

## **Life Writing by Kuwaiti Women: Voice and Agency**

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### Abstract

Life narratives are rare in the Gulf region due to many issues. Kuwait women's writing about their lives, bodies, illnesses, and disabilities is almost unheard of. This article considers two texts by contemporary Kuwaiti women and situates their illness narratives within Kuwait's social context. By writing about their illness and disability, the authors re-claim their voice and agency, writing their silenced bodies as Helene Cixous urges women to write through *Écriture féminine*. This article examines two texts from a comparative perspective, highlighting themes of disability, mental illness, and healing through writing.

*Keywords:* disability, illness, Kuwait, Middle East, women

Arabic literature boasts many narratives of women's place in society and their oppression, and has placed women at the forefront of many texts, centering their experiences through creating memorable protagonists. Although Arabic literature has a plethora of female protagonists who must contend with different social, political, and socioeconomic issues, there remains a lack of narratives dealing with disability and illness. Most Arabic literature does not include narratives of women's embodiment and disability. In her influential study *The Female Suffering Body* (2014), Abir Hamdar addresses the absent figure of the disabled and/or ill female subject in Arabic literature from the 1950s to 2000. She also considers contemporary Arabic literature and its treatment of illness and subsequent stigmatizing of disabled women's bodies. Not only was the disabled female figure absent from Arabic literature in the past, but contemporary depictions continue to stigmatize and other the devalued female body. Women who fail to perform ideal femininity include disabled and/or ill characters who are either punished or killed at the end of the narrative. These characters are usually regarded as tragic heroines, fallen women, and have no place within 'proper' society. Arabic literature has not dealt with the disabled female body in terms of centering the disabled female subject as protagonist. Even more significantly, in the Gulf region, there remains a staggering lack of interest in disabled female protagonists. This article considers two texts by Kuwaiti women authors: *Notes on the Flesh* by myself and *In/coherence: a layered account of a Kuwaiti woman's post-psychotic self-in-progress* by Fajr Almajed. Through utilizing an autoethnographical lens, I consider my experience writing a life narrative, my goals writing the narrative, and its reception. The two texts, both published in 2017, are not straight-forward accounts of disability and illness, but rather the only two texts written by Kuwaiti women who navigate the stigmatization of illness and disability in Kuwait. Both texts speak about their lived experiences of illness and disability. By placing these two texts alongside each other, I consider how life narratives provide critical insight into cultural ideologies of illness and disability. Both narratives reveal the significance of reclaiming voice and women writing their lives and bodies.

According to Hamdar, "Arab studies on chronic illness, disability, and other physical ailments have mainly provided statistical data and medical findings rather than targeted the social and cultural scope of these and other illness" (17). As such, finding disability-centered narratives is a futile task. Male writers who did include female characters with disabilities do so to arrive at a narrative of punishment, sin, and redemption. Illness and disability become an affliction that is the result of rebelling against the patriarchal discourse and society. Many times, a woman's disabled/ill body becomes a metonym for the nation, thus taking away from the individual experience of disability and illness, reducing the ill body to a metonym for the nation's suffering. Hamdar's text also deals exclusively with Arab nations including Egypt, Lebanon, Palestine, Jordan, but does not consider Gulf literature and its treatment of disabled characters. More research from the global south is necessary, as Anita Ghai argues in "Disability and Social Movements" and suggests that a "social and cultural apartheid is sustained by the existence of a built environment which lacks amenities for the disabled" (12). In the same vein, the Gulf states have a sustained environment which erases disabled and ill narratives. The Gulf remains a fruitful area for literary scholarship on disabled and ill protagonists. The record shows that disability is stigmatized in Kuwait and women's bodies remain taboo subjects, both in culture and in literature. Disabled Kuwaiti women are not found in the literature on Kuwait nor in its fiction. There is a complete erasure of the disabled protagonist or memoirist. As such, for Arab women to write their bodies and disabilities, this is a political act in itself, an act of protest that writes back against patriarchal discourse that continues to oppress women.

In order for disability to be part of the literary conversation, narratives that center disabled female protagonists are crucial. Disability in Kuwait remains a subject that is almost unheard of and there is much stigma surrounding disabled people. Like other countries in the Gulf, disabled women, in particular, are most disadvantaged. They face social discrimination and prejudice and are regarded as lacking in femininity because they are considered to be not abled-bodied. Therefore, more research needs to be done surrounding disability in the Gulf. “Praise and Thanks be to God: Public and Religious Descriptions of Disability in Kuwait” is a significant study by Kuwaiti Disability studies scholar Hussain AlEnaizi in which he considers stigmatizing views about disability in Kuwait. In his work, he argues that the negative portrayals of people with disabilities in Kuwait is found everywhere: in the media and television shows, in cultural ideologies and phrases that label disability as punishment, and religious connotations that consider disability tragic or a test of faith (2019). Kuwaiti culture is generally conservative with Islamic beliefs as the dominant ideology and as AlEnaizi states, “any loss of hearing or sight would be perceived as a deviation from perfection or normality. This makes religious people constantly thank and praise God for having a healthy body, especially when they see ill or disabled people” (68). Phrases such as “praise and thanks be to God” are used to express gratitude that one is not sick, disabled, or struggling with any deviation from the social norms. This stigmatization of ill and/or disabled bodies is constant and goes unnoticed by many abled-bodied people who do not see an issue with uttering these words directly, even in front of an individual with a disability. With the generally negative social attitudes to disability in Kuwait, it becomes difficult to embrace a disabled identity or to speak/write about disability without societal consequences. Although these consequences can include further stigmatization and questioning of the “goals” behind writing these life narratives, the quest of writing these narratives is one that Helene Cixous calls for in *The Laugh of the Medusa*.

Cixous’s *The Laugh of the Medusa* is a seminal text that explores women’s writing, voice, and agency. Cixous’ interest in women’s writing continues to be relevant to contemporary women’s writing and is universal in its considerations of using the body as a medium of communication in patriarchal societies that oppress women and repress their voices. She urges women to write their narratives:

Woman must write her self: must write about women and bring women to writing, from which they have been driven away as violently as from their bodies-for the same reasons, by the same law, with the same fatal goal. Woman must put herself into the text-as into the world and into history-by her own movement (875)

Cixous’s uncovering of patriarchal oppression offers women a way out through writing, through resisting the ways women have been silenced and marginalized. While Cixous does not deal with disability, disability is a necessary part of the conversation. Women’s bodies are oppressed in phallogocentric discourse, muted, and disabled women’s bodies are doubly marginalized and silenced. Abled-bodied women struggle to write themselves into the patriarchal discourse and the literary canon. Disabled women’s narratives (especially in the Gulf) are unheard of. Cixous’ concept of *Écriture féminine* (women’s writing) is still relevant today and I will argue that writers who write about their bodies, disabilities, and illness, are writing their life narratives following Cixous’ calling. Life narratives that deal with taboo subjects will amplify Kuwaiti women’s voices and to reclaim their voices and bodies, women must write. As such, life narratives are an essential contribution to understanding how disability operates in Kuwaiti society. Embodied knowledge and experience can be used in writing about one’s life (through autoethnography or illness narratives) to fill ‘experiential “gaps”’ (Ellis,

2014: 262). As an author writing about disability, my aim was to contribute to the immense gap of literary and academic scholarship concerning women's experiences with disability and illness. Almajed's work and mine reflect this urge to fill "experiential gaps" although the texts are written in differing and overlapping mediums.

Another pressing issue is the choice of writing in English; both Almajed and myself chose to write in English rather than Arabic. Using a second language to write might provide some distance from the actual traumata of illness, but also, it is a form of self-censorship. Because English is not as widely read locally as Arabic, these narratives do not gain as much scrutiny. Mostly, they are unheard of except by an English-reading audience. More studies need to be done regarding Kuwait's readership and preference for Arabic books (Kaposi and Alshammari, 2021). These two texts are important in that they are starting multiple narratives by and about Gulf women, regardless of the language they are written in. Language is not the only question when it comes to write a life narrative, and yet, for writers choosing to write in English, they are faced with questions of 'betrayal' of the mother-tongue.

To begin with, *Notes on the Flesh* is my biomythography. This chosen genre is not arbitrary, although some scholars and readers have thought it to be a random choice. Because of the stigmatization of illness and disability in Kuwaiti society, an English biomythography becomes necessary to expose discrimination. According to Floyd-Thomas and Gilman:

Biomythography, a term first coined by Audre Lorde in her personal testimony, *Zami*, can be defined as a "deliberate amalgamation of autobiographical fact and mythically resonant fiction" that locates the struggle for moral agency and self-identity in a context of social oppression. (2005: 184)

Drawing on black feminist scholarship and specifically Audre Lorde's work on illness narratives, in *Notes* I utilize the concept of a biomythography to trace the materiality of the body and narrate cultural stigmatization of illness. Because of its blurring of genres, the text is hybrid in its experimentation with form and narrative. The blending of fact and fiction allows room for distance from my life, rather than being a straight-forward memoir. According to Michael Benton in "Literary Biomythography", the blending of fact and fiction is related to aspects of myth-making:

(Biomythography) alters our perceptions of the genre by acknowledging that the biographer is dealing both with historical data and with the self-projections of the author in his or her life and literature (207)

Generally, for Arab women autobiographers, and for Gulf women more specifically, life narratives involve an exposure of the self and body which goes against the traditional norms of hiding the female body. When Arab women writers choose to write their selves and bodies, they are going against a culture that emphasizes the need for concealment and keeping women's bodies outside the public sphere. Although contemporary Kuwaiti society upholds many modern values, traditional values are still at play within the larger social context. As such, expressing these 'self-projections' within the larger community necessitated relying on the blending of the genres of fact and fiction. Fiction offered me more discretion in discussing topics surrounding women's bodies and allowed me room to create fictional characters that were drawn from my experiences. In a sense, composite characters allowed me room to explore writing a life narrative through the creation of an alter ego to serve in my place when necessary.

An alter ego is used to assist me in creatively exploring potentials of different characters that are built from my experiences, while still telling parts of the truth.

*Notes on the Flesh* deals with issues of disability, women's place within Kuwaiti society, and trauma. It deals with my experience of being a disabled woman growing up in Kuwait. The text presents the dilemma of marriage for Sarah (the alter ego I employ) who gets rejected multiple times because of her disability. Sarah's hybrid body leaves her in an ambiguous state of being, an in-between state, between abled-bodied and disabled. She also struggles with language as she begins to stutter. Sarah feels as though she cannot belong anywhere, exiled from within her body and from home. Because her mother is Palestinian and her father is Kuwaiti, she finds herself struggling to be accepted within Kuwaiti society (Al-Shammari 2017). The racial discrimination against Palestinians began after the Gulf War, when Palestinians faced mass deportations and most Palestinians ended up having to leave Kuwait, their home for decades. Sarah's shock with the racial discrimination, bullying, and prejudice against her mother and all Palestinians is voiced throughout the articulation of her memories post-war:

What happened was that an entire nation was shocked, a nation was traumatized...I started stuttering in public because speech was no longer safe...Slowly, language was used as a weapon. All around me was hate. (36)

The traumata of war, language and discrimination, as well as the sudden disability leave Sarah (and the author) in a position that seeks to find self-expression and freedom in narrating the body. Sarah's conflict with occupying a hybrid identity is further intensified with the diagnosis of Multiple Sclerosis, which leaves her body disabled and her sense of identity shaken. To suddenly become disabled is part of the non-linearity of narrative (and life). According to Arthur Frank's *The Wounded Storyteller*, "Disease happens in a life that already has a story, and this *story* goes on, changed by illness but also affecting how the illness *story* is formed" (54). This interruption in one's life narrative calls for an act of re-claiming the ill person's voice, re-writing the narrative to include the presence of illness and its chaotic entrance into one's life. Medical doctors and family members may not listen to the ill person's voice, which Frank terms "medical colonization" (10). In the same vein, women's struggle to be heard is compounded with medical colonization. The only way to re-claim agency over one's narrative of illness is to write against the dominant narrative of disabled and ill women as voiceless, spoken for, and shunned. For instance, the narrator's father speaks for at the doctor's office, and the doctor ignores her complaints (*Notes* 37). As the diagnosis of MS is the inciting incident of the narrative, the journey towards comprehending the acquired disability is chaotic and fragmented. Many times, Sarah feels invisible and unheard: "I felt invisible, just like I had felt at the doctor's office" (39). The narrator in pain must find the words to articulate the experience, to bear witness to it, and still form a narrative that pays attention to women's disabled bodies, voices, and lack of control of their lives. To write of this embodied experience meant allowing myself room to revisit the bodily pain and construct a verbal narrative from a visceral one.

After narrating my experiences with disability, the narrative shifts to fictionalized experiences of different narrators. In *Notes on the Flesh*, not all disabilities are the same, and not all of them are centered on female protagonists. In one of the stories, Salem, whose name ironically is a synonym for healthiness, must bear the burden of society's rejection of him as a disabled man. Salem is unable to have a fulfilling life, become married, and is seen as less than abled-bodied men. Although his experiences are less traumatic than the disabled women's experiences in the

narratives, he must still contend with society's discrimination and toxic masculine ideologies. The narrative continues to juxtapose gendered experiences of disabilities in Kuwait, with a creation of characters that are fictional and fall under the "myth-making" aspect of biomythographies. The narrative's blending of fiction and nonfiction leaves it at a juncture between genres, similarly to Sarah's position in Kuwaiti society. My exposure of the discrimination that takes place against disabled people is seen through the eyes of multiple characters who come from different socioeconomic backgrounds, genders, and disabilities.

In the same vein, medical doctor and author Fejr Almajed exposes society's oppression of people living with mental illness by writing her autoethnography and lived experience of illness. Writing her life narrative through autoethnography as a tool is one way that women writers can challenge and blend different genres. In autoethnography, text and body become one, as the site for speaking of the body and through the body is the narrative itself. Autoethnography allows the writer to write through traumatic experiences, illness, and resist the silencing of the body. When I read Almajed's work, I was happy to find another voice that I could amplify in my scholarship and teaching. No other autoethnography of mental illness is available for comparison in Kuwaiti society and the work is significant precisely because it is the first to explore a first-hand account of mental illness and contextualize this experience amidst stigmatizing public attitudes of mental illness. As a woman, Almajed's voice is at risk of being doubly marginalized. She uses her experience to reflect on Kuwaiti society.

Because Almajed uses autoethnography for her life narrative, she is able to explore important issues that affect her personally as well as the larger collective. She explores mental illness, women's bodies, and the disciplining of their bodies by society. Mental illness in Kuwait remains a largely taboo subject. People struggle to reveal their mental health needs, struggles, and are ashamed to ask for help. Physicians and psychiatrists continue to work on erasing the stigma associated with mental health, as Almazeedi and Al-Suwaidan suggest:

By providing mental health services at the primary healthcare level, many patients will be able to get the treatment they need with minimal stigma, and this would provide an excellent opportunity for health professionals to erase this stigma, once and for all, through education. Only then will the silence of suffering be broken across this invisible barrier of shame (3).

While providing mental health services is part of the role of physicians and hospitals, I argue that another role is necessary for writers and people with lived experiences of mental illness. The medical community needs to work with individuals rather than creating a divide, and the voices that need to be recognized as part of the narrative are still very faint. This is precisely why Almajed writes her lived experience of mental illness to destigmatize society's understanding of illness as shameful. Using autoethnography as a tool to explore her lived experience, she narrates the often-difficult state of being in-between cultures and languages:

My story... is the process of teaching the self and body how to speak and seeing what happens in the process. My position of being in transition between specific cultures, religions and careers almost at the same time is, I feel a unique one and is of sufficient magnitude to dissolve the hampering effects of logic or attempts at rationality and certainty (25).

At the time of writing this text, Almajed was positioning herself in-between cultures and transitioning between her career as a medical doctor and a psychotherapist, amidst navigating

her own mental health difficulties and trying to ascertain what is ‘real’ and what is ‘rational.’ Teaching her body to speak after years of indoctrination of silence and submission to the patriarchal ideologies at home is an act of constant warfare, of imagining and re-imagining her body’s life narrative. To teach her body (and self) to speak, she must unlearn ways of subjugation, shame, and silence. This is a long process as evident in the writer’s hesitancy to learn new methods of speech that can shame her in public spaces. Almajed considers various ways by which oppression can operate in personal, private spaces as well as public spaces. As she navigates her beliefs (which are often at odds with traditional Kuwaiti society), she formulates new definitions of voice. This voice is fragmented, confused, and at times, confusing for the reader. Reading and deciphering her narrative proves to be a difficult task, as the writing style oscillates between bouts of creativity that defy linear narratives, and certain gaps in the chronological order of the text. But it is through this chaotic writing technique that she is able to speak against “logic” and “attempts at rationality”, breaking away from a more traditional and linear narrative. This non-linear narrative allows for more potential for diverse and different experiences of life and illness. It is more authentic in its depiction of mental illness than fictional accounts that aim for a resolution of illness and a satisfying conclusion. According to Nawar Al-Hassan Golley, the female autobiographer may use multiple ways of narrating her life, and has to “excavate those elements of the “female self” which have been buried under the cultural and “patriarchal” myths of selfhood: in order to invent a more “authentic” image, the she/autobiographer has to invent her own myths and metaphors; by so doing she is engaged in a process of shaping her own self too (60). Golley’s suggestion of a more “authentic” image ties in with Almajed’s depiction of narrating her life through a series of conversations, images, and moments that attempt to speak back to the patriarchal myth of women. By writing her own body, she is engaging in a revolutionary act of protest, of uncovering the buried self, and carving out a new “authentic image.” She writes in a polyphonic voice:

They are mostly stories of survival, of social activism, of coping successfully. I don't know where my story fits in that. Is there even a voice or to put it more accurately, voices in my work...I feel like I have lost my voice” (37).

Like Sarah’s feeling of being invisible and unheard in *Notes on the Flesh*, Almajed writes about losing one’s voice and being silenced by patriarchal society and the medical community. Both patriarchal society and the medical community attempt to speak for her, to diagnose her, to keep her voiceless and silent. Cixous urges women writers to find their voice and she recognizes that when women speak, they are challenging the public and patriarchal discourse:

It is by writing, from and toward women, and by taking up the challenge of speech which has been governed by the phallus, that women will confirm women in a place other than that which is reserved in and by the symbolic, that is, in a place other than silence. Women should break out of the snare of silence. They shouldn't be conned into accepting a domain which is the margin or the harem (881).

Almajed breaks the silence surrounding mental illness in her society and opens up dialogue with others by placing her life’s narrative within the readers’ hands. She offers a testimony of mental illness, breakdown, and the rupture that happens to her life (psychotic episodes). Following Cixous insistence on resisting the marginalized and enclosed spaces regulated for women, Almajed offers her testimony as an activist approach to life writing and illness:



My very real terror at being discredited by exposing myself in this way is something I have had to work against in writing this autoethnography and I feel that not talking about this terror is in many ways a betrayal to my experience (68).

To write about Kuwaiti women's lives and experiences with their bodies, mental illness, and disability is a transgression, an uncommon act that had not been seen in Kuwaiti society before. Almajed's primary concern with being discredited is a conflict that she chooses to resolve by writing through the fear and conflict, offering her life's narrative as testimony. For her, writing becomes a site of resistance, against both society and her upbringing. She chooses to bear witness to the traumata, as Frank contends that the wounded storyteller must tell their story as an ethical practice of testimony: "Illness stories are told by bodies that are themselves the living testimony; the proof of this testimony is that the witnesses *are* what they testify" (140). Testifying, then, becomes an important act of resistance and a choice to work through the fear of being stigmatized, discredited, and devalued.

Frank's assertion that illness stories are valuable is important for Gulf women writers, and in this case, for Kuwaiti women writers who tell their illness narratives and write their voices and bodies to testify, to bear witness to the lived experience of illness. Almajed makes the conscious choice to write her life narrative using various techniques to bear witness: "In autobiographies, the writer writes retrospectively and, in the process, uses materials such as diary entries, pictures, recording and photography to write" (75) Looking at one's life narrative through diverse media allows the writer space to express and explore the chaotic turns, ruptures, and moments that have formed (and deformed) their sense of self retroactively. Memories and diary entries allow room for the writer to pause and reflect on certain moments in their narrative that have positioned them in the current place they find themselves in. Autoethnography as a technique allows the writer to observe, scrutinize, and reflect on their positionality in their life's narrative and society. Almajed ends her work by expressing the hope that it bears witness to the trauma and presents first-hand accounts of Bipolar Disorder:

I would hope that recourse to an alternative storyline may be of use in empowering and giving choice to these women, as it has to me, as well as people from marginalized communities who might see parallels between their stories and mine (103).

Alternative storylines are necessary when considering illness narratives, and reclaiming agency over one's life begins through speaking and writing. These alternative storylines are necessary and need to be part of the conversation of women's life narratives. They do not follow a traditional *Bildungsroman* narrative and there is usually more breakdown and breakthrough rather than a certain expected resolution to the narrative.

While these life narratives offer much to consider, there remains a scarcity of life narratives available in the Gulf region. My next attempt at rectifying this gap in the literature is the publication of my memoir *Head Above Water: Reflections on Illness* (2022). Finding a publisher interested was a difficult process, as many publishers felt the experience of disability was not universal, and rather "too specific." This was a daunting and disappointing realization, to find out that life narratives have to be narrated in a certain way, with an expected resolution at the end of the narrative. Where did disability and illness fit in? What of these voices that are difficult to contain in fixed and linear narratives? After many rejections, *Head Above Water* finally found a home: Neem Tree Press, a small and independent British Press interested in international literature and diversity. The work is different from my earlier work, *Notes on the Flesh*, because it expands my experience with disability to feature my academic life as a

disabled teacher. It is an exploration of what it means to navigate life as a disabled teacher and researcher and narrates the conflicts and stigmatization of disabled bodies in society and the academy. As more needs to be done to explore life narratives by Arab women, I was immensely grateful to have found Radwa Ashour's memoir: *Athqal min Radwa (Heavier than Radwa)*. The late Egyptian academic wrote about her struggle with cancer and navigating her academic career as well as the various political upheavals in Egypt. To date, this is the only memoir by an Arab woman (also an academic) that chronicles her illness and the difficulties surrounding the performance of being an abled-bodied academic. Ashour's work influenced mine and I began to consider questions of life writing and academia. How are our career narratives written and performed? How do we create an academic self that fits the expectations of the academy? What of the measurement of success? How do we measure success when the body is ill or disabled and yet the academy demands the same amount of research, teaching, and service? How are we to forge new identities away from the academy? What happens to a life interrupted? These are questions that I raised in the memoir as I began to consider the gap in the literature available about academia and Arab disabled women. Disability life narratives are still scarce and the journey is just beginning.

Both *Notes on the Flesh* and *In/coherence* offer life narratives marked by disability and illness to a public audience, a readership that has not found similar experiences voiced by Kuwaiti women's narratives. By offering these stories to others, readers are able to read, listen carefully, and find parallels in their own experiences. These alternative life narratives are othered and marginalized, but by bringing them forward, we (the authors) are re-centering them as necessary life narratives that need to be articulated. Because of the invisibility of Kuwaiti women's illness narratives and disability experiences, listening to these voices and amplifying them is necessary. According to Frank:

The voices of the ill are easy to ignore... these voices bespeak conditions of embodiment that most of us would rather forget our own vulnerability to. Listening is hard, but it is also a fundamental moral act; to realize the best potential in postmodern times requires an ethics of listening (25).

When Frank suggests that "listening is hard" I consider this an accurate diagnosis of the lack of interest in the Gulf in disabled life narratives. An ethics of listening is also tied to an ethics of amplifying these voices, thereby considering their work as part of our understanding of Kuwait women's narratives and experiences with disability and illness. More research needs to be done concerning the lack of illness narratives and disabled protagonists in fiction and memoir. This is an area of research that remains untrodden and it is necessary to expand the scholarship of life narratives and memoir. The absence of these narratives from both creative works and literary scholarship is staggering and needs to be rectified, and we need an active ethics of listening to these voices and later to amplify them through various scholarship.

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