (p. 260); one that bought the world of modernity into existence from the fifteenth century onwards, is now at the center of a “globally hegemonic ethnoclass world”, and demands the subordination of “the interests, reality, and wellbeing of the empirical human world” (p. 262) – “human” being those peoples whose gender, sexuality, nation, ethnicity, race, class and/or disability go beyond Man.

16 In a world besieged by transnational, amnesiac circuits of capital – past and present – a sterile dichotomy between “the colonizers” and “the colonized” is more political than accurate; in using these words I aim to name the ‘historic’ divide that this essay goes on to undo while at the same time situate my relationship to such a project, thereby respecting Eve Tuck and Wayne Yang’s (2012) call to avoid “moves to innocence” within commitments to decolonization. Indeed, given that forgetting is a necessary step in colonization, and ignorance its tool, I further aim to contribute to an uncomfortable, generative re-membering of colonization, especially for those readers who share my colonial ancestry.
This process of human to Man began when “the West and its intellectuals” initiated “the first gradual de-supernaturalizing of our modes of being human” (p. 264). Prior to this collision, societies explicitly mapped ideas about being human onto ideas about the cosmos, experiencing them as a supernatural/extrahuman ‘objective set of facts’ that gave rise to, demanded a particular social order. Wynter calls these epistemologies-cum-directives, ‘adaptive truth-fors’ – both absolute and particular. In contrast, the West’s physical sciences mapped the idea of order onto ‘natural laws’ – freeing the ‘objective set of facts’ from “having to be known in the adaptive terms of a truth-for specific to each order, as they had been millennially – to be known as they were and are ‘out there’” (p. 280), thereby repressing any recognition of social reality being locally, collectively produced. Instead, the world in its entirety was made knowable.

But only to some. This new mode of being human required an ‘epistemological disregard’ for indigenous peoples; by “disregard” Wynter means an active making of a ‘physical referent’ of the “irrational or subrational Human Other” to “Man as a political subject” (p. 266). As Robin Kelley (2000) writes, “the colonizers’ sense of superiority, their sense of mission as the world’s civilizers, depends on turning the Other into a barbarian” (p. 9). This ‘thingification’ (Cesaire, 1955) was “a reinvention of the colonized, the deliberate destruction of the past” (Kelley, 2000, p. 9). As Kelley (2000), drawing on Cedric Robinson (2000), continues:

An entire generation of “Enlightened” European scholars worked hard to wipe out the cultural and intellectual contributions of Egypt and Nubia from European history, to whiten the West in order to maintain the purity of the “European” race. They also stripped all of Africa of any semblance of “civilization,” using the printed page to eradicate their history and thus reduce a whole continent and its progeny to little more than beasts of burden or brutish heathens (p. 22).

An ‘achievement’ that can be attributed to social sciences (e.g., Cesaire, 1955; Trinh, 1989; Tuhiwai Smith, 1995 – including Psychology, see Chapter 6). For Wynter (2003) this in turn led to the description-cum-creation of human-as-Man:

Two different anthropologies and their respective origin models/narratives had inscribed two different descriptive statements of the human, one which underpinned the evangelizing mission of the Church, the other the imperializing mission of the state based on its territorial expansion and conquest. (p. 286)
The human of the “evangelizing mission” is what Wynter calls *Man1*; the human of the “imperializing mission” is what she calls *Man2*. The former, a Christian subject, dominated from the Renaissance to the eighteenth century, leaving “the cognitively emancipatory rise and gradual development of the physical sciences” in its wake (p. 264). The latter, a political subject, brought “the conceptualizability of natural causality, and of nature as an autonomously functioning force in its own right governed by its own laws” (p. 264), leaving the biological sciences, the basis of modern medicine, in its wake. This move from Man1 to Man 2 was not a substitution of one by the other, but a synthesis of the two such that “the medieval world’s idea of order as based upon degrees of *spiritual* perfection/imperfection, an idea of order centered on the Church, was now to be replaced by a new one based upon degrees of *rational* perfection/imperfection” (p. 287, my emphasis). As Wynter continues, “if God made everything for mankind then he would have had to make it according to rational, nonarbitrary rules that could be knowable by the beings that He made it for” (p. 278).

And so, *this* was to be the new ‘idea of order’ from which Man – in relation to a newly projected human/subhuman distinction – became the basis of modernity. ‘Salvation’ thus became “secularized in the political terms of the this-worldly goals of the state”:

> Seeing that because the “ill” or “threat” was now that of finding oneself enslaved to one’s passions, to the particularistic desires of one’s human nature, salvation/redemption could only be found by the subject able to subdue his private interests in order to adhere to the laws of the politically absolute state, and thereby to the “common good”. (p. 288-9)

Particularly pertinent for the project at hand, is that this colonial emergence of science and Man also provided the conditions of possibility for modern-day conceptions of ‘race’ and ‘madness’. The ‘Negro’ became “projected as the by-nature determined (i.e., caused) missing link between true (because rational) humans and the irrational figure of the ape” while “inside Europe, the increasingly interned figure of the Mad would itself come to function … as the signifier of the ‘significant ill’ of a threatened enslavement to irrationality” (p. 304). It follows that,
the same explanatory model that legitimated the expropriation and internment of the Indians, the mass enslavement of the Negroes, and the internment of the Mad—all ostensibly as living proof of their naturally determined enslavement to irrationality—will also underlie the cognitively emancipatory shift from the explanatory model of supernatural causation to that of natural causation, which made the natural sciences possible.

The natural sciences, then, sit upon a violent history. The resulting “new principle of laws of nature, of events happening cursus solitus naturae (in the accustomed or ordinary course of nature)” (p. 306) then gave rise to the physical sciences and modern medicine. Thus, madness, blackness, and indigeneity are connected through the de/colonial project; Man, the physical sciences, and modern medicine, all depended on ‘the irrational’. As originating in the de-supernaturalizing of modes of being human triggered by the social sciences.

At the same time, subjects of the West are enabled to, indeed must, repress all knowledge of “the fact that its biometric descriptive statement” – that is, its idea of Man – “is a descriptive statement” (p. 326). To,

make opaque to themselves/ourselves (according to the same nature-culture laws by which the subjects of all other human orders have done and do the same) the empirical fact of our ongoing production and reproduction of our order, of its genre of being human, its mode of consciousness or mind, and therefore of the latter’s adaptive truth-for. We are, as intellectuals, the agents of its formal elaboration. (p. 307)

Thus it is here that Wynter implicates me (and perhaps you, if you too are situated within a whitened academy): the “it” in her final sentence being the taken-for-granted hegemonic ethnoclass description of Man-as-knower on which the neocolonial state depends.

Stengers (2012) describes this history as an “anonymity that inhabits us and constitutes us, still and again, as ‘the thinking head of humanity’” (p. 15). An “anonymity” because to believe this betrays an inability to see the role that “we” play in knowing and thus that all ideas are partial and local, that there is “non-knowing at the heart of all knowledge” (p. 3). As Trinh (1989) writes,

White academicians accuse white academicians of being academic and ethnocentric. The same accusations bounce back and forth under the banner of humanity and equality for the natives. The civilized man has become a problem to the civilized man, and he who shows himself naked with his speech or says out loud that the emperor has no clothes
should expect his peers to call him an exhibitionist. (p. 60)

To show oneself naked is to reveal that one’s knowledge is bounded by their flesh; a flash of insight that feels particularly vulnerable given that it not only threatens (ones place atop) a hierarchy of Knowing, Knowledge, Knowers but exposes the ‘primordial unknown’ of every situation (Pignarre & Stengers, 2011).

This “non-knowing” – that we don’t Know – is thus a threat to white supremacy, dependent as it is on a colonial hierarchy of Knowing, Knowledge, Knowers. Wynter’s opacity, Stengers’ anonymity, Trinh’s clothes, then, point to an ignorance that capacititates whiteness. Lubricating white supremacy, ignorance is both a cause and an effect of whiteness. An effect because this ignorance itself is a sign of dominance: white supremacy does not allow people of color to ignore the racialized categories that their knowledges, bodies, futures are forced into. A cause because we need to be ignorant of our colonial worldview – to disconnect from it, disassociate from it, not have a sense of response/ability for it, not see or hear it – in order for ‘it’ to hide its absurdity and instability.

And violence:

First, we must study how colonization works to decivilise the colonizer, to brutalize him in the true sense of the world, to degrade him, to awaken him to buried instincts, to covetousness, violence, race hatred, and moral relativism; and we must show that each time a head is cut off or an eye put out in Vietnam and in France they accept the fact, each time a little girl is raped and in France they accept the fact, each time a Madagascan is tortured and in France they accept the fact, civilization acquires another dead weight, a universal regression takes place, a gangrene sets in, a center of infection begins to spread; and that at the end of all these treaties that have been violated, all these lies that have been propagated, all these punitive expeditions that have been tolerated, all these prisoners who have been tied up and ‘interrogated’, all these patriots who have been tortured, at the end of all the racial pride that has been encouraged, all the boastfulness that has been displayed, a poison has been distilled into the veins of Europe and, slowly but surely, the continent proceeds toward savagery. (Cesaire, 1955, p. 35-6, his emphasis)

To establish themselves, ourselves as Stengers’ (2012) “thinking head of humanity” we had to be ‘decivilized’; a colonial barbarism that had to then be ignored in order to rationalize themselves, ourselves as “the thinking head of humanity”. As Aime Cesaire (1955) continues, “…his brain
functions after the fashion of certain elementary types of digestive systems, it filters. And the filter lets through only what can nourish the thick skin of the bourgeois’ clear conscience” (p. 52).

For Cesaire this “forgetting machine” reveals itself in the (Christian, bourgeois) West’s horrified response to Nazism, whose “ultimate crime” was that it was “a crime against the white man, the humiliation of the white man, and the fact that he applied to Europe colonialist procedures which until then had been reserved exclusively for the Arabs of Algeria, the ‘coolies’ of India, and he ‘niggers’ of Africa” (p. 36). Thus, the West needs to witness,

that before they were its victims, they were its accomplices; that they tolerated that Nazism before it was inflicted on them, that they absolved it, shut their eyes to it, legitimized it, because until then, it had only been applied to non-European peoples; that they have cultivated Nazism, that they are responsible for it, and that before engulfing the whole edifice of Western, Christian civilization in its reddened waters, it oozes, seeps, and trickles from every crack. (p. 36)

European civilization – “Western” civilization – as shaped by two centuries of bourgeois rule, “is unable to justify itself either before the bar of “reason” or before the bar of “conscience” and thus “takes refuge in a hypocrisy” (p. 31). That is, the associating of colonization with civilization.

As dependent on rhetoric of supremacy and vocation. Cesaire quotes from nineteenth century Western humanist philosopher, Ernest Renan, who states that “the regeneration of the inferior or degenerate races by the superior race is part of the providential order of things for humanity”, thus that colonizers should, “Pour forth this all-consuming activity onto countries which, like China, are crying aloud for foreign conquests” (p. 38). To do so will in turn make all people “satisfied”, and all “as it should”. Such ideas then override, ignore violent material injustices: “they have evaporated! Disappeared, intermingled, become unrecognizable in the realm of pale ratiocinations” (p. 62). These ‘pale ratiocinations’, this white reasoning, is central to the success of colonization; the “circulation of colonial ideology – an ideology of racial and cultural hierarchy – is as essential to colonial rule as police and corvee labor” (Kelley, 2000, p. 9).
Hence the erection and patrol of a border between those who Know and those who don't, those that study and those that get studied; a colonial divide that Stengers (2012) writes as filled with fears that we might, and thus moral imperatives that we shall not, ‘regress’ to soft, illusory beliefs shamefully lying far from the hard Truth of ‘progress’. Cesaire (1955) too cites many examples of colonialists being afraid of ‘regression’ – the following is from a newspaper article written by Professor Emile Faguet, a French author and literary critic writing at the turn of the twentieth century:

The yellow man, the black man, is not our cousin at all. Here there is a real difference, a real distance, and a very great one: an ethnological distance. After all, civilization has never been made except by whites... If Europe becomes yellow, there will certainly be a regression, a new period of darkness and confusion, that is, another Middle Ages. (p. 50)

For Stengers (2012), these fears haunt the abovementioned ‘Science’, “bent on translating everything that exists into objective, rational knowledge” (p. 2); a conquest that comes with a sense that one (some) has (have) an unadulterated access to Truth, what Trinh (1989) describes as a “positivist yearning”:

The positivist yearning for transparency with respect to reality is always lurking below the surface. The world of concepts separates itself from the world of signs, as if thinker could be conceived apart from thought and beyond it; as if science which comes about through the element of discourse could simply cross over discourse and create a world of its own without giving up the series of rational and empirical operations that make it up. (p. 64)

Thus fear of ‘regressing’ is entangled with desire-to-know – itself both cause and effect of colonization, past and present. An entanglement that – given the abovementioned futility of Knowing, that we can’t Know – one might call ‘paranoia’. Perhaps, then, white supremacy creates the affective conditions for its own dis-ease. In the following section I suggest that this un/settling potential is trafficked through psycurity, an abstract machine that animates a neocolonial security state17.

Psycurity

17 See Footnote 2.
For Stengers (2012), Deleuze and Guattari’s (1987) concept of assemblages may help to heal the abovementioned colonial divide between Knower and Known, truth and illusion. Within this image, agency does not lie with an ‘I’, it belongs to the assemblage as desire, or what Stengers calls “animation”. As, Paul Patton (2000) writes, “Desire is present in a given assemblage in the same way that, in a musical work, the principle of composition is present in the silences as much as in the audible sounds” (p. 70). It follows that desire is implicated in all social and political processes, that all relations are desire relations. This desire is positive, productive, and constructivist: it is a primary active force, it makes things happen between bodies, and it requires an assemblage. Thus, rather than being an entity of some sort, desire is more accurately a process of production, a sort of “desiring machine” that connects and encodes various elements of an assemblage, making intensities from which all experiences are derived. Indeed, while hegemonic psychoanalytic conceptions understand desire as produced in reaction to a lack and thus as something that passively fulfills conditions of equilibrium, Deleuzian desire is an agency that embodies conditions for creativity. By nature something that disrupts the status quo, it is revolutionary by accident.

Assemblages can be read in terms of how they channel this revolutionary potential. As outlined above, with regard to the prodromal machine, this desire can be more accurately described as a colonial desire-to-know, one that entangles with a fear of ‘regressing’ to make paranoia. Indeed, with desire moving along lines of integration and reterritorialization that both return it to prodromal territory and recombine it into new relations (thus enabling the ongoing production of ‘the prodrome’), the prodromal machine operates in the direction of the ‘paranoiac fascizing pole’ (Deleuze & Guattari, 1987). It is therefore an expression of what I shall call, *psycurity* – a contemporary abstract machine that directs assemblages to channel paranoia (an otherwise dis-ease of white supremacy) in ways that animate a neocolonial security state. A kind of ‘virtual double’ of their material counterparts (Patton, 2000, p. 44), an abstract machine is a sociopolitical blueprint that operates, as Philip Goodchild (1996) describes, “like a little
refrain, a tune that gains its consistency through being repeated over and over again” (p. 50).

With regard to the prodromal machine, this ‘little refrain’ – psycurity – has taken an overcoding state, directing a rigid segmentation and reterritorialization of desire(-to-know).

The prodromal movement is thus a peculiar form of a ‘state machine of capture’ – the theory of which Patton (2000) describes as particularly suited to describing processes of colonization. While, as suggested by its name, the essential function of a state machine is capture, this takes a distinct form within contemporary ‘societies of control’ (Deleuze, 1992). As prefaced in Chapter 2, we are no longer molded within spaces of enclosure so much as modulated through gateways, or ‘checkpoints’, that effectively control our passage:

The checks don’t control you, they don’t tell you where to go or what to be doing at any particular time. They don’t lord it over you. They just lurk. They lie in wait for you at key-points. You come to them, and they’re activated by your arrival. You’re free to move, but every few steps there’s a checkpoint. They’re everywhere, woven into the social landscape. (Massumi, 2015, p. 26)

Thus, rather than being deemed innocent or guilty, one is detected and judged by machines through a highly localized and partial micropower that feeds up to higher levels. As Brian Massumi (2015) continues, it is now – once one has passed through the checkpoints – that the “real power” starts. Leaving information on patterns in our wake, it is our trace that is captured by psycurity assemblages such as the prodromal machine.

Within contemporary capitalism, this means that our everyday movements have become a value-producing labor, or what Deleuze and Guattari (1972) call a ‘surplus value of flow’, feeding this information on patterns back to corporations that can then use it to capture a bigger market. With regard to psycurity, this labor comes, for example, from the prodrome producing surplus value through their pathological excesses – those parts of their experiences, lives, and bodies that linger too close to psychosis. These biological differences then become ‘risk factors’ that generate and circulate capital (Clough & Willse, 2010) – making markets for drug companies, populations for research funding, persuasion for political campaigns, decoys for gun-makers, and authority for prodromal professions. Psychiatry takes up the role of
safeguarding these flows, ensuring their continuation. Now stationed at borders (rather than institutions), it has the task of both upholding poracity and making sure that no-one ‘falls through the cracks’. A “tricky business” indeed (to borrow a phrase from a Research Clinical Coordinator whom I interviewed in the previous two chapters).

Operating as a checkpoint of psycurity, the prodromal machine does not lock down madness according to a set standard, so much as modulate it according to floating assessments in relation to established, yet changing, algorithms – formulas that turn one’s present trace into their future threat: psychosis. It is through this transition from set to floating standards that Deleuze (1992) writes of society as having passed from the mole (“the animal of spaces of enclosure”, of discipline) to the serpent. Significantly, this is not just with regard to the system under which we live, but also how we live and relate with each other: “The disciplinary man was a discontinuous producer of energy, but the man of control is undulatory, in orbit, a continuous network” (p. 5-6). Directed by psycurity, paranoia moves with a similar undulation. Hiding, predicting, branding, and growing, it makes up the coils that animate a neocolonial security state – itself a contemporary society of control. In the following sections I illustrate these serpentine movements with examples from the prodromal machine.

i. Hiding

As mentioned, the essential function of a state machine of capture, is capture. To do so, it needs not only mechanisms of capture but a right to do so (Patton, 2000). With regard to the prodromal machine, this ‘right to capture’ is through the protection of its four clusters of operations – nets, borderguards, custody, and search – by a common sense that (as described in the previous two chapters) is stuck together with trust and compassion. “Protected” because the paranoia that lubricates the prodromal machine must distinguish itself from the paranoia – the unreasonable suspicion – that it is enclosing.
Indeed, current-day classifications of psychosis descend from the nineteenth century erection of boundaries around “reason” that also separated “adult” from “child,” “man” from “woman,” “the civilized” from “the primitive” (Blackman, 2001). In her social psychoanalytic theory, Kelly Oliver (2004) argues that structures of domination rely on this split, which signifies the projection of unwanted affects from “the oppressors” to “the oppressed”. This creates a “desiccated affectivity” in the former and a “hyperaffectivity” in the latter, dividing the world into those that have control over their emotions, those that don’t. It follows that – as suggested in the above section on desire-to-know – the very construction-cum-becoming of one as reason-able, in control, and superior, is dependent on another as un-reason-able, out of control, and inferior. In other words, paranoia-as-science may in fact rely on paranoia-as-symptom.

Critical scholars have examined this dynamic using Julia Kristeva’s (1982) “abjection”. Based on, “a type of dread that is always an anticipation of incoherence and dissolution” (Hook, 2012, p. 61), abjection ultimately presents as a self-protective bodily response to, offensive action toward, and political defense against, boundary threats. Importantly, however, this “border-anxiety” is not just about repulsion – the abject also “keys into prohibited modes of enjoyment” (p. 70); a twinning that seems particularly pertinent with regard to paranoia, which as mentioned above may involve a fear of ‘regression’ and a desire-to-know. Thus, given also that such demarcations are made not only between bodies and populations, but within our “individual” psyches, paranoia might especially trigger what Derek Hook (2012) calls the “disturbing awareness” that the borders of the self are ultimately neither “sacrosanct nor impermeable”. It follows that, Hook continues, “subtle shifts in cardinal anxieties and perceived societal lacks will be reflected in what is most angering, most menacing in today’s other” (p. 145); it seems plausible, for example, that the post-9/11 accelerated attention to the prodrome, a figure of pre-psychosis, may be reflecting the irrationality of the current US politics-cum-culture of (banal) terror. This suggestion perhaps also offers explanation to the ferocity with which “we”
seem to have grabbed on, and clung, to discourses of paranoia as a symptom of an inherited, diseased entity: the psychotic disorder. It is a remarkably effective strategy for keeping Those who are surveilled from Us who are surveilling, and thus our own “madness” from Us, too.

A boundary that remains haunted with ambiguities, fears, and desires that are themselves, “disavowed to maintain the illusion of self-control” (Oliver, 2004, p. xxiii). As Hook (2012) argues, attempts to understand, make predictable, and generate knowledge about “others” are “as much that of a social science as of fantasy, as much, in other words of a social scientific ‘will to know’ as of an affective economy of fear/desire” (p. 160). In turn such “spiraling repetitions” come to actualize a certain ideological apparatus of ideas, becoming a “frozen image” and obscuring that they have roots in (their own) “magical beliefs”. With regard to psychosis, this includes that psychiatry is underpinned by racist and ethnocentric pretensions – (such as those delivered by Man1 and Man2 as above) – that position it as the ‘pinnacle’ of civilized thinking, dismissing other approaches to madness (Blackman, 2001).

And this ‘truth-telling practice’ (Blackman, 2001) both depends on and emerges from the workings of fear itself. Drawing on Deleuze, for Massumi (2005), fear travels down a ‘line of fright’ into the content of experience, becoming a quantifiable component of it, which itself can then be compared to other fear incidents as more or less frightening. Such that,

the objects to whose perception it led, whose appearance, as it happened, was a differentiation of the fear, now seem more solid and dependable than it. Retrospectively, they take on a larger share of the recognized reality of the event. The emotion is sidelined as the event’s merely subjective content. Yet another branching has occurred, between the subjective and the objective. (p. 39)

In turn, this bifurcation structures recollection. The content becomes objective and public, the affect becomes subjective and private, gradually excluded from accounts of the event, until it loses its vivacity, becoming separable from the event. Fear thus becomes treated as a representation, “basically, an idea” that can be held “at a rational, manageable distance” making it seem “comfortably controllable” (p. 39). It follows that the role of fear in the prodromal movement – as intensified after the Sandy Hook shooting – can be ignored; further directing the
paranoia driving psycurity assemblages to hide.

In addition, preemption enables fear to be independent from its actual contexts. This creates the conditions for its autonomization, meaning it has a capacity to trigger itself in the absence of any of its external signs. As Massumi continues, it can “run away with itself” (p. 42, his italics).

This ups the ante of unpredictability. Where fear unleashed can lead is any alert emitter's guess. While the signs of danger may no longer be necessary for the triggering of the affective event of fear, their repetition and multiplication seeds the conditions for their own overcoming. They prepare the (back)ground. (p. 42)

And this autonomization can ultimately lead to fear being passed unfelt: “Fear is coming to revolve more and more tightly around the logical vanishing point of an unexperience where matter and quality are one” (p. 43). Fear, then, becomes a thought-sign, with no relation of reason determining it, able to “boldly go wherever thought can reach. And thought can reach wherever attention goes” (p. 43, his italics).

Psycurity assemblages, then, are characterized by their reasonable suspicion – directing the paranoia that drives them to go unquestioned, if not undetected. To hide behind trust and compassion, its common good and its humanism, attending to threatening bodies from the future...

ii. Predicting

Like all forms of desire, paranoia requires an object. And, because it is desire-to-know, this object within psycurity is that which is perpetually unknowable: threat.

A threat is unknowable. If it were known in its specifics, it wouldn't be a threat. It would be a situation... and a situation can be handled. A threat is only a threat if it retains an indeterminacy. If it has a form, it is not a substantial form, but a time form: a futurity. The threat as such is nothing yet—just a looming. It is a form of futurity yet has the capacity to fill the present without presenting itself. Its future looming casts a present shadow, and that shadow is fear. Threat is the future cause of a change in the present. A future cause is not actually a cause; it is a virtual cause, or quasicause. Threat is a futurity with a virtual power to affect the present quasicausally. When a governmental mechanism makes threat its business, it is taking this virtuality as its object and adopting quasicausality as its mode of operation. That quasicausal operation goes by the name of
security. It expresses itself in signs of alert." (Massumi, 2005, p. 35, his italics)

Formless and contentless, threat is the object of governance post-9/11; an era based on a politicking of chance. With regard to the prodromal machine, this threat is one’s potential psychosis – made knowable through the spiraling production of risk factors. Pyscurity assemblages, then, secondly direct the paranoia that drives them to predict (and therefore prevent) the future.

As a mode of security, of intervening on threats from the future, the prodromal movement is a ‘quasicausal operation’ that “expresses itself in signs of alert” – the ‘early warning signs’ disseminated through the community presentations, pre-screening questionnaires, and psychoeducation. However, since its object – potential future psychosis – is virtual, “the only actual leverage the security operation can have is on threat’s back-cast presence, its pre-effect of fear” (p. 36). Thus the modulation of fear is central to the prodromal machine.

As mentioned in Chapter 3, the community presentations of the prodromal machine repeatedly summoned not only a “scary” psychosis but also the Sandy Hook shooting, and thus in particular can be understood as performing an affective modulation, calibrating anxiety – too little and they would not be on the look out for suspicious young people, too high and a habituation could dampen their responsiveness. Massumi (2005) outlines how this happened post-9/11:

The self-defensive reflex-response to perceptual cues that the system was designed to train into the population wirelessly jacked central government functioning directly into each individual’s nervous system. The whole population became a networked jumpiness, a distributed neuronal network registering en masse quantum shifts in the nation’s global state of discomfiture in rhythm with leaps between color levels. Across the geographical and social differentials dividing them, the population fell into affective attunement. (p. 32)

While this attunement took many forms, what was shared was a ‘central nervousness’ that created the fleshed conditions for an activation that circumvented cognitive appraisal. The post-9/11 alert system could thus act as a “a body-aimed dispositional trigger mechanism” (p. 32). The inundation of information being met with an absence of note-taking in the community
presentation, suggests that the dissemination of early warning signs through the prodromal machine operate as this kind of alert system – meeting bodies already wet with fear following the Sandy Hook shooting, itself encountering a soaked post-9/11 milieu.

As introduced in Chapter 2, this influence of Sandy Hook was also illustrated at the 19th International Congress of the International Society for Psychological and Social Study of Psychosis (ISPS) in March 2015, whereby a “dialogue focusing on high risk and early intervention in psychosis” included references to a “horrendous tragedy” in December 2012 – when “a young man with serious mental illness, untreated\textsuperscript{18} shot his mother, six teachers, and 20 Sandy Hook elementary school students – creating a “shocking event” that “galvanized the interest” of the US government in early intervention (Fieldnotes). These words were spoken by Robert Heinseen from the National Institute of Mental Health (NIMH) and the North American Prodrome Longitudinal Study (NAPLS). His talk went on to be packed with titillating terms (“standardized measures”, “unified infomatics”, “a culture of collaborative research”, “big data”, “real-time analysis”) that both normalized and futurized the imminent state of the prodrome machine.

During the Q&A that followed, Heinseen painted an image of this brave new world:

RH said that social media and other new technologies can be used as data collection via smart phones, and to set parameters for “normal behavior” (sleep, etc) – people are experimenting with “big data analysis with individual people” to try and “identify patterns in difficult people” – this can be used to “ask questions of people and prompt them back into their long-term recovery plan” – “just like if I take blood pressure medication and I get my blood pressure checked every week” – this “puts a lot of power in the consumer” – its “an exciting way going forward”. (Fieldnotes)

And a November 2015 piece in the \emph{Psychiatric Times} by John Torous and Joseph Firth, entitled ‘Schizophrenia and Smartphones: Separating Speculation from Science’, likewise fantasizes about “models of the future” in order to call for more research:

It is easy to imagine how smartphones could enable patients to record their symptoms in real time using brief, pop-up surveys (active data). Additionally, the phone could collect

\textsuperscript{18} Adam Lanza wasn’t “untreated”, but this adjective often accompanies accounts of his shooting – suggesting a stickiness made up of desires to make controllable sense of it.
passive data about their activity patterns (from GPS sensors), social connectedness (from anonymized call and text logs), and voice tone (from microphones)”. This “passive data” could then generate algorithms in order to “predict relapse and even discover patterns of psychological well-being, which psychiatrists and patients could review together. Perhaps in the future, smartphones could also serve as powerful adjuvants that help patients with medication adherence, physical activity, and even digital therapies in supporting their clinical care”. Without clinical data and scientific studies, however, such models of the future will remain just that—models. (n.p.)

Thus, while the risk calculators of Chapter 3 are yet to track people, they are certainly enroute to ‘the future’. Summoned as technological empowerment for the individual consumer, they are simultaneously symptomatic of societies of control. As Deleuze (1992) wrote over two decades earlier, “The conception of a control mechanism, giving the position of any element within an open environment at any given instant (whether animal in a reserve or human in a corporation, as with an electronic collar), is not necessarily one of science fiction” (p. 7).

Referencing Felix Guattari’s imagined city in which ‘we’ control our movements by having a dividual electronic card that opens barriers between spaces, but that can also be rejected at any time, Deleuze (1992) continues that, “what counts is not the barrier but the computer that tracks each person’s position – licit or illicit – and effects a universal modulation” (p. 7). Indeed, the machines of societies of control operate through computers, reflecting a contemporary capitalism of dispersion – buying finished products or assembled parts, selling services, buying stocks – and thus, “no longer a capitalism for production but for the product, which is to say, for being sold and marketed” (Deleuze, 1992, p. 6). And this means branding...

**iii. Branding**

According to Deleuze (1992), contemporary capitalism is not oriented toward a state or private power, but deformable and transformable figures of a single corporation, itself is defined by open circuits. With regard to the prodromal machine, this corporation is ‘the movement’ – that amorphous transnational program of research made up of numerous, shifting sites of studies and stakeholders – be they psychiatric professionals, government officials, school and
community members, family members, or ‘patients’ themselves. Take the following extract from
NAPLS’ original article – published in a scientific journal – describing their process:

Success ultimately depended on a number of structural and procedural factors, including early administrative oversight by NIMH program staff, a consistent schedule of contact between PIs, action plans and timelines for completing tasks, and a consensus building approach to decision making. NIMH leadership served as an early catalyst for cooperation by smoothing over preexisting differences among PIs, highlighting commonalities in research goals and methods, and fostering teamwork. A democratic governing structure emerged during the second year of operation and continues to the present. NAPLS is now a self-governing enterprise, with minimal Federal involvement in managing the project. (Addington et al, 2007)

“Schedule of contact”, “consensus building approach”, “catalyst for cooperation”, “highlighting commonalities”, “fostering teamwork”, an organic “democratic governing structure”, this extract reads more like the back page of a hip corporate Christmas calendar than the methods section of a traditional research report. By the end of their description the authors are explicitly calling themselves “a self-governing enterprise”.

Within these conditions, marketing has become what Deleuze calls the ‘soul’ of the movement-cum-corporation. For the prodromal machine this marketing is, at least for now, not the disease-mongering characteristic of many contemporary psychiatric diagnoses whereby drug companies advertise the supposed symptoms of an illness in order to create a market for their pharmaceutical products. (As mentioned in Chapter 2, the pharmaceutical industry will not invest in the prodrome until it is officially in the Diagnostic and Statistical Manual of Mental Disorders, DSM, such that its treatments will be covered by US health insurance companies). Instead, such ‘marketing’ is enacted through the community presentations undertaken as part of the prodromal movement, which make an at-risk population that not only produces the aforementioned surplus value of flesh, but also consumes the prodromal machine’s regurgitated risk factors.

Indeed, NAPLS uses the term “marketing” to describe their recruitment strategies – stating in one article that “Presentations and web and internet searches seemed to be the most successful, as was ‘word of mouth’” (Addington, 2012, n.p.). This ‘business model’ seems
particularly explicit in the NAPLS’-affiliated ‘anti-stigma’ campaign introduced in Chapter 2.
Rolled out in 2015 across eight towns in Connecticut to reduce the amount of “untreated psychosis” in young people, ‘STEP-ED’ conceptualizes delays in young people receiving treatment for psychosis in terms of a “demand” side (“identification of illness” and “initiation of help-seeking”) and a “supply” side (“correct identification” of psychosis and referral to early intervention services). In turn, the campaign was designed to intervene on these two sides through a public education campaign, outreach and detailing to healthcare, educational, and judicial professionals, and performance improvement measures within early intervention clinics (Srihari et al., 2014).

All of which are done to make both demand and supply “rapid” (Srihari et al., 2014). Media technologies offer a privileged channel for such speedy, collective modulation of affect. As Massumi (2005) writes, this ‘taming’ of technology’s potential by post-9/11 governance enabled, “signal access to the nervous systems and somatic expressions of the populace in a way that allowed it to bypass the discursive mediations on which it traditionally depended and to regularly produce effects with a directness never before seen” (p. 34). STEP-ED’s public education campaign, MINDMAP, seems clued into this potential:

…the specific tactics, including messaging, choice and use of channels of dissemination and real-time adaptations will employ novel social marketing approaches. Specifically, this will include development of a campaign brand image and logo, the use of analytic tools (e.g. Google analytics) to assess online traffic related to STEP-ED’s message disaggregated by target sub-populations (e.g. age, gender, town of residence) with the ability to course correct the targeting of messages. While traditional ‘mass media’ channels will also be deployed, the advantage of social media will be exploited to achieve comparable and more youth appropriate mass circulation while retaining the ability to personalize the message and have it amplified in a cost-effective manner (e.g. sharing via peers on Facebook). (Srihari et al., 2014, n.p.)

Also expected to capture potential prodromes for the PRIME research clinic, MINDMAP’s tactics show the slippage between education and recruitment (as mentioned in Chapter 3) and marketing. Importantly, this involves branding more than the “campaign image and logo” referred to above. Modulating fear, the prodromal machine is also enacting a ‘political
branding’ – stamping bodies historically connected with irrationality and danger, thereby contributing to population racism (Clough & Willse, 2010). And this fear is from more than the Sandy Hook shooting. For John Protevi (2009), the political physiology of many Americans includes a racialized fear, established through slavery, engaged by government, and exacerbated by the securitarian phobias of post 9/11 America: “as horror movie directors, Homeland Security officials, and political leaders know full well, fear is a relief compared to anxiety: ‘better the devil you know than the devil you don’t’” (p. 175).

Thus, the prodromal machine epitomizes how the, “ethical value in an affect economy is very much a material operation, an immanent force drawing attention or activation toward sites of investment for capital and neoliberal governance” (Clough & Willse, 2010, p. 55). This “investment” is where historical and political contingencies can be poured in, creating “slime molds of racism, sexism, capitalism, and what have you” (p. 18). Here, Arun Saldhana (2006) is referencing the capacity of slime mold to move between an individual entity and a collective of entities – a single creature and a swarm, an ‘it’ to a ‘they’ – depending on environmental conditions.

Saldhana proposes the concept of ‘viscosity’ to translate this movement into an understanding of how “racism, sexism, capitalism, and what have you” come to be. Viscosity evokes the “continuous but constrained” dynamism of space imbricated in any ontology.

Neither perfectly fluid nor solid, the viscous invokes surface tension and resistance to perturbation and mixing. Viscosity means that the physical characteristics of a substance explain its unique movements. There are local and temporary thickenings of interacting bodies, which then collectively become sticky, capable of capturing more bodies like them: an emergent slime mold. Under certain circumstances, the collectivity dissolves, the constituent bodies flowing freely again. The world is an immense mass of viscosities, becoming thicker here, and thinner there. (p. 19)

Thus, within a post-9/11 milieu that is not only conditioned by and into fear, but that also demands a clear distinction between domestic shooters and foreign terrorists in order to maintain American exceptionalism, Sandy Hook created “a local and temporary thickening” of “the mentally ill”. Collectively sticky, they are “capable of capturing more bodies like them” (my
Prodromes.

A contamination that points to how, after 9/11, “the immediate shock gave way to lingering fear, relaying the danger into a remainder of surplus threat. September 11 was an excess-threat-generating actual event that has perhaps done more than any other threat-o-genic source to legitimate pre-emptive politics” (Massumi, 2010, p. 60). The Sandy Hook shooting thus became what Massumi (2010) calls an ‘alert’. That is, a “performatively signed” threat event, which “extrudes a surplus remainder of threat-potential that can contaminate new objects, persons and contexts” (p. 60). And so the movement grows...

iv. Growing

For Deleuze (1992), “The operation of markets is now the instrument of social control and forms the impudent breed of our masters” (p. 6). For the prodromal machine, this impudence shows itself through the imposition of quotas (Chapter 3) on which the calculators (Chapter 4) depend. Haunting the slippage between not only education and recruitment, but also treatment and research, these demands for numbers emerge from the prodromal machine’s desire for statistical power. As the NAPLS group wrote in 2007 about the launch of this study:

Sample size is the principal obstacle to achieving rapid progress in prodromal research because, first, the annual incidence of new cases is presumed to be low (ie, no more than 1 case per 10 000 persons per year in the general population) and, second, these individuals are hard to find. Annual recruitment has averaged 18 at risk subjects per year in the single-site prodromal schizophrenia research studies funded by NIMH since 2000. Without a dramatic improvement in recruitment, we estimate that it will take nearly a decade for a single-site study to accrue a sample of at risk subjects adequately powered to test hypotheses related to psychosis onset, illness progression, short-term outcome, and discriminating true from false-positive prodromal cases. (Addington, 2007, n.p.)

Like a good molar assemblage, the prodrome machine increases its power in a linear, quantitative fashion through the incorporation of new bodies. However, this extract points toward a twist in this increase, and the fourth way in which psycurity assemblages animate a neocolonial security state. Prodromes are not simply “hard to find”, they are rare; the prodromal
machine is not growing because of an increase in experiences or improved detection – indeed, it appears to be getting progressively worse at this (Fusar-Poli, et al., 2013; Addington et al., 2015). As a psycurity assemblage, it is swelling through paranoia.

Massumi (2010) writes of how the political ontology of threat is driven by both the productive power of pre-emption and the affective fact of fear, whereby “the nonexistence of what has not happened be[comes] more real that what is now observably over and done with” (p. 52). This occurs through decision-making based on one’s potential threat – interventions on a future event – such that what is yet to occur takes “blaring precedence over what has actually happened” (p. 52). A “non-existent entity” has “come from the future to fill the present with menace” (p. 52). Psychosis becomes the lens through which prodromes’ present experiences are interpreted as ‘alarms’ – a signal that threat is near – thus becoming the mechanism by which psychosis comes to haunt one’s present. As he continues:

Two weeks later, the powder is identified. It is flour. News articles following up on the story ... continue to refer to the incident as a “toxic substance alert”. No one refers to the incidence as a “flour alert”. The incident is left carrying an affective dusting of white-powdered terror. Flour has been implicated. It is tainted with the fear of anthrax, guilty by association for displaying the threatening qualities of whiteness and powderiness. In preemptively logical terms, the incident was a toxic substance alert – not because the substance was toxic, but because the alert was for a potential toxic substance. (p. 57-8)

According to Massumi, alarms render “innocent objects” (or persons, or behaviors, or feelings) “officially threatening for the duration of the alert” and afterward “remain tainted by their affective involvement in the incident” (p. 58). A prodromal diagnosis puts one on alert for future psychosis such that they come to interpret – indeed, experience – their bodies as an alarm, as signifying potential threat, an underlying mental disorder. Psychosis thus becomes an “unconsummated surplus of danger”:

Threat is from the future. It is what might come next. Its eventual location and ultimate extent are undefined. Its nature is open-ended. It is not just that it is not; it is not in a way that is never over. We can never be done with it. Even if a clear and present danger materializes in the present, it is still not over. There is always the nagging potential of the next after being even worse, and of a still worse next again after that. The uncertainty of the potential next is never consumed in any given event. There is always a remainder of uncertainty, an unconsummated surplus of danger. (p. 53)
Constructed through risk and affected by fear, there is always the potential that psychosis might appear even if there has been no clear and present evidence of such. It is this “nagging” that gives threat its capacity for self-renewal, generated through pre-emptive actions that are intended to prevent any future madness from occurring.

Yet, via such preemption threat cannot be falsified; it can only be deferred. As such, prodromal treatments enter people into an “open-ended” threat: their riskiness “will have been real for all eternity” (p. 53). Through the prodromal machine, one’s future menace – psychosis – is “once and for all in the non-linear time of its own causing” (p. 53). Massumi argues that such pre-emptive logic is based on a double conditional – the ‘would-have/could-have’. Present threat, he explains, is a “step by step regress from the certainty of actual fact” (p. 55). The ‘actual fact’ would be that one is psychotic; one step back is that one has the capacity for psychosis; another step back is that one does not have the capacity but would have if they could have. This ‘would have’ is grounded in the ever-present assumption that a prodromal diagnosis signifies the existence of a chronic pathological entity; the ‘could have’ is grounded in the assumption that preemptive treatment is actually blocking one’s future madness. This double conditional can be seen in explanations for an overall decline in conversion rates (that is, the proportion of prodromes that become, convert to, psychosis) in prodromal studies. While this decline could be taken to invalidate ‘the prodrome’, researchers write that it is from effective prodromal treatments, earlier detections (leading to later onsets), and “a dilution effect” from an increase in people who are “not really at risk being referred to HR [high risk] services, possibly as a result of these services and their intake criteria becoming more well-known” (Fusar-Poli, 2013, n.p.). They would have become psychotic, if they could have.

Further, as Massumi (2005) continues, that preemptive measures come to produce the very insecurity they avowedly preempt; pre-emption moves threat from future potential to present fact. Vis-à-vis the prodromal machine, the never-ending nagging potential of future
psychosis is rendered immortal by pre-emptive actions (e.g., low dose antipsychotics), which themselves lead to ‘symptoms’ (e.g., as discussed in Chapter 3, reluctance toward medication becomes an irrational suspicion) that lead to further pre-emptive action (e.g., high dose antipsychotics). Thus, threat is both deferred into eternity and realized in the present. Through the prodromal machine, one’s potential psychosis has become an ‘affective fact’ in the present; one’s diagnosis – their threat-potential – is crazy-making. The materialization of threat – driven by fear and realized via pre-emption – lubricates the ‘political ontology’ of psychosis.

Thus, affect-driven logic “saves threat from having to materialize as a clear and present danger – or even an emergent danger – in order to command action” (p. 55). Indeed it is its operation on this affective register that, at least in part, enables the prodromal machine to build, despite the lack of prodromal bodies and the continued incapacity of its predictive technologies. Prodromal ‘symptoms’ will be quick to form their own iterative series, “thanks to the suppleness and compelleness of the affective logic generating them” (p. 61); one that “combines an ontology with an epistemology in such a way as to endow itself with powers of self-causation” (p. 62), creating a long and ever-extending list of risk factors that both decrease and increase the capacity of the movement to ‘identify’ prodromes. And so, the prodromal machine “grows like a crystal in hypersaturated solution” (p. 130) – as Eve Sedgwick (2003) describes paranoia...

c. Paranoid

The prodromal machine is a state machine of capture within a society of control, a checkpoint of psycurity that directs paranoia to hide, to predict, to brand, and to grow, thereby making up the undulating coils of a neocolonial security state. This species of serpent intensified following the Sandy Hook shooting, itself encountering a fearful post-9/11 milieu. Moreover, it suggests that the paranoia of white supremacy is made of the same stuff as the paranoia of attempts to prevent such attacks, and thus that pre-emptive psy, as it is currently shaped, may not be a solution to contemporary violence so much as an entrenching of the problem.
And yet: psycurity assemblages are even more slippery. Sedgwick (2003) writes how the ‘hermeneutics of suspicion’ in which Paul Ricoeur understands critical scholars to be trained have had an “unintentionally stultifying side effect” (p. 124): the privileging of paranoia. This, ...has by now candidly become less a diagnosis than a prescription. In a world where no one need be delusional to find evidence of systemic oppression, to theorize out of anything but a paranoid critical stance has come to seem naïve, pious, or complaisant (p. 125).

For Sedgwick, this is problematic because the mimeticism of paranoia circumscribes its “potential as a medium of political or cultural struggle” (p. 130). It follows that, driven by paranoia, critical scholarship may itself express psycurity. However, Sedgwick continues that critical scholars do not have to only do paranoid readings, they can do reparative ones too. Indeed, as an abstract machine, psycurity does not have to operate in the overcoding state, directing the prodromal movement as a state machine of capture. It can also operate in a *mutating* state – decoding paranoia, channeling it toward the schizoid revolutionary pole. Thus, given that psycurity assemblages are checkpoints within a society of control, a *serpent*, in the next chapter I turn to Coatlicue, to the Mesoamerican goddess of the serpent for guidance on reparative potentials within the paranoid coils of a neocolonial security state.
“I have wondered whether the spirits of the dead can influence the living (true)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
The Psychiatrist let me into his office to wait for him as he finished up speaking with a youngish white man with a European accent in the corridor just outside the open door. I had to move a Wholefoods bag to sit down. He came in, reached into the bag (now at my feet) and pulled out a plastic container saying “I just need to go get a quick urine sample”, flashing a shrug-smile at me, “Its all I do!” A few moments later and he returned, holding the container which was now filled with a bright yellow liquid. I was kind of shocked. It seemed so intimate to the person whose body it came from, and there was something about him being so close to it – it would have felt warm against his hand. He left again, then returned as his cell phone began to ring in his pocket. I was still sitting in a chair against the wall as he answered, standing a foot or two in front of me. I signaled to him that I’d leave the room to give him some privacy, he shook his head and mouthed for me to stay. After a minute or so he said bye and then looked at me with a smile on his face, “I have to call Dr. L. on his cellphone?! Do you know who that is?!”

I did, because he had already mentioned him to me during our interview – “He’s the big wig! You don’t usually talk to him?” “Not on his cellphone”. The timing couldn’t have been more perfect; the Psychiatrist was giddy; I got up to leave and he explicitly told me to stay. He stood with his back to me looking out the window, phone to his ear and other hand in his pocket, chatting to Dr. L., before again standing in front of me, facing me, finishing his chat. I stayed sitting there, as requested, blatantly taking notes – “masculinity”, “hero-ism”, “imperialist roots of science”, “the penetration of Nature by Man”. (Fieldnotes, October 17th, 2014)

he called me on the 18th, a Monday, saying i needed to get out of the unit as it was making him mad. i told him i couldn’t, that he had to stay. i didn’t see him that day. or the next day. or the next day. on the Thursday, 21st, i was out and saw i had a missed call from her. i texted and she said that he had escaped and the police were looking for him.
6. ROOTS

In his preface to the 1983 edition of Anti-Oedipus, Michel Foucault describes Deleuze and Guattari’s philosophy of assemblages as putting forth a number of principles for “the art of living counter to all forms of fascism”; the first reads, “Free political action from all unifying and totalizing paranoia” (p. xiii). While, as also suggested by the previous chapter, Foucault is explicitly witnessing paranoia’s oppressive effects, his adjectives nonetheless imply that there is more than one kind of paranoia, that there may be one that is not unifying nor totalizing. Indeed, having just argued that the prodromal movement operates as a checkpoint of psycurity that, driven by a hiding, predicting, branding and growing paranoia, animates a neocolonial security state, here I follow paranoia’s etymological roots to experiment with a ‘reparative reading’ of these same coils.

a. Reparative

Come, little green snake. Let the wound caused by the serpent be cured by the serpent. (Anzaldúa, 1987, p. 68)

Eve Sedgwick (2003) writes of how critical scholarship has had an “unintentionally stultifying side effect” (p. 124): the privileging of paranoia. Drawing on Melanie Klein, Sedgwick sees paranoia as a relational stance that works to anticipate, generalize, and expose, in order to avoid surprises and humiliation; and thus the affective drive of scholarship that seeks to do the same. And yet, “for someone to have an unmystified view of systemic oppressions does not intrinsically or necessarily enjoinder that person to any specific train of epistemological or narrative consequences” (p. 127, her emphasis). To the contrary, paranoia has “a mode of selective scanning and amplification” (p. 135), with a “mushrooming, self-confirming strength” (p. 136), that “circumscribes its potential as a medium of political or cultural struggle” (p. 130).

Nonetheless, ‘paranoid readings’ have,

by now candidly become less a diagnosis than a prescription. In a world where no one need be delusional to find evidence of systemic oppression, to theorize out of anything
but a paranoid critical stance has come to seem naïve, pious, or complaisant (p. 125). And yet, “to practice other than paranoid forms of knowing does not, in itself, entail a denial of the reality or gravity of enmity or oppression” (p. 128). Indeed, Sedgwick’s (self-consciously ironic) concern, ultimately, is that paranoia requires a disarticulation, disavowal and/or misrecognition of ways of knowing that are less oriented around suspicion, for “it is only paranoid knowledge that has so thorough a practice of disavowing its affective motive and force and masquerading as the very stuff of truth” (p. 138). She thus asks that we “hypothetically disentangle the question of truth value from the question of performative effect” (p. 128), thereby positioning paranoid readings as not a mandatory injunction but a possibility among other possibilities.

Sedgwick’s reading echoes with decolonial critiques of epistemic violence. As Gayatri Spivak (1988) writes, to present anything as a monolithic, immutable, centralized force is to engage in the “topographical reinscription of imperialism” (p. 85); indeed, that “the much-publicized critique of the sovereign subject” itself “actually inaugurates a Subject” (p. 66). And, having a privileged location by virtue of being in the academy, makes the present project especially “discursively dangerous” (Alcoff, 1991). For Spivak (1988), the unspoken ideological formation underlying imperialism is white men saving brown women from brown men; a dynamic enacted when a broken and powerless “object” of research is constructed against an unbroken and powerful “subject” of critique, as repeated through the production of “suffering bodies” that has been central to not only colonial interventionist projects but Western feminist ones too (Abu-Lughod, 2002; Doezema, 2001; Nair, 2000). This assembles a violent homogeneity – indeed a “discursive colonization” (Mohanty, 1984) – that flattens people’s experiences with a decontextualizing and condescending gaze, thereby reproducing the hierarchical relations they avow to challenge. Portraying some bodies as un-knowing and oppressed, and some as all-knowing and liberated, further divides the world into separate spheres (Abu-Lughod, 2002) while foreclosing possibilities for change (Butler, 1995).
Similarly, Gloria Anzaldúa (1987) warns against a counterstance whereby, “stand[ing] on the opposite riverbank shouting questions, challenging patriarchal, white conventions”, one is locked “in a duel of oppressor and oppressed” (p. 100). In this relation, “all reaction is limited by, and dependent upon, what it is reacting against” thus, while it can be a “step towards liberation from cultural domination”, it cannot be “a way of life (p. 101). Wary also of the limitations of this approach, Derek Hook (2012) calls for the revitalization of a “psychology of critique” that not only interrogates the role this discipline plays in social injustices, but also it’s potential for social justice. A project demanding, “an avowedly political epistemology” (p. 38, his emphasis) that, for Mary Watkins and Helene Shulman (2008), needs to further contain, “possibilities for critical and utopian imagination that can continually rework and rethink experience in liberatory ways” (p. 26).

“Synaptic peace-keeping” (Liebert, 2010), “downward spiral” (Liebert, 2012), “militarization on the psychic front” (Liebert, 2013), “psy policing” (Liebert, 2014), “psycurity”… Paranoid readings have been, and still are, a central part of my scholarship on the circulation of psy within politics of terror – perhaps not surprising for someone trained in and identifying with a sub-discipline calling itself ‘critical psychology’. However, Sedgwick’s (2003) analysis gifts me a renewed kind of feminist, decolonial response/ability for the affects-cum-effects of this work. As opposed to the “strong theory” of paranoid readings, so weighty it can’t be moved, she suggests experimenting with “weak theory”, with making multiple, localized, unstable knowledges that do justice to a wide affective range. She calls these readings, “reparative”:

To read from a reparative position is to surrender the knowing, paranoid, determination that no horror, however apparently unthinkable, shall ever come to the reader as new; to a reparatively positioned reader, it can seem realistic and necessary to experience surprise. Because there can be terrible surprises, however there can also be good ones. Hope, often a fracturing, even traumatic thing to experience, is among the energies by which the reparatively positioned reader tries to organize the fragments and part-objects she encounters or creates. (p. 146, her italics).

Hope. Sedgwick once more reminds me of Anzaldúa (1987): “Let us hope that the left hand, that of darkness, of femaleness, of ‘primitiveness’, can divert the indifferent, right-handed,
‘rational’ suicidal drive that, unchecked, could blow us into acid rain in the fraction of a second” (p. 90-91), which in turn reminds me of the images of the present-day US political climate that opened this dissertation. In this chapter I experiment with a reparative reading of paranoia itself, the coils of psycurity. Etymologically joining *para* (beside) with *nous* (mind), ‘paranoia’ historically denotes an experience beside-the-mind; I attempt to follow these roots. I go on an interpretive adventure with Anzaldúa (1987) and Isabelle Stengers (2011), no longer aided by some sort of imperial flashlight illuminating the way, so much as a cosmological, speculative quartz – diffracting the darkness into a spectrum of possibility, seeing if the cause of my scholarly wound might (also) be the cure.

b. Cliff

If you can tell me all on your own that its not real, it’s a four. If I need to throw you a line that it might be a part of your imagination, it’s a five. (SIPS Fieldnotes)

I jotted down this quote during the SIPS (Structured Interview for Psychosis-Risk Syndrome) training that I introduced in Chapter 3. Usually two days long, I was invited to this one-off one-day event after it was pulled together by special request for three participants from Santiago who had been funded by the Chilean government to establish the first prodromal clinic in their country. They bought a gift (chocolate, I think), thrilled for the opportunity to be trained by our trainer – RCC (Research Clinical Coordinator).

Over seven hours of rapid-fire schooling we were shown how the SIPS – woven together with nearly 40 pages of questions – throws its think-net over ‘unusual thought content’, ‘suspiciousness’, ‘grandiose ideas’, ‘perceptual abnormalities’ and ‘disorganized communication’.

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19 I use the word ‘adventure’ to both witness the circulation of this patriarchal, imperial discourse in Psychology, and to support it in the name of Isabelle Stengers’ (2011, 2012) call for ‘sciences’ (written with a small ‘s’ and in the plural) to be thought of as a kind of ‘adventure’, one where we create situations that enable what we question – our objects of inquiry – to put our questions themselves ‘at risk’, to test us testing them. In other words, to explore what paranoia might be telling us what we are asking of it.
Collectively called Attenuated Psychotic Symptoms, these experiences are illustrated by Tandy Miller and colleagues (1999) with the following:

Patients experiencing such symptoms can report hearing odd noises, such as banging or clicking or ringing; dogs barking when there is no animal present; or their name being called when no one has called them. More severe but still attenuated symptoms have been described as hearing sounds or voices that seem far away or mumbled. People also report experiencing vague perceptual changes such as seeing colors differently, seeing flashes of light, or seeing geometric shapes. People have also frequently reported seeing shadows out of the corner of their eyes or vague ghostlike figures (p. 706).

The SIPS extracts these kind of experiences with a battery of yes/no questions and allocates a rating between zero and six – zero meaning the symptom is “absent”, six meaning it is “floridly psychotic”, and three, four, or five meaning that it is “at-risk”, that the person experiencing it is prodromal. During the training we were offered a “cheat sheet” to differentiate between these seven scores – the difference that mattered most was that between five and six, that gate between prodromal and psychotic, potential and actual. This rating hinged “most importantly” on whether or not someone could “self-disclose their doubt”. If they could not – if you “let people talk and talk and talk” about their experience and they “never say its not real” – then they cross the border into madness.

Except that we were taught another, unofficial, “trick”. Conceptualizing a young person as at this point “hanging over a cliff”, RCC directed us to “throw them a line” by asking a question: “Did you ever consider the possibility that this was part of your imagination?” If the young person “grabs the line” – saying “Yes” to this question – we are to give them a five; if they don’t grab the line – saying “No, it was real” or “It felt real” – we are to give them a six, watching as they tumble over the edge into Psychotic Disorder.

Curled through with what Alfred North Whitehead (1920) bemoaned as the “bifurcation of nature”, this trick presumes that perception is divided into two sets of things, effectively: ‘nature’ + ‘psychic additions’:

For example, what is given in perception is the green grass. This is an object which we know as an ingredient in nature. The theory of psychic additions would treat the greenness as a psychic addition furnished by the perceiving mind, and would leave to
nature merely the molecules and the radiant energy which influence the mind towards that perception. (p. 29)

The SIPS, then, patrols for those psychic additions that have gone awry. Developed through a review of existing retrospective and prospective assessments of “pre-psychosis”, it is the descendant of an influential manual of perceptual disturbances developed by Loren Chapman and Jean Chapman (1980). These authors recruited a sample of college students who were “probably at high-risk for psychosis” based on their responses to true/false tests of “traits of the schizophrenia prone” (p. 48). One of which was the Perceptual Aberration scale (Chapman et al, 1978), inspired by a prominent psychoanalytic conceptualization that the unifying construct in schizophrenia is “disturbances in the capacity to establish and maintain boundaries” (p. 399).

Through a series of interviews with these students, Chapman and Chapman (1980) organized 80 types of “deviant” experiences into six categories of symptoms, becoming the first to put forth an argument for, and manual of, “attenuated psychosis”. Large disclaimer included:

We believe that the rating values given in this scale are suitable for most white persons from the United States and the general Western cultural tradition. We do not know if these values are suitable for blacks or for members of other minority subcultures. (p. 479)

This concession of cross-cultural invalidity has carried through the prodromal field. The same research group went on to develop a series of individual scales based on this manual to identify “psychosis-prone” young adults. One such scale is ‘Magical Ideation’ – defined by in an unpublished manuscript as the “belief, quasi-belief, or semi-serious entertainment of the possibility that events which, according to the causal concepts of this culture, cannot have a causal relation with each other, might somehow nevertheless do so” (Meehl, 1964, p. 54, as cited in Eckblad and Chapman, 1983). Left unnamed, the “this” of this definition floats loudly by, at once ignoring and incising a familiar standard: “the general Western cultural tradition”.

As with their previous work, these authors emphasize that it is not what people experience so much as how they interpret them that requires assessment. What matters is their degree of conviction that something ‘really’ happened. The idea that people might accurately be
sensing these seemingly impossible bodily and causal relations appears to not even warrant a passing thought. The SIPS is the product of a legacy, then, that separates the act of perceiving from that which is perceived, enabling the former to be dismissed – they are “part of common sense, to be sure, but they are of no use to science, since they have no reality” (Latour, 2011, p. xii). Awash with the bifurcation of nature, the prodrome thus beckons what Bruno Latour (2011) calls the “basic question” of Whitehead: “whether or not empiricism can be renewed so that ‘what is given in experience’ is not simplified too much” (p. x). For Stengers (2011) this oversimplification is addressed vis-à-vis Whitehead’s “strange god”; in the remainder of this chapter I try out her tactic.

But with a different strange god(dess):

It is her reluctance to cross over, to make a hole on the fence and walk across, to cross the river, to take that flying leap into the dark, that drives her to escape, that forces her into the fecund cave of her imagination where she is cradled in the arms of Coatlicue, who will never let her go. If she doesn’t change her ways, she will remain a stone forever. No hay mas que cambiar. (p. 71)

Here, Anzaldúa (1987) evokes Coatlicue²⁰, the earliest of the Mesoamerican fertility and Earth goddesses. Known also as the Lady of the Serpent Skirt, ‘Coatlicue’ comes from coatl, the

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²⁰ In this section I quote ‘heavily’ from Anzaldúa (1987) because her theory is rich and relevant in content and in form; my project here is about the patrolling and breeching of borders, Anzaldúa’s writing is from and of borders. According to Keating (2009), unlike her Borderlands chapter on ‘mestiza consciousness’, Anzaldúa’s chapter ‘La herencia de Coatlicue/The Coatlicue State’ is rarely excerpted or examined. For Keating this is “not surprising” because of the chapter’s “provocative links between spirituality, sexuality, revisionary myth, and psychic experience”, yet, she continues, “these issues were crucial to Anzaldúa herself and represent some of the most innovative, visionary dimensions of her work” (p. 5). Anzaldúa believed that her words did not ‘belong’ to her; that once they came though her body and onto the page they were their for people to pick up and use, to think and fly with. At the same time with regard to indigenous spiritualities, while “some things are worth borrowing”, we “often misuse what we’ve borrowed by using it out of context” and thus “need to scrutinize the purpose and accountability for one’s ‘borrowing’” (Anzaldúa, 2002a, p. 289). In this chapter I risk isolating Coatlicue, disconnecting her from her cultural intentions and meanings and practices, imposing a Western context – effectively treating her, as Anzaldúa (2002a) continues, in a manner akin to how colonial museums exhibit indigenous objects. By committing to decolonial content throughout this project, experimenting with an unsettling form, and ritualizing my own writing practice, I hope that I have been able to host Coatlicue in a respectful way. And yet, this ‘personal’ response does not address the deeper issues toward which Anzaldúa is pointing. As pointed out by Keating, Anzaldúa preferred to position herself on thresholds and to foreground
Nahuatl word for serpent, the most notable symbol for pre-Columbian America, associated with the womb “from which all things were born and to which all things returned” (p. 56). Indeed, with *coatl* also meaning twin, Coatlicue represents duality, its synthesis, and *something more*:

After each of my four bouts with death I’d catch glimpses of an otherworld Serpent. Once, in my bedroom, I saw a cobra the size of the room, her hood expanding over me. When I blinked she was gone. I realized she was, in my psyche, the mental picture and symbol of the instinctual in its collective impersonal, pre-human. She, the symbol of the dark sexual drive, the chthonic (underworld), the feminine, the serpentine movement of sexuality, of creativity, the basis of all energy and life. (p. 57)

For Anzaldúa, this “instinctual in its collective impersonal, pre-human” is a conflicted desire – a creative “fusion of opposites” (p. 69), an ancient fleshed knowing emerging from a painful assimilation to being animal.

Snakes, viboras: since that day I’ve sought and shunned them. Always when they cross my path, fear and elation flood my body. I know things older than Freud, older than gender. She – that’s how I think of la Vibora, Snake Woman. Like the ancient Olmec, I know Earth is a coiled Serpent. Forty years it’s taken me to enter into the Serpent, to acknowledge that I have a body, that I am a body and to assimilate the animal body, the animal soul. (p. 48)

Containing and balancing the dualities of male and female, light and dark, life and death, Anzaldúa documents how Coatlicue was divided, darkened, and disempowered by the Azteca-Mexica culture; pushed underground, this loss of ‘balanced oppositions’ fertilized the growth of a militaristic, bureaucratic, predatory state.

And yet, she lingers. This entrance into the Serpent, into living with Coatlicue, brings forth ‘la facultad’, a “capacity to see in surface phenomena the meaning of deeper realities”:

It is an instant “sensing”, a quick perception arrived at without conscious reasoning. It is an acute awareness mediated by the part of the psyche that does not speak, that

her ‘spirit-inflected’ politics and texts. Describing herself as “a third world lesbian feminist with Marxist and mystic leanings”, she embodies the efficacy of taking the more ‘mystified’ approach that I come to argue for from this chapter onwards. ‘Heavily’ quoting her also allows me to gesture toward the scholarship ‘from the margins’ that is ignored by (beautifully haunts) the ‘affective turn’ (Hemmings, 2005), without speaking for it and thereby repeating ‘the colonialist move’ (Mohanty, 2003). Nonetheless, I am also walking a dangerous line of ‘inclusion’, especially given that this piece is most likely going to be read in a milieu that has a history of assimilation politics. In short, this footnote is to witness but not resolve the complexity of my project, which – emerging from the epistemic, ontological, and cosmological violence that came with the disruption of Indigenous relationships to land – I see as a small step in a larger, collective commitment to decolonization (Tuck and Yang, 2012).
communicates in images and symbols which are the faces of feelings, that is, behind which feelings reside/hide. The one possessing this sensitivity is excruciatingly alive to the world. (p. 60)

“Latent in all of us”, la facultad takes shape under pressure and from the margins – for “when we have all sorts of oppressions coming at us, we are forced to develop this faculty so that we’ll know when the next person is going to slap us or lock us away” (p. 60-61). It is thus more highly tuned within people who are, “pushed out of the tribe for being different”, who “do not feel psychologically or physically safe”, and who “are pounced on” – “the females, the homosexuals of all races, the darkskinned, the outcast, the persecuted, the marginalized, the foreign” (p. 60).

A “kind of survival tactic that people, caught between worlds, unknowingly cultivate” (p. 61), la facultad is how one listens to the world.

Four years ago, a red snake crossed my path as I walked through the woods. The direction of its movement, its pace, its colors, the “mood” of the trees and the wind and the snake – they all “spoke” to me, told me things. I look for omens everywhere, everywhere catch glimpses of the patterns and cycles of my life. Stones “speak” to Luisah Teish, a Santera; trees whisper their secrets to Chrystos, a Native American. I remember listening to the voices of the wind as a child and understanding its messages. Los espíritus that ride the back of the south wind. I remember their exhalation blowing in through slits in the door during those hot Texas afternoons. A gust of wind raising the linoleum under my feet, buffeting the house. Everything trembling. (p. 58)

I walk into a house and I know whether it is empty or occupied. I feel the lingering charge in the air of a recent fight or love-making or depression. I sense the emotions someone near is emitting – whether friendly or threatening, hate and fear – the more intense the emotion, the greater my reception of it. I feel a tingling on my skin when someone is staring at me or thinking about me. I can tell how others feel by the way they smell, where others are by the air pressure on my skin. I can spot the love or greed or generosity lodged in the tissues of another. Often I sense the direction of and my distance from people or objects – in the dark, or with my eyes closed, without looking. It must be a vestige of a proximity sense, a sixth sense that’s lain dormant from long-ago times. (p. 61)

I quote here in length because I am struck by the resemblance between Anzaldúa’s description of la facultad and Miller and colleagues (1999) description above of attenuated psychotic symptoms. The former seen as a capacity, the latter as a deficit, their phenomenological overlap conjures Stengers’ (2011) point that, “the freedom with which each science ‘camps’ on its privileged examples, constituting them as a territory, becomes a trap” (p. 246). A “trap” because,
for Stengers, an empirical project should demonstrate ‘adequacy’ by “not invoking anything that will allow an element of experience to be eliminated, forgotten, treated as an exception or disqualified” as well as ‘applicability’ by “demanding that some elements of our experience lend themselves to the imaginative leap” – a leaping that requires an ‘inventive dynamic’ that does not “cannot communicate with any normative or even pragmatic privilege” (p. 246).

For prodromal research to be a Stengersian success, then, it must be put into conversation with those voices typically not allowed through psycurity, those that one might encounter outside the gates: Coatlicue. An encounter that involves choosing not to grab the line offered by the SIPS, jumping off the cliff and into believing that attenuated psychotic symptoms are real, flying “far from the solid-ground of evidence” (p. 233), risking a fall into (professional21) madness...

c. Borderland

In attending to this first darkness I am led back to the mystery of the Origin. The one who watches, the one who whispers in a slither of serpents. Something is trying to tell me. That voice at the edge of things. But I know what I want and I stamp ahead, arrogance edging my face. I tremble before the animal, the alien, the sub- or supra-human, the me that has something in common with the wind and the trees and the rocks, that possess a demon determination and ruthlessness beyond human. (p. 72)

Anzaldúa’s Coatlicue, “the one who watches, the one who whispers in a slither of serpents”, moves through Stengers’ (2011) thinking with Whitehead about experience:

There are other elements in our experience, on the fringe of consciousness, and yet massively qualifying our experience. In regard to these other facts, it is our consciousness that flickers, not the facts themselves. They are always securely there, barely discriminated, and yet inescapable. (p. 349)22

Enacting one of Whitehead’s ontological principles that “There is nothing which floats into this

21 I am reminded here of an article in the *Psychiatric Times* on November 14th, 2014, about Dr John Mack, a Harvard Professor who came to accept that his patients reports of alien abductions were accurate recounts of real events, inciting “decidedly negative reactions” from his colleagues for “going native”.
22 From *Adventure of Ideas* (New York: Free Press, 1967)
world from nowhere” (p. 262)\textsuperscript{23}, these barely discriminated and yet inescapable facts are central to his philosophy of ‘prehension’ – an underlying activity marking the universal way that experience participates in the world. Loosely meaning ‘taking into account’, a prehensive event can be thought of as a ‘unifying grasp’, a gathering of unknown things into a togetherness that can then be known, a “what I will say ‘is’” (p. 297). This unification in turn becomes ‘public’, available for objectivation, making it ”an ingredient for new becomings” (p. 297).

Prehension thus makes “the operation and the production of reality coincide” (p. 147). Yet this does not mean that things “owe their reality to that perception” (p. 146). Rather, as Whitehead writes/Stengers cites,prehension “is the perspective of the castle over there from the standpoint of the unification here” (p. 148)\textsuperscript{24}. Experience, then, is a ‘mode of articulation’, testifying to “what is other than it, about other places and other times” (p. 147). It follows that, If I feel something, this thing certainly enters into the definition of my experience: it belongs to my experience, and it is not forged by my experience. I sense it insofar as it testifies to something else. I produce myself \textit{qua} feeling that which is not me. (p. 295) This articulation does not require a subject or cognitive process – any thing can prehend any thing. Indeed, prehension was coined to exhibit, “the common feature of all situations in which something makes a difference to something else, including the least ‘psychological’ ones” (p. 147). In doing so Whitehead takes experience beyond the human, marking a lack in Western thought that is taunted by Coatlicue, by Anzaldúa’s “me that has something in common with the wind and the trees and the rocks”, that unsettles any idea of a world of individuals.

Given that a prehensive event ‘concludes’ with some thing being available for another prehensive event, it also marks the transition of the present to the past. However, this past is not, as Stengers continues, in flight, inaccessible: “Quite the contrary, it is \textit{what will have to be felt}. Like a book as soon as it is published, however, it is incapable of stipulating how it should be felt; it is a potentiality for feeling” (p. 297). This is because prehension, as a process, also

\textsuperscript{23} From \textit{Process and Reality} (New York: Free Press, 1979)
\textsuperscript{24} From \textit{Science and the Modern World} (New York: Free Press, 1967)
witnesses the elements that an actual entity has denied in order to become – a negative prehension that is not exclusion so much as “indistinction, or reduction to insignificant noise” (p. 304). That “voice at the edge of things”, that flicker.

Dormant but not extinct, these whispering potentialities are what Whitehead calls the “scars” of our feelings:

A feeling bears on itself the scars of its birth; it recollects as a subjective emotion its struggle for existence; it retains the impress of what it might have been, but is not. It is for this reason that what an actual entity has avoided as a datum for feeling may yet be an important part of its equipment. The actual cannot be reduced to mere matter of fact in divorce from the potential. (p. 309)

The unknown, then, is an important part of knowing; negative prehension allows us to question the bifurcation typically imposed on experience. Whiteheadian philosophy thus resonates with Karen Barad’s (2014) description of Anzaldúa as someone who “pokes a hole in the colonizer’s story of how darkness is the other of light, how it sits on the not-light side of the darkness/light binary, about how this story figures darkness as absence, lack, negativity” (p. 171).

Symbolizing the fertility of the contradictory, Anzaldúa’s invocation of Coatlicue shows us this potential in the actual, this imagination in the real. In the arms of this strange goddess, the prodrome is no longer facing a cliff-edge so much as a borderland:

Borders are set up to define the places that are safe and unsafe, to distinguish us from them. A border is a dividing line, a narrow strip along a steep edge. A borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition. The prohibited and forbidden are its inhabitants. (p. 25)

Unsettled, unrealized, unwanted, prodrome—the-borderland is first and foremost a space of potential, an emotional residue from negative prehension, wedged between ‘normal’ and ‘psychotic’. Patrolling these borders, the abovementioned SIPS is an instrument that seeks and surveils our experiences as they inhabit this in-between space.

Anzaldúa inscribes borderland inhabitants with ‘la mestiza consciousness’, a psychic restlessness caused by the coming together of “habitually incompatible frames of reference”,

creating “a struggle of the flesh, a struggle of borders, an inner war” (p. 100). For Barad (2014), the subsequent underground work, performed by the soul, is a form of diffraction such that, there is no moving beyond, no leaving the ‘old’ behind. There is no absolute boundary between here-now and there-then. There is nothing that is new; there is nothing that is not new. Matter itself is diffracted, dispersed, threaded through with materializing and sedimented effects of iterative reconfigurings of spacetime mattering, traces of what might yet (have) happen(ed). Matter is a sedimented intra-acting, an open field. Sedimenting does not entail closure. (Mountain ranges in their liveliness attest to this fact.) (p. 168)

Perhaps diffraction, then, is the molten rock of the prodrome. As a borderland with no clear dividing lines, just traces of what might yet (have) happen(ed), the prodrome is a place where elements are gathering, undetermined as to which will become datum and which will be denied. A hot mess of prehension, it is a lively substrate activity radiating a spectrum of possibility, where “each bit of matter, each moment of time, each position in space is a multiplicity, a superposition/entanglement of (seemingly) disparate parts” (p. 176).

This multiplicity is the stuff of cosmology. Making Coatlicue, “the consuming internal whirlwind, the symbol of the underground aspects of the psyche”, the stuff of Whiteheadian fantasy:

Coatlicue is the mountain, the Earth Mother who conceived all celestial beings out of her cavernous womb. Goddess of birth and death, Coatlicue gives and takes away life; she is the incarnation of cosmic process. (Anzaldúa, 1987, p. 68)

Coatlicue, she who eats the sun and spits out the moon, who makes a circle by eating her own tail, enacts a nonlinear discontinuous continuity, destroying to create; an eternal possibility emerging from the crack(s), alive with those ancient non-known elements of knowing that always have the potential to unite with something else, to make something else.

Coatlicue, the borderland goddess, stands with la mestiza, the borderland psyche, as she participates in, the creation of yet another culture, a new story to explain the world and our participation in it, a new value system with images and symbols that connect us to each other and to the planet. Soy un amasamiento, I am an act of kneading, of uniting and joining that not only has produced both a creature of darkness and a creature of light, but also a creature that questions the definitions of light and dark and gives them new meanings. (p. 103)
Prodrome-the-borderland, then, implies an Anzaldúaian place of “great alchemical work” and “inevitable unfolding”. The cosmological, “(r)evolutionary” potential of this diffracting site beckons attention to “its unique material historicalities and how they come to matter” (Barad, 2014, p. 176). For Stengers (2011), this mattering depends on the milieu; prehensive events oblige particular milieu in order for what has been refused to be revealed. With Coatlicue, the problem of the prodrome moves away from the individual and toward the colonial world in which she was (is) buried alive by a his-tory shared by psycurity.

d. Abyss

Like many Indians and Mexicans, I did not deem my psychic experiences real. I denied their occurrences and let my inner senses atrophy. I allowed white rationality to tell me that the existence of the “other world” was mere pagan superstition. I accepted their reality, the “official” reality of the rational, reasoning mode which is connected with external reality, the upper world, and is considered the most developed consciousness – the consciousness of duality.

The other mode of consciousness facilitates images from the soul and the unconscious through dreams and the imagination. Its work is labeled as “fiction”, make-believe, wish-fulfillment. White anthropologists claim that Indians have “primitive” and therefore deficient minds, that we cannot think in the higher mode of consciousness – rationality. They are fascinated by what they call the “magical” mind, the “savage” mind, the participation mystique of the mind that says the world of the imagination – the world of the soul – and of the spirit is just as real as physical reality. In trying to become “objective”, Western culture made “objects” of things and people when it distanced itself from them, thereby losing “touch” with them. This dichotomy is the root of all violence. Not only was the brain split into two functions, but so was reality. (p. 58-9, Anzaldúa, 1987, her emphasis)

Here, Anzaldúa writes of a violence moving through ‘participation mystique’, a concept first put forth by anthropologist Lucien Levy-Bruhl in his 1910 book, How Natives Think. Republished by Princeton University Press in 1985, Levy-Bruhl describes two distinctive elements of ‘primitive’ (as compared to ‘modern’) thinking. First, that it is ‘mystical’, that all phenomena are one with each other and thus that human beings are inextricably participating with the world. And second, that it is ‘prelogical’, that things are able to simultaneously be both themselves and something else – a thinking that, in his words, “does not bind itself down, as our thought does,
Levy-Bruhl understood this participation mystique to be a consequence of incorrect representations shaping people’s conceptions and perceptions of the world and thus coming between them and reality, creating outright false beliefs, delusional experiences, and irrationality. In contrast, modern representations shape only people’s conceptions and not their perceptions, thereby conveying reality. This is because, over time, modern representations have ‘managed to’ filter out the emotionality that otherwise colors thinking, evolving a more rational mind (Segal, 2007).

Robert Segal (2007) documents how Carl Jung used Levy-Bruhl’s writing on the participation mystique as data to develop his own ideas about the psyche. While carrying forth the mystical elements, Jung left behind the prelogical in favor of ‘psychologizing’ people’s experiences. Participation mystique came to be seen as people’s unconscious projecting itself onto the world, hence the sense of connectedness. This redirection toward the individual lurks in the abovementioned development of the SIPS, based as it is on people having perceptual disturbances in their bodily boundaries and causal attributions. Moreover, given that these disturbances are testifying to a wrong psyche or a wrong representation (prodromal experiences ‘inside’ “the general Western cultural tradition” suggest potential psychopathology whilst prodromal experiences ‘outside’ of this context suggest some kind of ‘non-Western’ cultural belief), the SIPS also sets up a dynamic that maps the contours of modern and primitive thinking established through the ‘participation mystique’. This suggests that the prodromal movement sanctions an enduring colonial encounter; one that positions ‘the West’ as having come beyond ‘the non-West’ to directly access the truth of the world. Indeed to experience anything other than this truth is to potentially be psychotic.

Colonial supremacy also comes through Jung’s (1970) belief that primitive thinking confers a psychology to nature that needs to be overcome “in order to dominate her”:

As we know, great minds have wrestled with the problem whether it is the glorious sun
that illuminates the world, or the sunlike human eye. Archaic man believes it to be the
sun, and civilized man believes it to be the eye... He must de-psychize nature in order to
dominate her; and in order to see his world objectively he must take back all his archaic
projections. (para. 135)

Protecting the borders of a manmade world, Jung writes of how becoming a “great mind”
requires not seeing the world as an extension of our selves. Instead, as Segal (2007) writes,
“Progress comes from seeing the world as it is. The external world is really natural rather than
supernatural, impersonal rather than personal. Science properly replaces myth and religion as
the explanation of the world. There is no turning back” (p. 649, my emphasis).

As discussed in Chapter 5, for Sylvia Wynter (2003), the present-day coloniality of power
began when “the West and its intellectuals” initiated “the first gradual de-supernaturalizing of
our modes of being human” (p. 264); one that required “the systematic stigmatization of the
Earth in terms of it being made of a ‘vile and base matter’”, fixed and unmovable, “at the center
of the universe as its dregs” (p. 367). Indeed, for Trinh (1989), the “supposedly universal tension
between Nature and Culture is, in reality, a non-universal human dis-ease” (p. 67, her
emphasis); any supposed conflict comes from a patriarchal fearful framing of them as opposite
to (rather than different from) one another, one that in turn exiles the creative potential of
matter. Thus offering an illustration of how “we” – those of us with ancestry serving the colonial
project – “presume to be the ones who have accepted the hard truth that we are alone in a mute,
blind, yet knowable world- one that it is our task to appropriate” (Stengers, 2012, p. 1). Causing
a desire-to-know, a “positivist yearning for transparency with respect to reality” (Trinh, 1989, p.
64), that (ironically) blocks, refuses, ignores other worlds.

This “scientific conquering ‘view of the world’” is what Stengers (2012) affiliates with a
‘Science’ that, “when taken in the singular and with a big S, may indeed be described as a general
conquest bent on translating everything that exists into objective, rational knowledge” (p. 2). It
is this Science that, as Anzaldúa (1987) writes above, “made ‘objects’ of things and people when
it distanced itself from them, thereby losing ‘touch’ with them” (p. 59). Connecting this sort of
objectification to the exile of the participation mystique “that says the world of the imagination – the world of the soul – and of the spirit is just as real as physical reality” (p. 59), Anzaldúa’s description of how colonization splits reality into two depicts, predicts, politicizes the splitting of imagination and reality – the bifurcating of nature – carried out by the SIPS. Showing us that the objects of this psycuritized inquiry perhaps say more about colonization than the pre-psychosis we (thought we) were investigating.

My project here, then, is to uproot the colonizing space in which my (intellectual, cultural, and political) ancestors came to act like they knew better, evoking Trinh’s (1989) cry: “In sight of every reader-by, let him run naked” (p. 47). Following Stengers (2012), this reveal includes taking care to not verify Science’s authority – by, for example, feeling authorized to write about indigenous, colonized knowledges and experiences; to resurrect, rescue, re-colonize Coatlicue – but rather to mine that which “served to justify colonization and the divide across which some felt free to study and categorize others” (p. 1). A divide that, as mentioned in the previous chapter, is filled with fears that we might, and thus moral imperatives that we shall not, ‘regress’ to soft, illusory beliefs shamefully lying far from the hard truth of progress – for the colonizer-Scientist is “he who knows how to distinguish the real from the false...” (Trinh, 1989, p. 56, her emphasis).

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26 As a psychologist, I am situated in a colonizing lineage of intellectual ancestors who, to borrow Isabelle Stengers’ (2012) sketch of her philosophical predecessors, “love to divide and classify” (p. 1). Current-day definitions of psychosis, for example, descend from the nineteenth century erection of boundaries around ‘reason’, ones that also separated ‘adult’ from ‘child’, ‘man’ from ‘woman’, ‘the civilized’ from ‘the primitive’ (Blackman, 2001). Yet this is not the only fire in my past. My Pākehā heritage, my cultural ancestry, contains, for example, the 1907 New Zealand Tohunga Suppression Act; over one hundred years old, wafting through my project, is a desperate attempt to criminalize indigenous healing practices, dismembering the mobilizing capacity of shamans, exiling the possibility that Māori might reclaim land and sovereignty (Voyce, 1989), pushing forth the colonial project of assimilation (Woodard, 2014). Trained in Aotearoa New Zealand and then the United States, I am also a descendent of a feminist politics that contains an ‘ethnocentric universalism’ whereby one “sets up its own authorial subjects as the implicit referent, that is, the yardstick by which to encode and represent cultural others” thereby object-ifying, homogenizing, and victim-izing ‘the oppressed’ into a position of inferiority (Mohanty, 2003, p. 21). I need to hold these ancestral lines close in order to forefront my response/ability for their effects.
For (descendants of) colonizers reclaiming the past thus becomes a matter of “smelling the smoke in our nostrils...” (Stengers, 2012, p. 6). Hearing neo-pagan activist, Starhawk, Stengers is referring here to the smoke coming from the wall that was (is) built between truth and illusion, that billows in the parentheses – the (true) and (false) at the end of each item in the Perceptual Aberration and Magical Ideation scales – telling us the ‘right’ answer. Such “setting of an absolute boundary, a clear dividing line, a geometry of exclusion that positions the self on one side, and the other – the not-self – on the other side” exemplifies a colonial logic (Barad, 2014, p. 169), that abyss carved into the stranger’s face that Anzaldúa (1987) describes in the black, obsidian mirror of the Nahuas.

The gaping mouth slit heart from mind. Between the two eyes in her head, the tongueless magical eye and the loquacious rational eye, was la rajadura, the abyss that no bridge could span. Separated, they could not visit each other and each was too far away to hear what the other was saying. Silence rose like a river and could not be held back. It flooded and drowned everything. (p. 66-7)

This drowning silence echoes in the experience of “‘solitary consciousness,’ and its mute, disenchanted world”, that Stengers (2011) suggests “the bifurcation of nature turned into the only rational starting point for inquiry” (p. 353). Prodrome-the-borderland suggests that this colonial interference may not have only displaced our participation with the world, but diffracted it too – producing not the same elsewhere, so much as something else (Barad, 2014)

Living in the borderland, Anzaldúa’s Coatlicue whispers these forgotten relations in our ears. Yet, heard in contemporary conditions awash with fear, her murmurs become cryptic, shameful, overwhelming, growing like Sedgwick’s (2003) “crystal in a hypersaturated solution”. Standing at the gates of psycurity, they are only allowed entry to reality when stamped by the SIPS with Psychotic Disorder; detained in our individualized psyches, blocked at the border, “That writhing serpent movement, the very movement of life, swifter than lightening, frozen” (Anzaldúa, 1987, p. 42). Within the prodromal movement our experiences encounter not just what Miranda Fricker (2008) calls an ‘epistemic injustice’, but some sort of affective one too – repeating an ‘ontological obiteration’ so central to the colonial project (Bhaba, 2004),
Yet the prodrome is a potential for more than this. For Stengers (2009), everything requires a specific milieu in order for it to exist and, on the flipside, not everything may accept the milieu that is offered to it. Experiences that might be explained (away) as “superstition, belief, or symbolic efficacy” – such as those checked by psycurity through the prodromal movement – might be better seen as requiring a milieu that “does not answer to scientific demands” (p. 3). Coatlicue shows us that our questioning of the prodrome could, should move towards, “kicking a hole out of the old boundaries of the self and slipping under or over, dragging the old skin along, stumbling over it” (p. 71). This strange goddess shows us that there is something else right here, right now; that “slightly alien guest” within paranoia’s own (linguistic) ancestry (Miller, 1977, p. 441).

e. Beside-The-Mind

I see oposicion e insurrection. I see the crack growing on the rock. I see the fine frenzy building. I see the heat of anger or rebellion or hope split open that rock, releasing la Coatlicue. And someone in me takes matters into our own hands, and eventually, takes dominion over serpents – over my body, my sexual activity, my soul, my mind, my weaknesses and strengths. Mine. Ours. Not the heterosexual white man’s or the colored man’s or the state’s or the culture’s or the religion’s or the parents’ – just ours, mine. And suddenly I feel everything rushing to a center, a nucleus. All the lost pieces of myself come flying from the deserts and the mountains and the valleys, magnetized toward that center. Completa.

Something pulsates in my body, a luminous thin thing that grows thicker every day. Its presence never leaves me. I am never alone. That which abides: my vigilance, my thousand sleepless serpent eyes blinking in the night, forever open. And I am not afraid. (p. 73)

Choosing not to take the line offered by the SIPS, plunging vertically through the border between imagination and reality, is not anti-empiricism, quite the opposite: it calls for a more extreme kind. One that does not “hunt down in others the illusory beliefs that we ourselves have denounced” (Stengers, 2011, p. 234), committing an “act of violence against what we are aware” (p. 245), but rather withholds eliminative judgment. Cradled in the arms of Coatlicue, the prodrome reveals the vitality and the milieu of paranoia, shifting the shape of the problem from cliff-edge to borderland, offering a different, perhaps more extreme, kind of response/ability for
critical psychology: no longer what should we do about paranoia, so much as what could we do with it?

“Always a path/state to something else”, Anzaldúa (1987) writes of how learning to be with Coatlicue “transforms living in the Borderlands from nightmare into numinous experience” (p. 95). Far from the bleached milieu of Psychology – in the singular and with a capital ‘P’ – this requires a “tolerance for contradictions, a tolerance for ambiguity” where “nothing is thrust out, the good the bad and the ugly, nothing rejected, nothing abandoned” (p. 101). Thus, rather than being used to claim another colonial territory, a different wall might be built around the prodrome; one made not of cement, so much as dry stones:

Cement rejects the interstices in which the weed grows that will one day crack it open. The dry stones, for their part, can of course be displaced, and the weed that displaces them might certainly be tempted to abstract from the fact that without the stone the earth in which it grows would not have held. But the wall of dry stones is not defined against the interstices; the latter belong to it just as much as the stones that make it up. (p. 274)

Designed by Stengers (2011), this wall offers a vision for psychologies (in the plural and with a small ‘p’). In the case of the prodrome, it means refusing to privilege mechanisms that are “otherwise used to judge or measure according to a norm, differentiating between experiences whose objects are legitimate or illusory” (p. 234), in order to celebrate both these stones and the weeds growing from their history; stripping instruments like the SIPS of their ‘power of limitation’, inviting them instead to identify the very experiences that will be “the green shoot that cracks the rock” – to borrow a line from Anzaldúa’s (1987) poetry (p. 105).

It is to this splitting that a reparatively positioned reader might turn. Released by the heat of anger or rebellion or hope, Anzaldúa’s Coatlicue may suggest ways to not only heal paranoia, but Psychology too; bringing an imagination that re-members our participation in and with the world, she treats the bifurcation of nature on which this discipline built its fearful borders, her radical potential both cause and cure of this colonial, colonizing wound. Further, through this cosmological, speculative quartz, paranoia is reclaimed as a capacity, and thus
perhaps also as a medium of political or cultural struggle. So often used to weaken the potency of protest (“You're just being paranoid!”) yet, with Coatlicue, we are reminded that this sense of the world is telling us something about what could lie beside-the-mind.

Sedgwick’s (2003) call for reparative as well as paranoid readings joins with her larger project to explore “some ways around the topos of depth or hiddenness, typically followed by a drama of exposure that has been such a staple of critical work of the past four decades” (p. 8). For her, this means questioning critical analytic tactics of ‘beneath’, ‘beside’, and ‘beyond’. (The latter of which, she writes, is “a little more difficult is to get a little distance from ... in particular the bossy gesture of ‘calling for’ an imminently perfected critical or revolutionary practice that one can oneself only adumbrate” [p. 2]). Nonetheless, “the most salient proposition” out of these three ‘b’s’, “is probably beside”; the irreducibly spatial positionality of this gesture offers “some useful resistance to the ease with which beneath and beyond turn from spatial descriptions into implicit narratives of respectively, origin and telos” (p. 9).

That is, while temporality and spatiality “are never really alternative to each other”, Sedgwick is trying “to push back against an occupational tendency to underattend to the rich dimension of space” (p. 9).

Beside is an interesting preposition also because there’s nothing very dualistic about it; a number of elements may lie alongside one another, thought not an infinity of them. Beside permits a spacious agnosticism about several of the linear logics that enforce dualist thinking; noncontradiction or the law of the excluded middle, cause versus effect, subject versus object. Its interest does not however, depend on a fantasy of metonymically egalitarian or even pacific relations, as any child knows who’s shared a bed with siblings. Beside comprises a wide range of desiring, identifying, repelling, paralleling, differentiating, rivaling, leaning, twisting, mimicking, withdrawing, attracting, aggressing, warping, and other relations.” (p. 8)

Perhaps, then, Coatlicue ruptures paranoia’s linear logics; disrupting its causal relations, making the conditions for revolution (Patton, 2000). Unlike the paranoia outlined by Sedgwick (2003) at the outset of this essay, this paranoia, beside-the-mind – coming as it is out of non-
Psychological lineage\textsuperscript{27} – comes with a wide range of possibilities, whispering from the fecund cave of imagination, “my thousand sleepless serpent eyes blinking in the night, forever open” (Anzaldúa, 1987, p. 73).

In the following chapter, I put this imaginative leap to the test.

\textsuperscript{27} The emphasis here is on the capital ‘P’, on that lineage which contributed to the colonial project; there is a marginalized legacy of scholars and activists doing psychologies alongside a commitment to ‘decolonization’ (e.g., Hook, 2012; Trimble \textit{et al}, 2012; Watkins and Shulman, 2008).
Image 7: “I sometimes have a feeling of gaining or losing energy when certain people look at me or touch me (true)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
We got to the MRI building and walked through a waiting area, straight passed a receptionist, and through double sliding doors to a room with two young men in scrubs with a large desk that had piles of paper and two large monitors on it – one was surveilling the MRI room, the other was about to be surveilling the brain of a person who was just going into the actual scanner room. I didn’t want to look too much at who that was – I felt like I was invading their privacy a little, although the Psychiatrist and the two scrubbed men didn’t seemed to flinch. I think it was a white boy accompanied by a middle-aged black woman – I made eye contact with her as she walked out from the room after the scan. The Psychiatrist gestured to the room saying, “This is it” with a tone of “I told you you’d be underwhelmed”. The two scrubbed men looked up and the Psychiatrist said he was “just showing it to her”. They didn’t seem to think it was too odd but also made comments about how there wasn’t much to see. As they prepared and started to scan the white boy – watching the monitors – I stood a couple of meters away with the Psychiatrist, asking him questions. “Neuroimaging is where all the money is”. “Because it’s about the brain, and everything is about the brain”. As with our earlier interactions, his answers were short, said with a tone that suggested everything was just common sense. (What is this lack of interest in critical engagement all about? Is it bravado, is he bored, is he busy, does he not care, does he not know, does he think that I am not interested in, or perhaps capable of, that kind of intellectual engagement? Is he protecting their patch?). The psychiatrist continued to explain that the 1990s had been the “decade of the brain”, that psychiatry has always been biological but it just got pushed to the side when Freud came along, until new technologies meant that psychiatrists could rekindle their long lost brainship. At the last minute he remembered their other, new project using PET – using amphetamines to trigger psychosis in prodromes and see what happens to their dopamine system. It involves people lying for approximately five hours in a room, hooked up to IVs and monitors. They’ve done it with two patients, and are aiming for 30 more over the next five years. It’s considered extremely risky but “its really all about who you choose” – they simply screen young people who come in for the prodromal assessment for suicidality or violence, anyone without these experiences is eligible for the study. The psychiatrist was extremely proud and excited – his clinic is the leading the field in this area. (Fieldnotes, October 17th, 2014)

he tried to run away from them about seven times, every time they all ran after him, reading out his rights, with him being surrounded and then trying to physically fight them off. she witnessed the whole thing. traumatized, she described it as like a “lynch mob”, and that he was like a “hunted animal”.

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7. COMPOST

Given that psycurity assemblages are checkpoints within a society of control, a serpent, in the previous chapter I turned to Coatlicue, a goddess of the serpent, to undertake a reparative reading of paranoia. Having joined in particular with Gloria Anzaldúa and Isabelle Stengers to do so, here I add James Hillman, a psychologist, to put this imaginative leap “to the test”²⁸.

Anzaldúa (1987) locates ‘(r)evolution’ in “the green shoot that cracks the rock” (p. 105). For Gilles Deleuze and Felix Guattari (1987), these shoots are ‘lines of flight’. Those ways in which desire escapes from a given assemblage-cum-territory (such as, ‘the prodrome’). A path that is,

of maximum creative potential and of the greatest danger – after breaking out of the limits imposed by molar forms, it may fail to connect with the necessary conditions of creative development, or not be able to do so, thereby turning into a ‘line of destruction’.

(Patton, 2000, p. 67)

Unable to predict if shoots will be a line of flight or destruction, we need to continually experiment with them, attending to the conditions within which they grow (or not). Missed Connections is a collaboration with a visual artist to experiment with this kind of science (Stengers, 2012). Performed as a series of online and physical events in New York City (United States) and Tamaki Makaurau Auckland (Aotearoa New Zealand), it places Magical Ideation – a Psychological scale designed to capture potential paranoia – beside a pathologizing, colonizing milieu, experimenting with ‘re-turning’ (Barad, 2014) paranoia’s ignored potentials, its more-than-human roots: imagination.

a. Green Shoot

²⁸ Stengers (2011) describes a ‘speculative leap’ as one that is curious, that mobilizes experience, that puts thought to the test, and that “presupposes a leap far from the solid-ground of evidence” (p. 233). It follows that the (Whiteheadian) ‘success’ of a philosophical proposition, such as the reparative reading of paranoia that I put forth here, is not about resisting objection so much as giving rise to a “leap of the imagination”. And “the point is to experiment with the effects of that leap: what it does to thought, what it obliges one to do, what it renders important, and what it makes silent.” (p. 22). To think with Whitehead is to experiment and put to the test.
As discussed in the preceding chapters, the ‘prodrome’ is determined by the Structured Interview for Prodromal Symptoms, or SIPS (Miller et al., 1999). Circulating for just over 15 years to now be at center of the worldwide prodromal movement, the SIPS is a descendant of a number of scales, including Magical Ideation (Eckblad & Chapman, 1983). Drawing on an unpublished 1964 manuscript by P. E. Meehl, Mark Eckblad and Loren Chapman (1983) define Magical Ideation as a, “belief, quasi-belief, or semi-serious entertainment of the possibility that events which, according to the causal concepts of this culture, cannot have a causal relation with each other, might somehow nevertheless do so” (p. 215)\(^{29}\). With reference to clinical case studies as well as theory\(^{30}\), these psychologists drafted 42 items and administered them to 227 undergraduates (54 percent female) along with tests of acquiescence, social desirability, and random response. Those items that did not correlate with others were removed, and those that correlated too highly with acquiescence or social desirability were made “more specific” or “less embarrassing”, respectively. A revised scale was then given to two successive samples of undergraduates – 373 people in total (60 percent female) – before being revised again to reach a final 30 true/false items (see Appendix D).

Eckblad and Chapman went on to test how well this scale might predict future psychosis by interviewing 27 control subjects (people who had lower Magical Ideation) and 28 experimental subjects (people who had higher Magical Ideation) with an eye to the presence of “psychotic-like symptoms”, which they took as “an indicator of psychosis proneness” (p. 216). These linkages were based on “the principle that serious pathology is often preceded by less deviant symptoms of the same type”; one that the authors describe as having been documented since Eugene Bleuler at the turn of the twentieth century. Four years on, and Loren Chapman

\(^{29}\) This was found to be a “prominent symptom of borderline schizophrenics” by Spitzer, Endicott, and Gibbon (1979) after they analyzed data from a pre-existing Danish study and found Magical Ideation to be common in 36 subjects who were primarily biological relatives of “adopted schizophrenics”. A study that joined with other data to become “schizotypal personality disorder” in the DSM III (APA, 1980).

\(^{30}\) For example, Hoch & Cattell’s (1959) description of ‘pseudo-neurotic schizophrenia’ and Fenichel’s (1954) description of ‘early schizophrenia’
and Jean Chapman (1987) report that, for each year since its release, the Magical Ideation scale has been administered to 3500 college students in the introductory psychology class at the University of Wisconsin; a sample that is made up entirely of “white subjects whose native language is English” (p. 498).

As with their original study, this research was done in the hope of testing Magical Ideation’s usefulness for predicting psychosis, for identifying “future schizophrenics” and “preschizophrenics”. It was part of a trajectory of research that led Chapman and Chapman, a decade later, to receive the American Psychological Association (APA) Award for Distinguished Scientific Applications of Psychology. Come December 2015, and the scale has been cited 497 times in PsychInfo alone – nearly 90 percent of which has been since 2000 (107 between 2000 and 2005, 155 between 2005 and 2010, and 171 since 2010)\(^\text{31}\).

Depending not only on cultural and political suppositions that some experiences are potentially mad, irrational, wrong, the development of Magical Ideation appears to emerge from a particular, colonial approach to thought; what Deleuze (1994) calls, a ‘dogmatic image’. One that presumes, as Patton (2000) writes, that thought has “an inbuilt affinity with the true” (p. 18), such that it’s ultimate task is to pursue knowledge and thus solutions to given problems. In contrast, Deleuze (1994) sees thought as “an involuntary activity which is always the effect of outside forces and elements, ‘something in the world forces us to think’” (p. 139). ‘Thinking’, then, is an encounter with the unknown or the unfamiliar; the highest power of thought lies in its capacity to discover or constitute new problems, not solve them (Patton, 2000). One’s task is therefore not to pursue knowledge so much as ‘transcendental conditions’ of thought, as done through an apprenticeship or learning that enables us to attend to the milieu in which thought

\(^{31}\) Out of these 497 publications, the three most recent publications that utilize the work of Eckblad and Chapman (1983) are entitled, “Examining associations between psychosis risk, social anhedonia, and performance of striatum-related behavioral tasks” (Karsher, Martin, & Kerns, 2015), "A superhumanization bias in Whites' perceptions of Blacks” (Waytz, Hoffman, & Trawalter, 2015), and “Sleep spindles are related to schizotypal personality traits and thalamic glutamine/glutamate in healthy subjects” (Lustenberger, et al., 2015).
happens, as much as (if not more than) thought itself.

Stengers (2009) calls this ‘thinking by the milieu’ and argues that (unlike Eckblad & Chapman’s, 1983, definition of Magical Ideation above) this thinking “would not dream of addressing others in terms of the ‘beliefs’ they entertain about a ‘reality’ to which scientists enjoy privileged access” (p. 2). Stengers places thinking against a “scientific conquering ‘view of the world’”; a colonizing ‘Science’ (in the singular and with a big ‘S’) that “may indeed be described as a general conquest bent on translating everything that exists into objective, rational knowledge” (p. 2), throwing a think-net over the world, capturing it, settling it.

To think then in terms of scientific milieus and what they demand, it is clear that not everything will agree to some of these demands. In particular, not everything may accept the role associated with scientific creation, the role of putting to the test the way it is represented. (p. 2-3)

It can thus be used to “resist the powerful image of a treelike progress, with Science as its trunk”, the very same image of the prodromal machine drawn in Chapter 5.

And this happens – or rather, can happen – in experiments. Stengers calls for an ‘adventure of the sciences’ (in the plural and with a small ‘s’) that involves the “creation of a situation enabling what the scientists question to put their question at risk, to make the difference between relevant questions and unilaterally imposed ones” (p. 2). Here, objects of inquiry become “enrolled as a ‘partner’ in a very unusual and entangled relation”, while objectivity depends on “a very particular creative art” that makes the conditions for this enrollment to be fruitful (p. 2). For Stengers, then, sciences are a craft of making spaces that animate our objects, allowing them to question our questions, to test our tests. A craft, in short, of attunement. Of welcoming strange encounters.

*Missed Connections* is an attempt at this kind of decolonial adventure. A creative experiment in how psychologies (in the plural and with a small ‘p’) might attune to

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32 I write about *Missed Connections* in the third person to do the personification that, following James Hillman (1975), I come to call for in this chapter as a means to include the agency of more-than-humans (back) into psychology, to witness and welcome *Missed Connections* as my more-than-human collaborator.
‘psychopathology’. In the previous chapter, pre-emptive psy had an encounter with the strange. Coatlicue forced a rethinking of the prodrome, suggesting that there is something about the milieu in which imagination diffracts into a pathological paranoia. Standing at the gates of psycurity, one’s experiences are only allowed entry to reality when stamped by the SIPS with Psychotic Disorder, detained in our individualized psyches. Violently ignoring our beside-the-mind capacity to sense that something else is possible, here, now; an entanglement with the world(s) exiled by neo/colonial security states. Indeed, this ignorance may even be moving through Eckblad and Chapman’s (1983) abovementioned process for developing the Magical Ideation scale: the high rates of ‘acquiescence’ could be indicative of the experiences resonating with people (not simply their tendency toward suggestibility); the high rates of social desirability could be indicative of the experiences being shameful for people (not simply their tendency to give pleasing responses). The possibility of these interpretations forces an attention to the milieu of Magical Ideation; one that shuts down these otherwise common experiences, exposing them to the affective injustice discussed in Chapter 6.

Curious about these contemporary transcendental conditions of thought, I collaborated with visual artist, Holli McEntegart, to experiment with Magical Ideation33. Missed Connections is a multimedia participatory installation inspired by the potential linkages between paranoia and imagination – both threat and promise in a neocolonial security state. During December 2014, daily anonymous postings of Magical Ideation statements were placed on New York’s Craigslist Missed Connections (a public website for realizing romantic and deviant fantasies), coupled with an email address for private responses, mapped to a physical location around New York City (US), scribed with pencil, photographed. Inspired by the Department of Homeland Security’s ‘anti-terror’ campaign “If you see something, say something”, locations echoed of a banal, everyday suspicion. The script, meanwhile, was left to be rubbed off by the elements or touch. A fleeting gesture joined with the world, forgotten. During October 2015, a second

33 See www.magicalideations.com.
iteration was performed in Tamaki Makaurau Auckland (Aotearoa New Zealand). Daily anonymous postings of Magical Ideation statements were placed on Auckland’s Craigslist Missed Connections, coupled with an email address for private responses, mapped to a physical location around the city, scribed with pencil, photographed. Echoing of dis-membered dreams, locations were inspired by the Tohunga Suppression Act, passed by the New Zealand government in 1907 to criminalize indigenous healing practices, a colonial endeavor to weaken an influential tohunga foretelling Māori sovereignty. (His mad predictions were mobilizing protest [Voyce, 1989; Woodard, 2014]).

b. Re-turning

*Missed Connections* re-members an ignored potential of paranoia, experimenting in what Karen Barad (2014) calls ‘re-turning’.

> We might imagine re-turning as a multiplicity of processes, such as the kinds earthworms revel in while helping to make compost or otherwise being busy at work and at play: turning the soil over and over – ingesting and excreting it, tunneling through it, burrowing, all means of aerating the soil, allowing oxygen in, opening it up and breathing new life into it. (p. 168)

Happening in spaces of reality and fantasy, materiality and immateriality, fear and desire, *Missed Connections* places Magical Ideation beside a pathologizing, colonizing milieu that designates experiences as True or False, intra-acting with diffraction, with the troubling of binaries.

> It might seem a bit odd to enlist an organic metaphor to talk about diffraction, an optical phenomenon that might seem lifeless. But diffraction is not only a lively affair, but one that troubles dichotomies, including some of the most sedimented and stabilized/stabilizing binaries, such as organic/ inorganic and animate/inanimate. Indeed, the quantum understanding of diffraction troubles the very notion of dicho-tomy – cutting into two – as a singular act of absolute differentiation, fracturing this from that, now from then. (p. 168)

Missed Connections, then, is lively affair with Magical Ideation – itself a lively affair. Seeded by a recurring picture in my head and a voice from Holli’s gut, it grew from a collision of intuition, more followed than directed. In what follows I turn to the imagery produced by this creative
experiment to muse on what it’s multiplicity of processes, of propositions, may teach us about breathing new life into paranoia, about psychologies as means of attunement, not (just) ignorance. And thus about not only re-turning paranoia’s roots, but psychologies’ – those soulful studies of psyché – too.

i. What if the prodrome was treated with participation?

With statements anonymously posted online and scribed onto physical surfaces, in Missed Connections Magical Ideation comes from the world (see Appendix E, Image 13). The “I”s becoming both the readers and something else, it whispers not a latent human pathology so much as a vibrant more-than-human excess.

One that threatens our sense of who (or what) we are:

We’re afraid of the parts of us that are sub-human, that are like animals. We only know the consciousness part of our selves because we don’t want to think that’s there’s this alien being in the middle of our psyche. (p. 87)

Here, Anzaldúa (1983) describes a fear that washes through Psychology itself, where, “intentions, behavior, voices, feelings that I do not control with my will or cannot connect to with my reason are alien, negative, psychopathological” (Hillman, 1975, p. 2). Animating this “alien being in the middle of our psyche” (Anzaldúa, 1987, p. 87), Missed Connections perhaps enacts the ‘dehumanizing’ of psychology called for by James Hillman (1975). A decentering of the human subject that would, he says, set this discipline free: “Call it a program of animism, of ensouling the nonhuman, a program that would relieve the human of its self-importance” (Hillman, 1992, p. ix). Likewise, for Stengers (2012), reclaiming animism from coloniality means “recovering the capacity to honor experience, any experience we care for, as ‘not ours’ but rather as ‘animating’ us, making us witness to what is not us” (p. 7).

Entitled Re-visioning Psychology, Hillman’s is a book “without mention of conative striving, motivation, or learning, free will or choice” (p. xx), for to him confining the idea of
subjectivity to humans is to occupy a Cartesian cage, “a universe divided into living subjects and dead objects”, with “no space for anything intermediate, ambiguous, and metaphorical” (p. 1). This restricted perspective has trapped Psychology into seeing the subjectivity of nonhumans as simply a case of anthropomorphism or personification, of “a mode of thought that takes an inside event and puts it outside” (p. 12) – projecting ‘our’ experiences into madness, matter, cosmos, their vitality is ‘merely’ ‘imagined’. Psychology, then, is complicit in the “steady withdrawal of soul into the narrow confines of the human skin” (p. 48).

Stengers (2012), for example, presents the early nineteenth century case of ‘magnetism’, of nature becoming mysterious and supernature communicating through mediums, blurring boundaries between natural and supernatural, dis-ordering scientific and Church institutions. Freudian psychoanalysis, in turn, provided a restoration of order, since it helped explain (away) mysterious cures, magnetic lucidity, and other demonic manifestations, pigeonholing them as having a universal, human cause – the unconscious. Indeed this case follows a similar trajectory to that of the ‘participation mystique’ discussed in Chapter 6. Here a cosmology whereby “the world of the imagination – the world of the soul – and of the spirit is just as real as physical reality” (Anzaldúa, 1987, p. 59), whereby one recognizes their entanglement with the world(s), was pathologized, colonized by Lucien Levy-Bruhl (1985) and psychologized by Carl Jung (1970), explicitly shaping imagination, soul, subjectivity into human form.

Trinh (1989) locates this violence in naming. As she writes (with specific reference to Levy-Bruhl), “striving for the Other’s mind and redefining the intangible as human” is to “capture, tame, and appropriate it to yourself, for language as a form of knowing will always provide you with Your other” (p. 53). Thus, as Hillman (1975) continues, Psychology “has taken the metaphor of personifying and literalized it into an ontology of persons. We have personalized the soul, pressing it all into the human being” (p. 48, his emphasis). Deadening our view of madness, matter, and the cosmos, this fearful vision has in turn fixed psychological methods, presenting “a unified front against soul” (p. 3); one that we see in the prodromal
movement, including the treatment of Magical Ideation as *perceptual* disturbances in one’s causal attributions.

Yet, Hillman (1975) writes how psychopathology, as a place where images are known to be real, are taken seriously, regarded as agents of power, is also a place from which to resuscitate this ignored vitality. Perhaps, then, *Missed Connections* is teaching us something about awakening this imperial, empirical haunting. Intra-acting with the human/non-human dichotomy, it makes a space for considering the “soul as existing prior to reflection” (Hillman, 1975, p. 13), thereby recovering Magical Ideation as “a way of being in the world and *experiencing the world as a psychological field*” (p. 13, his emphasis).

To further recognize this more-than-human subjectivity within Magical Ideation requires treating it as having “the same needs as a person, it needs to be ‘fed’” (Anzaldúa, 1987, p. 89). For Anzaldúa (1987) “the tyranny of Western aesthetics” is an ethnocentrism that excludes “the presence of power invoked through performance ritual” (p. 90). Such feeding is needed to give physical visible form to metaphysical invisible forces, spinning energies between witness and cosmos, making our relationship with our objects one of participation (Anzaldúa, 1987; Hillman, 1975). Creative projects, then, cannot be caged in elite spaces – secured and distant they become “a conquered thing, a dead ‘thing’ separated from nature and, therefore, its power” (Anzaldúa, 1987, p. 90). Indeed, *Missed Connections* became a daily routine of posting, cycling, scribing, photographing. A series of repetitive, simple, embodied actions in public spaces that suggest a nourishing, enacting of Magical Ideation, schooling us in the importance of engaging with psychopathology, with more-than-human participation, through ritual.

It follows that *Missed Connections* may also be showing us a space of ‘nepantla’ (a Nahuatl word meaning “an in-between state”) – both an uncertain terrain and a natural habitat for “creative scientists” as they traffic back and forth between ‘outer’ and ‘inner’ worlds (Anzaldúa, 1986). Nepantla is characterized by a switching between the different modes of consciousness that these different realities demand, beckoning practices that in turn become a
conductor, a channel between worlds. *Missed Connections*, then, teaches us about this kind of tunneling, breathing more-than-human life into paranoia, no longer treated as a pathological human disturbance so much as an encounter with elements that lie beside a colonial empiricist gaze, an otherworldly participation kept alive through ritual.

**ii. What if the prodrome was treated with listening?**

La Prieta – a character from Anzaldúa’s short stories – suggests in an interview with Anzaldúa (n.d.) that she keeps falling through cracks and into other worlds because “it’s dangerous to get too rigid and fixated on a certain kind of reality – that this reality is not all it appears to be. There are cracks in the picture” (p. 275). For Anzaldúa, another world – which can be experienced as one world or as several – “crops up when we least expect it” (1986, p. 106), “speaks to us in the moments when we are least aware” (p. 108). Related encounters are thus not something that we do so much as something that happens to us. By making space for Magical Ideation to appear then disappear in unexpected places – not just Craigslist, but the beach, the construction site, the subway, the phone box, the colonial replica – *Missed Connections* teaches us something about these happenings (see Appendix E, Images 11 & 12). About this potential that, as La Prieta continues, “other worlds exist and they sometimes bleed into this one through the cracks” (Anzaldúa, n.d., p. 275).

For Stengers (2011), such moments are ‘interstices’, the bloody intrusion of a more-than-human outside that “suspends habitual social functioning” (p. 328). As an experience where it “may seem that the universe holds its breath” (p. 328), interstices solicit hesitation – “a precarious sense of the possible” (Pignarre & Stengers, 2011). Yet this sense, this call for the plural, does not come in the form of answers – indeed, to see interstices as a “route to salvation” (p. 115) is to hold them “hostage” (p. 114). Instead, the power of interstices, perhaps of Magical Ideation, lies in a capacity to provoke questions, a revelation that the picture can crack.
Belonging not to us, interstices are not something that we can make. Nonetheless they are sheltered in ‘living societies’, which “undo every binary opposition that might be transformed into a philosophical weapon of war” (Stengers, 2011, p. 329). In such a space, “everything we know, and can do, seeks to become an environment for something possible”, a something “which is not ours, because it is nonsocial, but whose eventual ‘socialization’ depends entirely on ‘us’, on the environment we cultivate for it”; Stengers calls this environment “the culture of interstices” (p. 328). It calls for a more extreme kind of empiricism, refusing to “hunt down in others the illusory beliefs that we ourselves have denounced”, withholding ‘eliminative judgment’ (p. 234), tolerating contradictions and ambiguity whereby “nothing is thrust out, the good the bad and the ugly, nothing rejected, nothing abandoned” (Anzaldúa, 1987, p. 101).

Seeking an environment not poisoned by a colonial lineage of This or That, interstices insist that we decolonize the milieu.

The wall that Missed Connections builds around Magical Ideation is not claiming a territory of Truth, casting a think-net. It is not made of cement. It is made of dry stones, able to be displaced by the weeds that grow in-between, holding together the earth in which in these same weeds grow. As mentioned in Chapter 6, this wall is designed by Stengers (2011), and means refusing to privilege mechanisms that are “otherwise used to judge or measure according to a norm, differentiating between experiences whose objects are legitimate or illusory” (p. 234). Celebrating the stones and the weeds, perhaps Missed Connections teaches us the importance of stripping the Magical Ideation scale of its powers of limitation, inviting it to identify the very experiences that will be “the green shoot that cracks the rock” (Anzaldúa, 1987, p. 104). Intra-acting with Reality, Truth, Illness, Missed Connections unsettles Psychology, working in cahoots with ‘border art’ that makes holes in imposed realities, such that we can see through them, decolonizing a sense of self and the world; respecting the capacity of imagination, “as a function of the soul”, to “extend us beyond the confines of our skin, situation, and condition” (Anzaldúa, 2001, p. 248).
To do so means not setting out to capture the world with Knowing eyes, but to have gaze itself shattered; what makes imagination extraordinary is that it is extraordinary, “no matter how known, it is always able to surprise, shock, horrify, or break into ravishing beauty” (Hillman, 1975, p. 40-41) – effects that signal a more-than-human encounter. As Anzaldúa (1980) writes in a journal entry:

Pen, I feel right at home in your ink doing a pirouette, stirring the cobwebs, leaving my signature in the window panes. Pen, how could I ever have feared you. You’re quite house-broken, but it’s your wildness I am in love with. I’ll have to get rid of you when start being predictable, when you stop chasing dustdevils. The more you outwit me the more I love you. It’s when I’m tired or have had too much caffeine or wine that you get past my defenses and you say more than I had intended. You surprise me, shock me into knowing some part of me I’d kept secret even from myself. (p. 31)

*Missed Connections* may thus suggest that we learn to pay attention to these sensations-cum-opportunities of surprise, an ‘empiricism on alert’ that aims to be caught completely off-guard (Stengers, 2011). This paradoxical vigilance requires slowing down and simplification (Anzaldúa, 1998), patience and passivity (Stengers, 2011). A “survival of the soul” that allows “within us and outside us, the prolongation of the process by which a thought searches for itself” (p. 327-8), taking shape yet “liable to evaporate at any moment, as if a gap were inexorably closing”...

*Missed Connections* teaches us a sort of burrowing into the present, allowing paranoia to have breathing space, no longer treated as containing a pressing threat from the future so much as promising potentials for it.

**iii. What if the prodrome was treated with mystery?**

Ambiguous, fragmented, ephemeral (the posts disappear from Craigslist after 45 days, the pencil disappears after rain, wind, snow, touch), *Missed Connections* suggests the crafting of a kind of montage that forces people “to connect the dots, to connect the fragments” (Anzaldúa, 1990, p. xvii) (see Appendix E, Image 10). Such meaning-making from the gaps allows an image to move and evolve, defying assimilation and implying the potential for an “operation of capture” – the Magical Ideation scale – to transform into “a force that obliges one to think/feel/act” (Pignarre

Etymologically deriving from magh, ‘to be able, to have power’, magic is an experience of an agency that pulls ‘us’ into feeling, and therefore an art of participation, of luring assemblages (Stengers, 2012). Effectively one of trial and error, magical crafts are also an “art of immanent attention” to “what is good and what is toxic” (p. 8), to consequences rather than causes. An orientation that dances with that of Gabriel Marcel (1995), writing of our “broken world” as “on the one hand, riddled with problems and, on the other, determined to allow no room for mystery” (p. 12). While a ‘problem’ is separate from, and fixable by, the problem-solver, the inherent insolubility of a mystery generates an infinite line of questioning inseparable from the questioners themselves; a problem that works to ‘gather together’, not be resolved (Pignarre & Stengers, 2011). Thereby respecting Trinh’s (1989) respect for opacity, her indifference to colonial theorizing:

And I am profoundly indifferent to his way of theorizing – of piercing, as he often claims, through the sediments of psychological and epistemological ‘depths’. I may stubbornly turn around a foreign thing or turn it around to play with it, but I respect its realm of opaqueness. (p. 48)

Putting stuff out into the world and seeing what happens, the repetitive, public, experimental form of Missed Connections perhaps beckons this kind of common curiosity. Yet, at the same time, the (True) or (False) billowing at the end of each Magical Ideation statement interrupt, confuse, oblige one to ask, Who or what is casting this judgment, and why?, creating a discomfort that helps us to smell the smoke in our nostrils, that colonial history of diagnosing and prescribing as though we Know (Stengers, 2012). Perhaps, then, Missed Connections is teaching us something about the painful labor of letting go, of surrendering to the unknown, to “the forces/spirits interacting through me that govern the work” (Anzaldúa, 2002b, p. 291). Doing imagination.

It isn’t until I’m almost at the end of the blocked state that I remember and recognize it for what it is. As soon as this happens, the piecing light of awareness melts the block and
I accept the deep and the darkness and I hear one of my voices saying, “I am tired of fighting”. I surrender. I give up, let go, let the walls fall. On this night of the hearing of the faults, Tlazolteotl, diosa de la cara negra, let fall the cockroaches that live in my hair, the rats that nestle in my skull. Gouge out my lame eyes, rout my demon from its nocturnal cave. Set torch to the tiger that stalks me. Loosen the dead faces gnawing my cheekbones. I am tired of resisting. I surrender: I give up, let go, let the walls fall down. (Anzaldúa, 1987, p. 96-7)

For Anzaldúa (1987) surrendering is letting the walls fall down, border-crossing – allowing connections across worlds that in turn, “modify and shape primordial energy” (p. 97).

This process of “resistance, rupture, and putting together the fragments” (Anzaldúa, 2002a, p. 278) oozes an “alchemy” whereby “all of life’s adventures go into the cauldron, la hoya, where all fragments, inconsistencies, contradictions are stirred and cooked to a new integration. They undergo transformation” (p. 292). Anzaldúa (1980), for example, writes of a poem as ‘working for her’,

not when it says what I want it to say and not when it evokes what I want it to. It works when the subject I started out with metamorphoses alchemically into a different one, one that has been discovered, or uncovered, by the poem (p. 31, her emphasis).

For Hillman (1975) too, alchemical psychology is “marked by freedom and diversity, with full place for the bizarre and the heretical”; alchemical psychologists learn “to let the images work upon the experimenter; we learn to become the object of the work – even an object, or objectified image, of the imagination” (p. 40). Alchemy is thus “less a matter of program than of attitude, of giving over to the images and cultivating them for their sake” (p. 40).

Such relinquishing of control to our more-than-human collaborators is very much counter to Psychology – in the singular and with a capital P – let alone a neocolonial security state that likewise longs to predict and prevent, to capture imagination. So, how to do a discipline that is of the imagination without disciplining, occupying, settling it? Following Hillman’s script for cultivating images’ ‘full autonomy’, perhaps psychologists’ role is first one of watching, second one of learning, and third, finally, one of caretaking. If so, then Missed Connections is a site for not just meeting but hosting that stranger (within), re-turning unannounced, a Baradian bottle of in/determinacy in hand.
There is no absolute outside; the outside is always already inside. In/determinacy is an always already opening up-to-come. In/determinacy is the surprise, the interruption, by the stranger (within) re-turning unannounced. (Barad, 2014, p. 178)

Engaging a sense of other possible worlds as activated by otherworldly happenings, Missed Connections suggests a kind of practice that enchants the present, “making the force for experimenting with its possibilities for becoming exist, here and now” (Pignarre & Stengers, 2011, p. 49).

The project teaches us something about a rhythmic ingestion and excretion of practices and possibilities, inhaling and exhaling through paranoia, no longer treated as a problem to be solved, so much as a mystery to engage. As Fanon (1952) ends his anticolonial, revolutionary text: “O my body, make of me a man who always questions!” (p. 232)

c. Decomposing

Breathing new life into paranoia, Missed Connections trains us in treating the prodrome as more-than-human through practices of participation, listening, and mystery – practices themselves that are lively enough to slip through the neocolonial grip of Psychology, proposing space-making as a craft of attunement, a craft of psychologies that welcome a magic(al ideation) in the air. One that “make[s] exist the wrenching split of the world, its pain and the little, obstinate forces which, like the weeds growing in the slightest interstice, are alone capable of pushing through cement and cracking the concrete” (Pignarre & Stengers, 2011, p. 137). Re-turning the psykhe – ‘breath’, ‘soul’ – of this discipline.

Attending to spaces of encounter, in some ways this experiment shares a project with the STEP-ED campaign of the prodromal movement mentioned in Chapters 2 and 5, attempting to intervene on an environment that might otherwise stop people from receiving prompt treatment for their potential psychosis. However, the environment that they are trying to create is medicalized, poisoned with a colonial history that prioritizes human over more-than-human, rapidity over hesitation, Truth over mystery. Indeed that seeks to ignore madness, not attune to
it. Instead, the teachings of *Missed Connections* align more closely with the “more inductive, descriptive” process called for by the 15,397 signatories of the “open Letter to the DSM-5” mentioned in Chapter 2. These mental health practitioners and/or organizations – who in particular name the proposed prodrome diagnosis, Attenuated Psychotic Symptoms, as problematic – further argue for a move away from the reductive neurobiological accounts that dominate the DSM-5. This point also resonates with the ‘findings’ of this chapter, for attempts to understand the prodrome in terms of neuroscience makes what Stengers (2012) would call an “ugly scene” whereby people wait to have experiences explained as, and therefore *away by*, “natural” phenomenon; “ugly” as it involves a “disastrous” definition of the natural as “that which Science can explain”, and correlatively disastrous definition of the “Supernatural” as “that which challenges such explanations” (p. 4).

However, in particular, my project echoes the letter’s concern about the prodromal movement’s potential to “trigger false positive epidemics”:

Though we also have faith in the perspicacity of clinicians, we believe that expertise in clinical decision-making is not ubiquitous amongst practitioners and, more importantly, cannot prevent epidemiological trends that arise from societal and institutional processes. We believe that the protection of society, including the prevention of false epidemics, should be prioritized above nomenclatural exploration.

Chapter 5 suggests psycurity – directing paranoia to hide, predict, brand, and grow – is a societal and institutional process that might contribute to epidemiological increases in the prodrome. Yet, as an abstract machine, psycurity does not *have* to operate in this overcoding state. It can also operate in a *mutating* state – *decoding* paranoia, channeling it along lines of escape out of prodromal territory and toward the schizoid revolutionary pole, *deterritorializing* it. In short, it can direct a *molecular* machine, decomposing ‘the prodrome’, becoming a war machine (Deleuze & Guatarri, 1987) – a kind of ‘metamorphosis machine’ that “does not simply support the repetition of the same but rather engenders the production of something qualitatively different” (Patton, 2000, p. 110). No longer capturing imagination.

Appearing in thought or in material practices, war machines are the conditions of
actualization of absolute deterritorialization – propagators of smooth space. They thus can be omnipresent or marginal, but either way have a radical exteriority to the state – “In every respect, the war machine is of another species, another nature, another origin than the state apparatus” (Deleuze & Guatarri, 1987, p. 352). This fundamental antipathy between the state machine of capture and the war machine is the fundamental incompatibility of the two kinds of spaces that they propagate: the former striated, the latter smooth. Indeed, as something that operates to “increase the desert”, Deleuze and Guattari (1987) define the war machine by reference to the conditions of nomadic existence whereby it is the lines, the journey, the vectors of deterritorialization that matter – not the points through which these pass (Patton, 2000). As a rhizomatic assemblage, war machines are characterized by overlapping and fluid divisions of space; made up of lines of flight through which they deterritorialize and metamorphose and connect with other assemblages. It follows that they are defined, effectively, “by the outside” and thus “fuzzy and indeterminate”. Unlike state machines of capture (such as the prodromal machine) they are not unifiable, not totalizable, not able to be divided without themselves also changing (Deleuze & Guattari, 1987).

War machines are also directed by an abstract machine – a peculiar kind that only exists, as Patton (2000) writes in “its own metamorphose”. I want to propose that this abstract machine – that is, psycurity in its mutating state – is magic. In order to not get too comfortable – to experience the “existential consequences of our questions” – Stengers suggests reviving “complicated words, which have been restricted to metaphoric use only”:

“Magic” is such a word, as we freely speak of the magic of an event, of a landscape, of a musical moment. Protected by the metaphor we may then express the experience of an agency that does not belong to us even if it includes us, but an “us” as it is lured into feeling. I would propose that we need to forfeit this protection in order to relieve ourselves of the sad, monotonous little critical or reflexive voice whispering that we should not accept being mystified, a voice that relays that of the inquisitors. This voice may tell us about the frightening possibilities that would follow if we gave up critique, the only defense we have against fanaticism and the rule of illusions. But it is first of all the voice of the epic story that still inhabits us. “Thou shall not regress!” (p. 7)

For Stengers, “magic undercuts any such version of the epic”, for even describing a craft as such
is an act of magic in an of itself as “the discomfort it creates helps us notice the smoke in our nostrils”, of descending from a legacy of colonizers who desired, claimed to Know (p. 7).

As mentioned above, magic is an experience of an agency that does not belong to us so much as lure ‘us’ into feeling, and therefore an “art of participation, or of luring assemblages” (Stengers, 2012, p. ??). However this metamorphic efficacy depends on magical crafts being a rhizomatic operation – eternally connecting with other (magical) crafts – thereby staying out of the colonial binary of true or false, not taking things for granted, rejecting generality, continually healing (from the colonial divide), and learning. If, as I have argued in Chapter 5, the prodromal machine is a molar assemblage, and Magical Ideation a line of flight, then maybe Missed Connections is ultimately teaching us something about making spaces for these kinds of connections, magical spaces built by a welcoming of the more-than-human through participation, listening, and mystery. Indeed, both deriving from the Latin radix, meaning root (or radish), it is perhaps ultimately through this kind of rhizomatic practice that we can re-turn paranoia’s radical potential.

Stengers (2012) writes how this – as compared to the abovementioned aborescent image of Science, in the singular and with a capital S – is the kind of ‘progress’ that sciences should aspire to. Resembling an ‘ecological anarchy’ where no thing is privileged and no connections prevented, a rhizomatic image sheds assumptions of a reality that only Scientists can access, of a knowing better; re-placing the state Science of the prodromal machine with the nomad sciences of magic. And thus “following” as Anzaldúa (2002) writes, “where the whisperings and images lead” (p. 291), “experimenting” as Stengers (2012) writes, “with effects and consequences of what is never innocuous and involves care, protections, and experience” (p. ??), shape-shifting a fearful desire-to-know what is into a hopeful desire-to-know what else, besides. Activating the present, welcoming other worlds.
Image 8: “I have noticed sounds on my records that are not there at other times (true)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
The light was dim and crisp. I walked down the driveway and was hit when on the front doors of the school there were striking signs of security, reminding me of Sandy Hook. All visitors had to be prepared to show ID and no latex was allowed...? I took some photos, entered and was surprised to then see that there both was a security desk, and no one at it. I grabbed a ‘Visitor’ badge that was lying around and tried to go through the doors but they were locked. At least they initially seemed locked, before I could fiddle with them some more a white man was coming through with (who I assumed was) his white son, and they opened the doors for me. I still don’t know if I would have been able to get in without this. I stood in the middle lobby, which again seemed so vast, and a young-ish white woman was walking towards me, smiling and warm. I asked if she worked there (she said yup) and if she could help me, I was meeting someone from a prodromal clinic who was doing a presentation that afternoon, and wasn’t sure how to find her. She took me to the reception room, which again was really vast. A receptionist said she had seen her and then walked with me around the guidance counselor offices and then the teachers’ lounge to try and find where they had gone. She was being a lovely host, even asking if I needed to freshen up and then apologizing if it seemed like she was implying that I needed to. I sensed an odd mix of warmth and paranoia. After checking some other rooms she realized that people were meeting in the principal’s office and I was taken there. The set-up reminded me of when I used to go and set up these sorts of presentations when I worked for the Mental Health Foundation in Aotearoa. (It was odd making this connection actually, I only really made it yesterday when we were driving up.) It was clear that they had started and I was interrupting. They all turned and looked at me, but smiled and seemed like they were expecting me. I smiled, said Hi, apologized for being late. They were (also) completely welcoming and lovely, making an effort to find me a seat and telling me that they were just at the end of introductions so it was good timing. I sat right at the front next to the projection, and looked around having absolutely no idea who the presenter was – despite that she was the one who had invited me there. The main two people smiling and being welcoming were two older white women with blonde hair, and I assumed (wrongly, it turned out) one of them was her so directed most of my eye contact their way – struggling to introduce myself while taking off my coat without revealing my tattoo and feeling like I was stripping in front of everyone. I simply said I was a PhD candidate and adjunct professor at CUNY, which seemed to be all they needed – there was no questioning or awkwardness or suspicion at all about me being there. If anything, I think I added to the authority of the presenter and what was being discussed in the space, legitimacy and importance. I wished I wasn’t rushed and was sorry to have missed the introductions. People were from their 30s through to their 60s, mainly white, dressed like business casual teachers, school social workers, guidance counselors, maybe admin staff, I guess. Lots of khaki and pale pinks and blues, collars. I felt like some sort of New York researcher-cum-journalist, younger, with “an accent” (which was immediately complimented) – novel and clichéd at the same time. (Fieldnotes, October 4th, 2013)

I woke with such a heavy feeling over me. I hated that when I went I was going to have to make a call about whether or not I felt safe alone with him, or if I wanted a nurse to be present. I knew that otherwise I would be taken to a locked room, just with him, and wondered if it would have surveillance, and how I felt about that. And that it was behind a door right opposite the Reception in the main unit – one of those doors that seem to only appear when you know to look for them. It needed a special, over-sized key.
8. SERPENT

I have found myself enormously resistant to writing up a methods section, particularly one that sits at the ‘beginning’ of this dissertation. My method was not planned, it was informed by theoretical/political and commitments, and it was unfolding. It required a reflexive, iterative process, religiously attentive and receptive to what I was hearing and doing. Being responsive. Here, then, I attempt a different kind of methods section, reflecting on what has unfurled through these undulations. At once an Anzalduaian art, a Stengerian science, and a Deleuzian philosophy, I have pursued an un/settling image of not only psyecurity, but psy inquiry too.

a. Seeds

As day swallows itself la luna rises, rises, guiding me home – she is my third eye. Her light is my medicine. (Anzaldúa, 2002b, p. 314)

This is the last sentence of the last essay published by Anzaldúa. Written in 2002, ‘Let us be the healing of the wound: The Coyolxauhqui imperative – la sombray el sueno’, was a response to 9/11 and its aftermath. It was also unfinished – AnaLouise Keating (2009) writes how Anzaldúa was urged to publish it despite wanting to continue with revisions. Yet, it is the unfinished nature of this piece that makes it especially potent. As Anzaldúa herself has schooled me in Chapter 7 of this dissertation, an ‘incomplete’ account is a lively account. It has gaps, spaces for us to make meanings with, take flight from, look through. In this final chapter, then, I plant Anzaldúa’s final words to think through my own undulating process.

Anzaldúa writes how events like 9/11 “expose our innermost fears, forcing us to interrogate our souls” (p. 309). Like Aime Cesaire’s (1955) writing post-WWII that the Christian bourgeois “has a Hitler insider of him” (p. 36), she is “aware of a Bush-type raptor within our psyches” (p. 310), thinking of then President George Bush and his cohorts as “the darkest aspects of our collective psyche”:

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As I continue andando (walking), other people’s shadows glide over mine, reminding me of our collective shadow beasts. I see Bush and his cohorts not as the cultural heroes they profess to be but as the darkest aspects of our collective psyche, the parts of our culture that act without corazón y sin razón (without compassion and without intelligence) and do so with impunity, Their unconscionable, destructive aspects represent the predators we must brave, whose fangs we must pull out. (Anzaldúa, 2002b, p. 309)

These psychic “predators” manifest as “acting tough in order to hide a fear of being weak”, which Anzaldúa (2002b) equates to not seeing “beyond black and white and into the grey areas of reality” (p. 310); a fear of ‘regressing’ entangled with a desire-to-know, her words, to me, reverberate through the paranoia of the post-9/11 conditions that I put forth in Chapter 5.

For Anzaldúa, this collective psyche emerged because 9/11 was an event when things – our perception of the world, how we relate to it, how we engage with it – cracked. In turn, “we view reality differently – we see through its rendijas (holes) to the illusion of consensual reality. The world as we know it ‘ends’. We experience a radical shift of perception, otra forma de ver” (p. 310). This radical shift, “este choque”, shifts us to “nepantla, a psychological, liminal space between the way things had been and an unknown future”:

We’re caught in remolinos (vortexes), each with different, often contradictory, forms of cognition, perspectives, worldviews, belief systems – all occupying the transitional nepantla space. Torn between ways, we seek to find some sort of harmony amidst the remolinos of multiple and conflictive worldviews; we must learn to integrate all these perspectives. (p. 310)

For Anzaldúa, what happens within nepantla “counts even more than the frightening event” (p. 312). It demands a transformation process that she calls, “conocimiento” – a mix of spiritual practice and political activism:

Conocimiento pushes us into engaging the spirit in confronting our social sickness with new tools and practices whose goal is to affect a shift. Spirit-in-the-world becomes conscious, and we become conscious of spirit in the world. The healing of our wounds becomes transformation, and transformation results in the healing of wounds. (her emphasis, p. 311)

And, it is creativity that can both “jolt us into awareness” and “repair el dano” (p. 312). This includes a kind of self- and community-building with the world by “imagining it differently, dreaming it passionately via all our senses, and willing it into creation” (p. 312). In doing so, “we
revise reality by altering our consensual agreements about what is real, about what is just and fair. We can transshpe reality by changing our perspectives and perceptions” (p. 313).

Anzaldúa’s words here echo through the encounter with Coatlicue, the Lady of The Serpent Skirt, that happened in Chapter 6. As a goddess who lives in the “fecund cave of imagination” (Anzaldúa, 1987, p. 71) and manifests a lot like ‘the prodrome’, Coatlicue invites a reading of paranoia as something beside-the-mind, a sense of another possible world that can be invited with the right (magical) space (as suggested in Chapter 7).

For Anzaldúa (2002b), this common (r)evolution is the work of Coyolxauhqui, the moon, at once shadow and light. Doers of imagination, what she calls “artists”, thus have a “Coyolxauhqui imperative” to first “expose the shadow side” – the “racism, propensity for violence, rapacity for consuming, neglect of its responsibility to global communities and the environment, and unjust treatment of dissenters and the disenfranchised, especially people of color” (p. 304) that reveals our complicity and responsibility with regard, in this case, to 9/11. And, second, to use “the imagination and its visions” as a mode of healing (p. 304):

Coyolxauhqui is my symbol for the necessary process of dismemberment and fragmentation, of seeing that self or the situation you’re embroiled in differently. It is also my symbol for reconstruction and reframing, on that allows for putting the pieces together in a new way. The Coyolxauhqui imperative is an ongoing process of making and unmaking. There is never any resolution just the process of healing. (p. 312)

At once critical and creative, paranoid and reparative, representation and non-representation, in this chapter I consider how my undulations in the preceding pages, my making and unmaking of psycurity, may be a response to the moon’s demands, thereby making and unmaking psy inquiry too.

**b. Imagination**

At first glance the moon’s call for visibility appears to echo somewhat with Eve Sedgwick’s (2003) warning about ‘paranoid readings’ that seek to anticipate, generalize, and expose in order to avoid surprises and humiliation. Yet, it does not call for illumination, for casting light
on Truth. The moon does not shine on the shadow, nor even reflect it (for the shadow casts no light); it is the celestial canvas across which the shadow lies. Further, the Coyolxauhqui imperative is not to stop here. As mentioned above, at the same time a process of healing—indeed, a ‘reparative reading’—is occurring. As Anzaldúa (2002a) writes elsewhere about her own practice:

Each piece of writing I do creates or uncovers its own spirit, a spirit that manifests itself though words and images. Imagination takes fragments, slices of life and experiences that seem unrelated, then seeks their hidden connections and merges them into a whole. I have to serve the forces/spirits interacting through me that govern the work. I have to allow the spirits to surface. Nepantla, el lugar entremedios, is the space between body and psyche where image and story-making takes place, where spirits surface. When I sit and images come to me, I am in my body but I’m also in another place, the space between worlds (nepantla). Images connect the various worlds I inhabit or that inhabit me. (p. 291)

Anzaldúa describes what AnaLouise Keating (2009) calls her ‘shaman aesthetics’. Taking fragments that seem unrelated, seeking their hidden connections, merging them into a whole, she is describing the “reconstruction and reframing” of the Coyolxauhqui imperative. And, once again, something that could sound a lot like the paranoid making of a ‘strong theory’ (Sedgwick, 2003). However, Anzaldúa’s process is not driven by a desire-to-know entangled with a fear of ‘regressing’, one that claims an exclusive access to Truth. It is a knowing through encounters with—indeed, surrendering to—the unknown: “I have to serve the forces/spirits interacting through me that govern the work”. Thus, engaging a sense of another possible world as activated by otherworldly happenings, the Coyolxauhqui imperative offers a process of theory-making that is driven not by paranoia but imagination.

Anzaldúa’s writing of writing as creating or uncovering a spirit, echoes through James Hillman’s (1975) “angel in the word” (p. 9). With “angel” originally meaning ‘emissary’ or ‘message-bearer’, he too understands words as “independent carriers of soul between people”, indeed as “persons” themselves that have “invisible powers” over us (p. 9). A kind of “poetic knowledge”, as Aime Cesaire (1944) might call it, whereby “man spatters the object with all of his mobilized riches” (as cited in Kelley, 2000, p. 18), those ancient shimmerings from the “deep
unconscious”. This process of transformation, of Anzaldúa’s (2002b) conocimiento, is such that, as quoted above, “Spirit-in-the-world becomes conscious, and we become conscious of spirit in the world” (p. 311, her emphasis).

Spirits, angels, riches: these three scholars are all writing of the creative process as a more-than-human encounter, of imagination as a more-than-human force. They are also all writing from and to “the great silence of scientific knowledge” (Cesaire, 1944, as cited in Kelley, 2000, p. 17); one that was seeded when colonization de-supernaturalized ways of knowing and being (Wynter, 2003). Thus, as James Hillman (1975) writes,

The modern vision of ourselves and the world has stultified our imaginations. It has fixed our view of personality (psychology), of insanity (psychopathology), or matter and objects (science), of the cosmos (metaphysics), and of the nature of the divine (theology). Moreover it has fixed the methods in all these fields so that they present a unified front against soul. (p. 3)

Anzaldúa (1990) too declares that that we need “new kinds of theory and new theorizing methods” (p. 26); that “It’s time for us to move beyond confining parameters of what qualifies as knowledge”:

When we refuse to consider the value of knowledge that is rooted in the body, in the psyche, in paralogical experience, we fail to challenge colonialisat, post-Renaissance, Euro-Western conceptions of reality. We need to move beyond the facile dichotomy of ‘essentialism’ and ‘constructionism’ to embrace other theoretical paradigms inclusive of embodied and in-spirited knowledge. (p. 230)

Albeit cautiously, in the preceding chapters I have turned to affect studies as a site within the academy that may hold some tools with which to experiment with this in-spirited, more-than-human knowledge. As Claire Hemmings (2005) points out, affect can be over-used as a “rhetorical device whose ultimate goal is to persuade ‘paranoid theorists’ into a more productive frame of mind” (p. 551). Such narratives then, “mitigate against careful critical reading, tend to the dismissive, and celebrate ‘the new’ as untouched by whatever we find ourselves currently transcending” (p. 555). And this includes the narrative of the ‘affective turn’ itself, which has required the “evacuation of theoretical and political complexity from critical theory’s
development” (p. 599) and thus ignored “theory written from the margins” (p. 558) – including the decolonial scholarship with which this project joins.

Nonetheless, a small and growing number of affect scholars have pursued an affinity with postcolonial commitments (e.g., Bignall, 2008; Patton, 2000; Saldhana, 2006). For me, the notion of affect itself resonates with the participatory nature of our relationship with the world, our entanglement exiled by and from colonial thought and practice. As mentioned in Chapter 7, Gilles Deleuze (1994) – a foundational figure within affect studies – understands thought as a more-than-human encounter. Moreover, as his intellectual forebear, Baruch Spinoza, suggested three centuries earlier, affect is potential and therefore can best be understood in terms not of what it is so much as what it does: “a body’s capacity to affect and to be affected” (Gregg & Seigworth, 2010, p. 2, their emphasis). In turn, “the body is as much outside itself as inside itself – webbed in relations – until ultimately such firm distinctions [of inside, and outside] cease to matter” (Gregg & Seigworth, 2010, p. 3). Approaching paranoia in terms of affect allows me to view it in terms of “public feelings that begin and end in broad circulation” as well as “the stuff that seemingly intimate lives are made of” (Stewart, 2007, p. 2). Indeed, it is “an animate circuit that conducts force and maps connections, roots, and disjunctures”, “a kind of contact zone where the over-determinations of circulations, events, conditions, technologies, and flows of power literally take place” (p. 3), that further allows me to view contemporary US conditions – a neocolonial security state – as “a scene of immanent force” rather than as “dead effects imposed on an innocent world” (p. 1). Affect studies therefore offers a surface to witness both participation and possibility with/in the world – or what Massumi (2015) respectively calls ‘relationality’ and ‘openness’, and sees as central to what makes affect studies an inherently political act.

Thus, for this project, I could have interviewed paranoid people but instead I went for paranoia itself as my object/subject/partner of inquiry. In the second half of the dissertation – Chapters 5, 6, and 7 – I go so far as to displace the human subject almost entirely, (madly)
talking with affect, a goddess, and imagery, respectively. In doing so I am making an intervention in Psychology – in the singular and with a capital ‘P’ – and its own ancestral demands for a peculiar kind-cum-standard of individual, as emerging from (and driving) a peculiar kind-cum-standard of onto-epistemology. This individual is, effectively, he who is disconnected from the world – de-supernaturalized, de-sensitized. And emerging from the same explanatory principles that justified the occupation of indigenous peoples, the enslavement of black peoples, and the institutionalization of mad peoples (Wynter, 2003). Displacing the human subject, then, is an enactment of my feminist, decolonial, and critical psychological commitments.

And yet, doing so can sometimes also feel like a betrayal to these commitments. Affect is not easy to define nor study, and thus can seem too intangible, complicating, and elitist for activist duties; it disturbs existing and sometimes, such as in the case of social constructionism, hard-fought ideas; it does not do binaries or even categories including, again, those that have been hard-fought such as in identity politics; it interrupts simple ‘cause and effect’ relational models, thus seeming to undermine, for example, the efficacy of social justice interventions… (Blackman & Venn, 2008; Gregg & Seigworth, 2010; Massumi, 2015). In short, as Melissa Gregg and Greg Seigworth (2010) write, first contact can feel like “a momentary (sometimes more permanent) methodological and conceptual freefall” (p. 4). And, I would add, a political freefall too. All up affect studies can come under the larger umbrella of “non-representational” approaches that, according to Philip Vannini (2015), include an “ethos” that “we” need “to quit—hopefully for good—our obsession with representation” (p. 1). Vannini’s use of the word ‘obsession’ encapsulates the antagonism of affect studies toward our intellectual and political commitments; the seeming dismissal of the violent effects of representation that drove and drive us to attend to it in the first place.

And yet, again, shifting to non-representation does not need to reject so much as align with projects of representation, with our questioning of how we say (and who says) what is. A
politics of non-representation changes the shape of the problem to include what else? Within affect studies a concept is an act of thought, and philosophy is the creation of concepts, of thought-acts (Deleuze, 1994). It thus not so much about recognizing a state of affairs so much as pursuing “the absolute deterritorialization of the present in thought” (Patton, 2000, p.12) – an untimely mode of thinking, that summons “a new earth, a new people” (Deleuze & Guattari, 1994, p. 99). In their introduction to The Affect Theory Reader, for example, Gregg and Seigworth (2010) advocate for theory – “any theory with or without a capital T” – to operate with “a certain modest methodological vitality rather than impressing itself upon a wiggling world like a snap-grid of shape-setting interpretability” (p. 4; my emphasis). Their approach in turn echoes with Anzaldúa’s (1990) point that “theory produces effects that change people and the way they perceive the world” (p. 26); involving border-crossings and a ceaseless metamorphosis, theory-making can perhaps be thought of as a pursuit of shape-shifting (Anzaldúa, 1996, p. 230).

Thus, non-representation’s aversion to shape-setting might further align it with feminist, decolonial commitments. Indeed, shape-setting is rather like a think-net; casting a rational mode of understanding, capturing, domesticating, stilling the world, rather than respecting the liveliness of all matter, and thus, as Karen Barad (2007) puts it, “meeting the universe halfway”34. Social scientists are therefore “there to hear the world and make sure that it can speak back, just as much as they are there to produce wild ideas” (Thrift, 2008, p. 18). It follows that a non-representational method is “not a set of regulated steps to be taken towards the realization of some predetermined end”:

It is a means, rather, of carrying on and of being carried—that is, of living a life with others—humans and non-humans all—that is cognizant of the past, finely attuned to the conditions of the present, and speculatively open to the possibilities of the future. (Ingold, 2015, p. vii)

Tim Ingold (2015) calls this way of working, “correspondence”, in the sense “not of coming up

34 Borrowing a line from a poem by Alice Fulton; Barad (2007) describes of her theory of entanglement, of witnessing the liveliness of matter, as “meeting the universe halfway” (p. 39).
with some exact match or simulacrum for what we find in the things and happenings going on around us, but of answering to them with interventions, questions, and responses of our own” (Ingold, 2015, p. vii). It is to these ‘answers’, that I now turn.

c. Experimentation

As suggested above, while erasing the outline of the subject can make non-representational approaches threatening for my decolonial, feminist, and critical psychological commitments, it is also where it holds its promise. Affect is integral to a body’s perpetual becoming, “pulled by its seeming surface-bonded-ness by way of its relation to, indeed its composition through, the forces of encounter” (Gregg & Seigworth, 2010, p. 3). In doing so it is “casting illumination upon the ‘not yet’ of a body’s doing, casting a line along the hopeful (though also fearful) cusp of an emergent futurity, casting this lot with the infinitely connectable, impersonal, and contagious belongings to this world” (p. 4). All situations, then, carry a vagueness and uncertainty, which gives a “margin of maneuverability”, an “opening to experiment, to try and see” (Massumi, 2015, p. 2). For Massumi (2001), this means affect could be used interchangeably with hope, so long as this is oriented to the present, rather than directed in terms of “expected success”, “wishful projection”, or “rational calculation”; for the ‘not yet’ of affect’s promise “has no ultimate or final guarantees that what comes next will be better than ‘now’” (p. 9). As Gregg and Seigworth (2010) continue, “one of the most pressing questions faced by affect theory becomes ‘Is that a promise or a threat?’ No surprise: any answer quite often encompasses both at the same time…” (p. 10).

This sense of potential shifts our attention away from the setting and pursuit of goals that lie in the distant future, toward ‘simply’ what our next step should be; the ethical value of an action thus becomes about both how one “breaks sociality open” and “how we inhabit

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35 He continues that to do this work we need to “allow our words to shine”, to witness their “soul” and thus need a “new understanding of language” (p. ix, my emphasis); written in the face of thousands of years of practices of this “newness”, Vanini’s phrasing is a useful example of the workings and repetitions of colonial ignorance in many postpoststructuralist scholars (see Hemmings, 2005)
uncertainty, together” (Massumi, 2015, p. 11). This approach enacts a Deleuzian philosophy of concepts as being self-referential, “like artworks in that they do not refer to or represent independently existing objects or states of affairs” (Patton, 2000, p. 254); never disproved, only displaced or discarded. Their value, then, is not with regard to their ‘truthfulness’ so much as their effect – “the concept is the contour, the configuration, the constellation of an event to come” (Deleuze & Guattari, 1994, p. 32-3).

To do non-representation is thus to craft an image, a collection of concepts that lean on each other, cohere together. A speculative project that dances in a circle; if holding each other, concepts can spin without falling, even if in isolation they are off balance. They thus do not need to be grounded in external, objective stakes. Indeed, “The point is to leave behind the solid ground designated by these stakes and take the risk of ignoring each dancer’s center of gravity. Speculative philosophy must, in its very production, bring to existence the possibility of a thought “without gravity”, without a privileged direction...” (p. 239). Cited in Stengers (2011) as an introduction to Whiteheadian philosophy, these words were written by William James, a psychologist writing at the turn of the twentieth century. His image of concept-creation – a revolving circle of dancers – enacts trust.

The dancers’ spin is only possible because each of them trusts the others “precursively” at the moment when they accept that they’re own body is put off balance: they all accept to no longer define themselves by their own means but by supposing the others, in the precise sense in which, taken in isolation these others would be quite incapable of giving what is asked of them. None is a guarantor, as a pillar would be. Each one presupposes the others. Likewise the speculative concepts or “fundamental ideas”, because they cannot be rooted in any privileged experience, must circle with each other. Taken together they must affirm what speculative thought “trusts” to think “without support”. Coherence is what creates the specific space of the speculative leap, and what demands of the leap that it leave with both feet the solid ground of our specialized interests. (p. 239)

In order for a concept to be created, for imagination to leap, “it needs to trust that something will come to meet it” (Stengers, 2011, p. 240).

This dissertation, then, perhaps makes an intervention in psycurity in a broader sense. As an intellectual project, it enters risk (rather than managing or exterminating it), and is stuck
together not with suspicion but trust. In doing so it is not logical so much as pragmatic, in that it brings the ‘matter’ of psycurity into existence, “what it risks, that toward which it leaps ‘with both feet off the ground’, with trust but no solid certainty” (p. 239). Indeed for Stengers (2011), this is the only way through which another world is possible.

We can, and we may, as it were, jump with both feet off the ground into or towards a world of which we trust the other parts to meet our jump and only so can the making of a perfected world of pluralistic pattern ever take place. Only through our precursive trust of it can it come into being. (p. 233)

Perhaps, then, the glue of speculative projects is more of a void, a (non)space of no-thing, than a space of something (Barad, 2012); trust is being okay with not having a ground of Truth, of a Knowable world.

In turn, doing ‘non-representation’ means embracing methodological approaches that “relish the failure of knowledge”(Vannini, 2015, p. 14), “an imprecise science concerned more with hope for politico-epistemic renewal than validity” (p. 3). It follows that non-representational agendas posit no yay nor nay toward specific data collection and analysis techniques, but rather say it is an “issue of style” (Vannini, 2015, p. 12, his emphasis) – to make, as Latham (2003), writes, existing methods “dance a little” (p. 2000). As Vannini (2015) continues, by not seeking “control, prediction, and the will to explain and understand everything”, non-representational approaches “call for a sense of wonder to be injected back into the social sciences”, indeed to make something “willfully immature” (p. 5).

Vannini sounds similar, once again, to Anzaldúa (1987), describing here her most well-known project, La frontera/Borderlands:

It is a rebellious willful entity, a precocious girl-child forced to grow up too quickly, rough, unyielding, with pieces of feather sticking out here and there, fur, twigs, clay. My child, but not for much longer. This female being is angry, sad, joyful, is Coatlicue, dove, horse, serpent, cactus. Thought it is a flawed thing – for me it is alive, infused with spirit.

36 Thrift (2008) posits seven potentials of this “new experimental genre: a hybrid genre for a hybrid world” (Vannini, 2015, p. 3): capturing the ‘onflow’ of everyday life; being resolutely antibiographical and preindividual; being concerned with practice, action, and performance; going by a principle of relational materialism; stressing the importance of bodies; doing an ethic of novelty; and being experimental, to “engage in a battle against methodological fetishism” (p. 12).
I talk to it; it talks to me. (p. 88-89)

Just like our lives, bodies, histories, the feather, fur, twigs, clay of our creative creatures – whether they be a project of art, philosophy, or science – are entangled with the world, not something that we can tame or foresee. Instead, driven by imagination and stuck together with a trust that keeps everything open, they call for a practice of experimenting.

For Pignarre & Stengers (2011) this is done (again) through circles, this time as cast by witches:

‘Circles are woven, circles unravel’, say the witches, signifying two things indissociably: no situation is decisive in itself, authorizing judgment and verdict; and every situation can be deliberately, experimentally, collectively ‘fabricated’, or ‘woven in such a manner as to avoid linking its truth to a modus moriendi, to a manner of proving by death that one was well and truly elected. Every circle is the exploration of a modus vivendi, which permits the situation to be lived in such a way that if it comes undone, those who will have participated in the weaving come out of it more alive, having learned and become capable of teaching others what they have learned, capable of participating in other circles, other weaving processes. (p. 140-1)

Carrying histories of both colonialism and the commons, neopagan activists have inherited feminist, decolonial, and ecological struggles and practices; their speculative practices offering guidance for contemporary conditions of violence and revolt (Pignarre & Stengers, 2011). These circles designate and protect a collective, experimental space; one that holds both imagination and the knowledge that they (we), simply, need help. That is, they enact an acceptance of both the insufficiency and the fallacy of ‘the individual’ as we are, “in the first place all ‘infected’ or ‘poisoned’ equally, although in different modes, and all equally need what none among them is able to produce alone” (p. 139).

37 To call oneself a ‘witch’ is to, as Stengers & Pignarre (2011) point out, was to “learn to present oneself in a mode that catalyzes the memory of the last great eradication not to concern colonized peoples but which happened at the very place in which capitalism was invented” (p. 136). Colonization did not just require the violent exile of peoples and worldviews outside of national borders; witch-hunts in Europe throughout the fifteenth and eighteenth centuries led to the deaths of millions of women, queers, and peasants. (Indeed, the laws in Aotearoa New Zealand to criminalize shamanism were based on those used by the British to hunt witches [Woodward, 1989]). In turn, to “affirm one as neo-pagan was to recall (pagan first of all signifies peasant) that it was peasant communities, as well as witches, that were destroyed, that whose existence depended on the commons of which they were appropriated” (p. 137, their emphasis).
In other words, we are each situated within, affected by, a milieu; if not there would be “no other role to others than that of having to be enlightened, convinced, mobilized” (p. 116), reinscribing colonial hierarchies of Knowing, Knowledge, Knowers. Indeed, the test (and power) of whether or not we can learn from witches “stems from the experimental, ‘fabricated’, character of their rituals and the undecideability that they confront us with” (p. 137), opposing any apriori judgments that might otherwise “dismember minoritarian dynamics under the blows of unavoidable dilemmas ‘either ... or ...’” (p. 111). This approach is what Pignarre and Stengers (2011) call ‘thinking by the middle’. For example, they liken contemporary capitalism with sorcery in an explicit effort to not be like psychiatrists “whose diagnosis fills up hundreds of pages in the DSM, but whose means of intervention are desperately monotonous: pills and therapy” (p. 106). Instead, they wanted a word whose “truth does not derive from the agreement of specialists, but from the manner in which the diagnosis obliges whoever makes it” (p. 106).

The treatment of contemporary conditions, then, is conjured collectively and cautiously, a continuous practice of making and unmaking, not falling down a colonial manhole of knowing better.

Indeed, a guiding critique in the preceding chapters – particularly Chapter 5 – has been directed toward binaries. However, as Sedgwick (2003) notes, it’s “far easier” to critique these, than suggest alternatives; even to suggest nondualism “is to tumble right into a dualistic trap” (p. 2). For her the most useful work of this sort is therefore “likeliest to occur near the boundary of what a writer can’t figure out how to say readily, never mind prescribe to others” (p. 2). In turn, forms that are less graspable are potentially the most useful. Guided by Stengers (2012), I turned to assemblages to do so. Driven by affect, by more-than-human encounters, assemblages have the capacity to metamorphose, to become, at any time. They therefore never posit a ‘truth’ against which there can be a ‘belief’, and they lend themselves to experimentation, an ethics of responding over and over again, thus offering an antidote to the infectious, poisonous colonial milieu of Knowing, Knowledge, Knowers.
And I tried to enact this response/ability in my form also. While wanting a continuous, spiraling, slippery mode that mimics the society of control under scrutiny (Deleuze, 1992), up close the skin of this dissertation is a mosaic, made up of lots of tiny scales lying next to each other. On the one hand, these are a range of materials collected through participant observation, interviews, scientific artifacts, reflexive journaling, and a public art project (see Appendix F). On another, they are different theoretical traditions, “a strategic utilization of conceptual means in order to produce a set of transformative theorizations” (p. 116) – what Derek Hook (2012) calls a “vernacular psychology of resistance”. And yet, on another hand, they are a polyvocal text, a mix of authors, spliced together in a cacophony of carefully worded (and selected) quotes – a recognition of, and commitment to, the collective. Another, they are concepts that, as above, cast an image of psycurity that responds to present-day conditions of colonality by experimenting with changing their shape. And on a fifth hand, they are expressive fragments – this dissertation unfolded from a poetic piece, ‘The Artist is a (R)evolutionary’, which I wrote for an activist website early in 2014, and Chapters 6 and 7 also started as a poem, ‘Re-turning the Magic’, exhibited later that year as part of Missed Connections).

And then there are the cracks. In-between the preceding chapters are extracts from my research journal that allude to not only my fieldwork, but also how this research coincidentally occurred alongside the psychiatric incarceration of someone close to me for a paranoia that mirrors this project. Not mentioned at all, is my ten-week immersion in, and public documentation of, a court trial against the racism of the NYPD’s ‘reasonable suspicion’ (Liebert, in press). My relationship with these two sites helped to provide the trust through which I could take the imaginative leaps required of this project, this slippery creature.

d. Becoming Serpent

Paul Patton (2000) writes how philosophy differs from science as the latter does try to refer to or represent independently existing objects or states of affairs. However, it strikes me that he is
referring to what Stengers (2012) calls Science – in the singular and with a capital ‘S’ – which, as discussed in Chapters 5, 6, and 7, echoes a milieu poisoned by colonialism, claiming an unadulterated access to Truth. Stengers, however, does not outright dismiss its potential, she calls for an ‘adventure of sciences’, one that witnesses and welcomes encounters with the strange. While only explicitly attempted in Chapter 7, my overall project has been to pursue these possibilities of an artistic, philosophical science. Casting a circle within which a mosaic of theories, materials, voices, concepts, poetics, and gaps can experiment with contemporary conditions.

And all the while witnessing and welcoming an entangled relationship, a partnership, with my object of inquiry. For Anzaldúa (1987), “Words are blades of grass pushing past the obstacles, sprouting on the page; the spirit of the words moving in the body is as concrete in the flesh and as palpable” (p. 93). This project began with my being drawn to a single scale, glinting in the moonlight: Magical Ideation. I stumbled across it in 2012 and was immensely curious. Answering ‘maybe’ to 29 out of its 30 ‘true/false’ statements, there was *something* twisted about the wording of this self-proclaimed measure of pre-psychosis. I started, literally, to carry it around with me, reading it on commutes, talking about it with people. Zooming in and out and following its many curly fingers, over the following three years this scale became both a small piece of this project and the entire skin of it; in my attempts to know Magical Ideation, I have come to feel it, to do it.

Diverging further and further from the normalizing grip of Psychology – in the singular and with a capital ‘P’ – this project has therefore, as Deleuze and Guattari (1987) suggest, perhaps becoming more and more unsettling to it. Anzaldúa (1983) talks of how as a child she thought she was a part of the wall, saw no differentiation between herself and others/other things. She would feel the pain of the grass when people put out their cigarettes on it, and the sadness of the world would enter her body, making her feel depressed: “I’d be sitting here and I’d be feeling the subway, the birds, you, what you were feeling, the people below. I was like a
tape recorder picking up everything” (p. 78). Anzaldúa’s tape-recording capacities echo the capacities of the prodrome, the ‘participation mystique’ of the colonized. And, to me, the contemporary task of psychologists carrying out the Coyolxauhqui imperative, an act of “spiritual activism”:

When all your antennae quiver and your body becomes a lightening rod, a radio receiver, a seismograph detecting and recording ground movement, when your body responds, every part of you moves in synchronicity. All responses to the world take place within our bodies. Our bodies are tuning forks receiving impressions, which in turn activate other responses. An artist has to stay focused on the point of intersection (nepantla) between inner and outer worlds through her senses. Listening to an inner order, the voice of real intuition, allows it to come through the artist’s body and into the body of the work. The work will pass on this energy to the reader or viewer and feed her or his soul. The artist transmits and transforms inner energies and forces, energies and forces that may come from another realm, another order of intelligence. These forces use la artista to transmit their intelligence, transmit ideas, values that awaken higher states of consciousness. Once conocimiento (awareness) is reached, you have to act in the light of your knowledge. (Anzaldúa, 2002a, p. 292)

It’s easy to forget that moon and madness share a linguistic ancestor: luna. Folklore tells us that our intensities undulate with the lunar cycle, hence ‘lunatics’. And perhaps also, that there is something about the prodrome that resonates with Coyolxauhqui, that can help us to fulfill her demands. Indeed, as suggested in Chapter 6, prodromal experiences are perhaps an instance of other-light, the light of darkness otherwise exiled by coloniality that, unlike the (en)light(ened) pollution shone by a ‘positivist yearning’ (Trinh, 1989), does not stop us from seeing the stars, from welcoming more-than-human encounters – aka, from imagination.

Madness, then, does not just destabilize the ‘natural’ structures on which a neocolonial security state depends, it destabilizes the supernatural ones too. In Chapter 2, I refer to the Deleuzian imperative to describe the mechanics of societies of control in order to find out what we are being “made to serve” and to “look for new weapons” (Deleuze, 1992, p. 4). Perhaps, then, the undulating coils of this project – its content and form – suggest that what is demanding servitude within these contemporary conditions is, as Anzaldúa (2002a) writes above, “the forces/spirits interacting through me that govern the work” (p. 291). That is, a more-than-human response/ability. And thus that a “new weapon” may be to be “weaponless, standing
with open arms, and only our magic” (p. 110, my emphasis). Casting circles together, carefully testing the im/possible. And so, if I had to give a name to my method, it would have to be Magical Ideation; witnessing our participatory relation with the world, welcoming otherworldly encounters, experimenting with imagination. Shedding the skin of Psychology in the singular and with a capital ‘P’, – finding soulful studies of psykhe underneath.
Image 9: “I have never doubted that my dreams are the products of my own mind (false)”, Missed Connections, New York City, United States, 2015. Photo by Holli McEntegart.
Worried after being late for MiddleBrook, I wanted to be early this time. It was pouring with rain and Tehs dropped me off in Fen’s old teal van right out side. I looked down to see that my mismatching socks were exposed and felt myself becoming a little paranoid that They might think (or, perhaps, know) that I’m pre-psychotic. There was a white man in a uniform behind a security desk and a metal detector to the right hand side. I showed my CUNY faculty ID. The man looked casually into my bag and waved me through, giving directions to the clinic. Through the waiting room, take a right to the elevators, head down to the basement, take a left and follow the signs. There was something so right about being all the way down and around – the lockers, the exposed brick, the musty smell, the rabbit hole. I had been sent instructions a few days earlier so I knew to knock loudly once at the clinic door. Made of and surrounded by glass, I could see through it into a room packed with things. Desks, files, magazines, red emergency button. Red Emergency Button. A large sign said to keep the door closed at all times, behind it came a young woman – white, tall, slim, long straight blonde hair, jeans, smiling. She had been expecting me. (Fieldnotes, October 9th, 2014)

the people at reception called through to the Intensive Care Unit, the high security unit, who at first didn’t even know who he was. I was let into the empty room and sat and waited as a nurse bought him in from a different door. He was flushed and shrunken, shaken. I gave him a hug and he sat down next to me on the same couch. The nurse left. I gave him the chocolates for his birthday, told him she was sick so couldn’t make it, asked if things were still really shit, and burst into tears. I said that I wished we could help but we couldn’t, especially because he was in high security now. The only way out was for him to do what they say. I said that the meds were all “just a game”. I agreed. I then got teary and told me that George Bush was in the room. I asked where he was and what he was doing: sitting across from us, watching, wanting to be his friend. I told him to tell him to fuck off, that we don’t need friends like George Bush. He defended him, saying people make mistakes sometimes and should be forgiven. This went on for a long time, with me saying that George Bush was a weak man because all he did was make people afraid and suspicious of each other, just like he was doing to him. Then out of the blue he said that fear and suspicion “suppressed spirituality”. I agreed. He asked what I thought of “the mind connection thing”, I asked what he meant, he didn’t answer so I asked if he meant how we can sense what each other is feeling and thinking without saying anything. He nodded and I said that I do believe in it, but in terms of energies and intimacies that we can’t see. He thought it was “American surveillance technology”.
EPILOGUE

In the preceding pages, I have entered the prodromal movement, a site of pre-emptive psy, as a means to interrogate the present moment, to interrogate that which drives contemporary US conditions of white supremacy. I have suggested an image of psycurity – an abstract machine that directs paranoia to hide as reasonable suspicion, to predict the future, to brand threatening bodies, and to grow through fear, thereby making up the undulating coils of a neocolonial security state. I have done so not to cast a think-net, to propose that psycurity is The Problem of white supremacy, but to see what happens if the shape of the problem is changed, if we look at instances of white supremacy through this lens: no longer a problem of aberrant individuals (whether fascist leaders or the mentally ill), so much as a collective paranoia.

Take for example ‘quality of life’ policing, which rationalizes a statistical-cum-physical stalking of neighborhoods and bodies that are considered more likely to be criminal through tactics such as ‘stop & frisk’. Technically ‘stop, question, and frisk’, police policy allows officers to stop and question any person whom they reasonably suspect has committed, is currently committing, or is about to commit a crime, and frisk them if they think they are carrying a weapon. Between January 2004 and June 2012, the New York Police Department (NYPD) conducted over 4.4 million such stops – 85 percent of which involved young Black or Latino men (Center for Constitutional Rights, 2013), suggesting that the NYPD use “race as a proxy for crime” (Zamani, 2015, p. 2). The violent, racist histories, politics, and effects of this policing (e.g., Alexander, 2010; Browne-Marshall, 2013) shed light on why ‘furtive behavior’ is the most common reason given by the NYPD for making these stops; far from a sign of one’s potential criminality, people are suspecting an imminent police brutality. If we see ‘quality of life’ policing as an expression of psycurity then it becomes a molar assemblage that – oscillating between quotas and calculators – works through hiding the paranoia of white supremacy as ‘reasonable suspicion’, distinguishing it from the ‘furtive movements’ of its suspicious objects and directing it to predict criminals, brand black bodies, and grow in a hyper-saturated solution of fear of
blackness.

Of people that revolt:

I write this in the aftermath of the barbaric terrorist attacks in Paris—a city which, in so many ways, represents civility and the highest achievements of civilization. These cowardly assaults are an example of incivility and self-righteousness carried to its most malignant extreme. Today, darkness may enshroud the City of Light; but if we face this evil with strength and resolve, in solidarity with the French people, the illumination of reason may yet prevail. (Pies, 2015, p. 2)

This is the post-script of a commentary that came into my Inbox on December 3rd, 2015, from the Psychiatric Times38. It began with the author—a psychiatrist and Editor in Chief Emeritus, Robert Pies—telling us of its original title: ‘Campus Protests and the Dearth of Civility’. The protests Pies is referring to are those involving “racial inequality and the harassment of minorities on college campuses”—also known as Black Lives Matter, they are part of a nationwide social movement emerging from decades of state racism and black resistance in the US. Despite his admission that “vigorous protest is warranted”, Pies goes on to associate it with narcissism, a symptom of “incivility”. One that can be carried to a “malignant extreme”; his post-script ultimately associates the Black Lives Matter movement with “barbaric terrorist attacks”.

That the supposed incivility of blackness was used to rationalize the barbaric colonization and enslavement of African peoples (including by the French), and that it is from this history that the need to explain to white America that black lives matter emerged, is ignored by Pies—himself a white American—who is perpetuating the ignorance and incivility of colonization through his words. His call for the “illumination of reason” might as well be a slogan for the colonial project, emerging from so-called ‘enlightenment’ that expunged pre-colonial societies, bleaching the slate ‘clean’ for the advancement of white supremacy.

Chilling opposites, these anti-racism protestors and Dylan Roof—the young white male who killed nine black parishioners earlier in the year—have some things in common. Both

38 The Psychiatric Times is owned by UBM Medica, with a circulation of the monthly print publication of approximately 40,000, and a website that has approximately 400,000 monthly page views. Offering News, Special Reports, and clinical content related to psychiatry to psychiatrists and other mental health professionals.
threaten to reveal the racism of America, both lure a psychiatric intervention that keeps this 
racism hidden. And both are figures that collided at University of Illinois Chicago on March 11th, 
2016, following the last minute cancellation of a campaign rally by Donald Trump because of the 
presence of protestors – outside and inside:

The protesters, mostly black and Latino and young, were standing shoulder to shoulder 
with the people that their protest would upset most. The crowd was white—all of them— 
sporting “Hillary for Prison” and “Bomb the Hell out of ISIS” pins, wearing camouflage 
ball caps, hunter orange, and N.R.A. gear, and shouting for their candidate, who was late, 
but coming, surely coming.
“U-S-A!” they chanted.
And: “Build that Wall!”
And: “We want Trump!”
(Obrien, 2015, n.p.)

The ensuing behavior of Trump’s supporters reflected his ongoing rhetoric – quoted earlier that 
day saying, “Part of the problem and part of the reason it takes so long [to kick protesters out] is 
nobody wants to hurt each other any more”, “There used to be consequences. There are none 
any more. These people are so bad for our country. You have no idea folks, you have no idea”.
Inciting hatred and violence against protestors at his rallies, Trump’s fascism remains in full, 
terror-ifying force. One supporter was photographed giving a Nazi salute.

In a 2001 interview with Brian Massumi (2015), Mary Zournazi (the oft-overlooked 
interviewer) made the following statement on the post-9/11 “Right”:

In some ways the problem of more leftist or radical thinking is that it doesn't actually tap 
into these mobilizations of different kinds of affects, whether it be hope, fear, love, or 
whatever. The Left are criticizing the Right and the Right are mobilizing hope and fear in 
more affective ways. The Right can capture the imagination of a population and produce 
nationalist feelings... (p. 36)

While said as a turn of phrase, Zournazi’s use here of “capture the imagination” is telling. The 
‘war on terror’ requires a war on imagination – a capturing of our sense that another world is 
possible, of that which is enacted through protest. For such imagination comes from the cracks 
and, as Stengers (2011) writes, “When a society mobilizes for war, the interstices become 
imperceptible, and all originality is suspected of treason” (p. 327). Thus, given that interstices
are more-than-human intrusions, are our entanglements with the world(s), the war on imagination is that which turns our capacity for sensing what lies beside-the-mind into paranoia.

If we see the problem of white supremacy as (also) a problem of collective paranoia, then our ability to respond widens. In this case, to include attempts to intervene on the milieu in which this transformation, this capturing of imagination, happens. While often used to weaken the potency of protest (you’re just being paranoid!), the preceding pages suggest that the potential of paranoia for cultural or political struggle can be re-turned within spaces that welcome the more-than-human through participation, listening, and mystery. Such spaces compromise our desire-to-know and fear of ‘regressing’, transforming this entanglement from paranoia to yearning. Yearning, that which “does not address a world finally rid of what oppresses it, but a different world” (Pignarre & Stengers, 2011, p. 49), emerged out of a legacy of black feminist activists who “know very well that what is called ‘liberation’ is nothing to do with a becoming conscious of, or a ‘realization;’ in the sense that it would be an opening of one’s eyes. Of accepting the wellfoundedness of an already existing reading of the world” (p. 49). Instead, yearning is an activation of the present thereby “making the force for experimenting with its possibilities for becoming exist, here and now” (p. 49).

White supremacy can thus be interrupted by a protest that practices participation, listening, and mystery. By orienting us to immanence – a “permanent readiness for the Marvellous” (S. Cesaire, 1941, as quoted in Kelley, 2000, p. 15) – such space-making would foretell not predict, mobilizing a struggle of yearning not paranoia.
APPENDICES

A. Pace Criteria For Ultra High Risk

Group 1: Attenuated Psychotic Symptoms

• Presence of at least one of the following symptoms—ideas of reference, odd beliefs or magical thinking, perceptual disturbance, paranoid ideation, odd thinking and speech, odd behavior and appearance (2–3 on Unusual Thought Content scale; 1–2 on Hallucinations scale; 2–3 on Suspiciousness scale or 1–3 on Conceptual Disorganization scale of Brief Psychotic Rating Scale, BPRS).

• Held with a reasonable degree of conviction, as defined by a score of 2 on the Comprehensive Assessment of Symptoms and History (CASH) rating scale for delusions.

• Frequency of symptoms—at least several times per week.

• Change in mental state present for at least 1 week and not longer than 5 years.

Group 2: Brief Limited Intermittent Psychotic Symptoms

• Transient psychotic symptoms—Presence of at least one of the following: ideas of reference, magical thinking, perceptual disturbance, paranoid ideation, odd thinking and speech [4+ on Unusual Thought Content scale; 3+ on Hallucinations scale; 4+ on Suspiciousness scale (or it is held strong conviction, as defined by a score of 3 or more on the CASH rating scale for delusions) or 4+ on Conceptual Disorganization scale of BPRS].

• Duration of episode of less than 1 week.

• Symptoms resolve spontaneously.

• The BLIP must have occurred within the past year.

Group 3: Trait and State Risk Factors

• First degree relative with a DSM-IV psychotic disorder or schizotypal personality disorder (as defined by DSM-IV).

• Significant decrease in mental state or functioning—maintained for at least a month and not longer than 5 years (reduction in GAF Scale of 30 points from premorbid level).

• The decrease in functioning occurred within the past year.

• Acute psychosis threshold.

• Presence of at least one of the following: ideas of reference, magical thinking, perceptual disturbance, paranoid ideation, odd thinking and speech [4+ on Unusual Thought Content scale; 3+ on Hallucinations scale; 4+ on Suspiciousness scale (or it is held strong conviction, as defined by a score of 3 or more on the CASH rating scale for delusions) or 4+ on Conceptual Disorganization scale of BPRS].

• Frequency of symptoms is at least several times a week.

• Duration of mental state change is longer than 1 week.

B. DSM-5 Proposal For Attenuated Psychosis Syndrome

A. At least one of the following symptoms are present in attenuated form with relatively intact reality testing, but of sufficient severity and/or frequency to warrant clinical attention:

1. delusions/delusional ideas
2. hallucinations/perceptual abnormalities
3. disorganized speech/communication

B. Symptoms in Criterion A must be present at least once per week for the past month.

C. Symptoms in Criterion A must have begun or worsened in the past year.

D. Symptoms in Criterion A are sufficiently distressing and disabling to the individual and/or
legal guardian to lead them to seek help.

E. Symptoms in Criterion A are not better explained by any other DSM-5 diagnosis, including Substance-Related Disorders.

F. Clinical criteria for a Psychotic Disorder have never been met.

C. Prodrome Pre-Screening Tool

1. I think that I have felt that there are odd or unusual things going on that I can’t explain.
2. I think that I might be able to predict the future.
3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.
4. I have had the experience of doing something differently because of my superstitions.
5. I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.
6. I have thought that it might be possible that other people can read my mind, or that I can read other’s minds.
7. I wonder if people may be planning to hurt me or even may be about to hurt me.
8. I believe that I have special natural or supernatural gifts beyond my talents and natural strengths.
9. I think I might feel like my mind is “playing tricks” on me.
10. I have had the experience of hearing faint or clear sounds of people or a person mumbling or talking when there is no one near me.
11. I think that I may hear my own thoughts being said out loud.
12. I have been concerned that I might be “going crazy”.

D. Magical Ideation Scale

1. Some people can make me aware of them just by thinking about me (true).
2. I have had the momentary feeling that I might not be human (true).
3. I have sometimes been fearful of stepping on sidewalk cracks (true).
4. I think I could learn to read other's minds if I wanted to (true).
5. Horoscopes are right too often for it to be a coincidence (true).
6. Things sometimes seem to be in different places when I get home, even though no one has been there (true).
7. Numbers like 13 and 7 have no special powers (false).
8. I have occasionally had the silly feeling that a TV or radio broadcaster knew I was listening to him (true).
9. I have worried that people on other planets may be influencing what happens on earth (true).
10. The government refuses to tell us the truth about flying saucers (true).
11. I have felt that there were messages for me in the way things were arranged, like in a store window (true).
12. I have never doubted that my dreams are the products of my own mind (false).
13. Good luck charms don’t work (false).
14. I have noticed sounds on my records that are not there at other times (true).
15. The hand motions that strangers make seem to influence me at times (true).
16. I almost never dream about things before they happen (false).
17. I have had the momentary feeling that someone’s place has been taken by a look-alike (true).
18. It is not possible to harm others merely by thinking bad thoughts about them (false).
19. I have sometimes sensed an evil presence around me, although I could not see it (true).
20. I sometimes have a feeling of gaining or losing energy when certain people look at me or touch me (true).
21. I have sometimes had the passing thought that strangers are in love with me (true).
22. I have never had the feeling that certain thoughts of mine really belonged to someone else (false).
23. When introduced to strangers, I rarely wonder whether I have known them before (false).
24. If reincarnation were true, it would explain some unusual experiences I have had (true).
25. People often behave so strangely that one wonders if they are part of an experiment (true).
26. At times I perform certain little rituals to ward off negative influences (true).
27. I have felt that I might cause something to happen just by thinking too much about it (true).
28. I have wondered whether the spirits of the dead can influence the living (true).
29. At times I have felt that a professor’s lecture was meant especially for me (true).
30. I have sometimes felt that strangers were reading my mind (true).

E. Missed Connections Imagery

Image 11: “I have noticed sounds on my records that are not there at other times (true)”, Missed Connections, Tamaki Makaurau Auckland, Aotearoa New Zealand, 2015. Screenshot by Rachel Jane Liebert.

Image 12: “I have noticed sounds on my records that are not there at other times (true)”, Missed Connections, Tamaki Makaurau Auckland, Aotearoa New Zealand, 2015. Photo by Olivia Holmes.
F. List Of Empirical Materials

- Participant observation as a courtroom spectator for 10 weeks in the *Floyd vs NYPD* class action lawsuit against racial discrimination based on “reasonable suspicion”, 2013
- Field notes and photographs from a two-day visit to Newtown, Connecticut, during the one-year anniversary of the Sandy Hook Elementary School shooting, 2013
- Participant observation as a volunteer facilitator for a “community conversation” in Washington DC as part of the “national dialogue on mental health” called to action by the Obama administration in response to the Sandy Hook Elementary School shooting, 2013
- Field notes following five informal interviews and/or clinic tours with four leading researchers/clinicians in the US prodromal movement, 2014
- Two one and a half hour 1:1 semi-structured interviews with two leading researchers/clinicians in the US prodromal movement, 2014
- Participant observation and at a one-day rater training for the Structured Interview for Psychotic-Risk Symptoms (SIPS), 2014
- A trainer manual for the SIPS including key articles, diagnostic tools, presentation slides, and clinical vignettes, 2014
- Participant observation at a one hour presentation on the prodrome at a middle school in Connecticut, 2014
- Outreach materials from a prodrome clinic, 2014
- A research journal documenting my process, with particular attention to my own ‘paranoia’ and the concurrent psychiatric incarceration of someone close to me for experiences that had an uncanny resemblance to this project, 2013-2015.
REFERENCES


