Subverting resilience in the psychiatric ward: Finding the good death in Miriam Toews's *All My Puny Sorrows*

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Resilience seems to have become an imperative for modern life. In a world of increased precarity and uncertainty, where the welfare state is disappearing in the face of increased privatization, and climate change heightens our vulnerability to natural disasters, the global message we receive from political discourse and the media seems to be to prepare, adapt, and endure. For instance, the potential for an increase of labor organizations and activism for the betterment of work conditions resulting from the 2008 financial crisis "crystallised the trend towards 'precarious' labour market conditions" (Berry and McDaniel 2022, 322), and we have witnessed the glorification of workaholic lifestyles that look at side jobs to supplement our income through a "relentlessly positive" (Griffith 2019, n.p.) outlook. South Korean philosopher Byung-Chul Han addresses the issue in the *Burnout Society* (2015), where he posits that we now live in a postindustrial achievement society where the individual seeks happiness in professional self-realization, expecting "the profits of enjoyment from work" (38). Thus, happiness functions as a device of self-regulation for the benefit of an increased productivity, "[h]owever, the absence of external domination does not abolish the structure of compulsion" and in the neoliberal achievement society, it is the "dispositive of happiness" which deploys the principles of "self-motivation and self-optimization" to subjugate the individual (2021, 9). If wellness and happiness are the only acceptable options towards which we must continuously strive, pain and unrest lose their political dimension and become medicalized. The response to precarity then is not association nor revolution, but embracing "'change', no matter how terrifying; grasp it as an opportunity" (11): in a nutshell, resilience in its most neoliberal expression.

In her 2016 essay "Bouncing Back", Sarah Bracke reaffirms this view and notes how the rise in popularity of the term "resilience" has been inextricably linked to the hegemony of neoliberalism. She notes how the term is now spanning "the macro level of ecological and economic systems to the micro level of selves" (52), having permeated popular culture to such depth that cultivating individual resilience has become a "personal virtue" (53) by which recovering from situations of precarity and trauma has become part of the "moral code" (62) of the individual.

Bracke argues that this version of resilience relies on individuality and turns away from vulnerability, championing self-reliance as a moral virtue. This "dis-identification with dependence, need, and other kinds of vulnerability" (59) has now entered "the realm of hegemonic truths about the self" (53), and thus also permeates the sphere of healthcare, informing our socio-cultural understandings of the processes of illness and recovery.

The effects of neoliberal politics on healthcare have translated into increased understanding of healthcare as a commodity rather than a human right. Although the World Health Organization acknowledges "the highest attainable standard of health as a fundamental right of every human being" (1946), the right to health has been challenged by an increased privatization of health care across the globe. Medical anthropologist Brian McKenna notes how neoliberal economic interests are involved in the support of a biomedical model of healthcare[1] that is oblivious to "the increasingly occupational and environmental causes of illness" (2012, 256). Instead, the onus of care lies with the individual. Political scientist Katherine Teghtsoonian notes how this is particularly true in the case of mental health coverage by analyzing documents intended to guide interventions in healthcare directed towards addressing depression. She remarks that "[i]n framing the problem […], each document directs our attention to the individual with depression rather than to the broader socio-political environment […] that might be understood as contributing to the high rates of depression" (2009, 31). An extension of this is an increased "recovery work" that the patient must undertake to comply with the moral duty of individual resilience (Bracke 2016, 62).

Canadian writer Miriam Toews tackles the issue of the resilience imperative, particularly framed within the field of mental health, in her novel *All My Puny Sorrows* (2014), inspired by the suicide of the author's own sister. Narrated by Yolandi (Yoli), a chaotic aspiring writer and single mother of two, the novel's focus is her elder sister Elfrieda's (Elf) wish to die. Despite her seemingly perfect professional life as a world-class concert pianist, her husband's love and her sister's efforts, Elf has been forcibly confined to the psychiatric ward of a Winnipeg hospital after a suicide attempt, the last of many since her diagnosis of chronic depression as a young adult. Determined in her wish to end her life, Elf pleads with her sister Yoli to help her go to Switzerland so she can die peacefully through assisted suicide, a difficult decision that Yoli struggles with. However, Elf cannot wait for her sister to make up her mind, and on her birthday, as their father had done a decade before, she jumps in front of a train and ends her life, leaving Yoli and the rest of the family to deal with the painful aftermath of her violent passing. In this novel, Toews problematizes contemporary understandings of the good life, which proves insufficient for Elfrieda to develop any wish of continued existence, and doubly troubles current understandings of neoliberal resilience. She does this firstly by openly exploring and giving voice to an illness narrative that counters the restitution model of willed recovery, and secondly, by doing so without judgement through Yolandi's final acceptance of her sister's choice to die as a valid option. Thus, I argue that Toews highlights how care may be absent in psychiatric healthcare. In this article, I look at Toews's novel from

the field of the health humanities and examine how popular understandings of resilience can infiltrate medical discourse.

"WHY WON'T YOU BEHAVE?" NEOLIBERAL RESILIENCE AND THE GOOD PATIENT

In his seminal work *The Wounded Storyteller* (1995), Arthur Frank established a categorization of illness narratives,[2] which he divided into three basic archetypes.[3] He argues that the restitution narrative – that which follows a diagnosis, convalescence, and cure in a linear way – is most dominant in Western contexts since "contemporary culture treats health as the normal condition people ought to have restored. Thus, the ill person's own desire for restitution is compounded by the expectation that other people want to hear restitution stories" (77). The popularity of the restitution narrative lies in its support of modernity's conception of Western medicine as the ultimate example of scientific progress and its power to decrease human vulnerability. In his analysis of the restitution narrative, Frank critiques Talcott Parson's theory of the "sick role" as a descriptor of "the social meaning of illness" through which the sociologist analyzed the "behavior the sick person expects from others and what they expect from him" (81). Although Frank establishes Parson's "sick role" as outdated, he highlights its usefulness as a narrative framework for restitution stories, pinpointing its function as a "modernist narrative of social control" (82). The restrictions of Parson's model, I argue, highlight current limitations in society's understandings of the interplays of illness narratives that do not comply with the restitution model.

Parson contemplated illness as a temporary state from which the patient is willing and able to recuperate. He remarked the potential abuse of exemptions of normal responsibilities during convalescence and noted that, in order to avoid it, patients should relinquish their autonomy and authority over their illness to a medical professional (Williams 2005, 124). Thus, Parson's "sick role" is highly hierarchical and considers the medical professional to be the one with authority to construct the illness narrative from the results of observation and physiological testing, while the patient's subjective perception is marginalized. Moreover, Parson's model demands discipline and compliance to the doctor's rule from the patient, and deviations will consequently be regarded as unruly and antisocial: the patient's attempt to prolong the convalescence and avoid their return to a productive role. In Parson's conception of the compliant patient, discipline is framed within the context of post-diagnosis guidelines. However, contemporary wellness culture has taken health from within the hospital walls and "the prevailing approach to health promotion in Western neoliberal societies" expects individuals to "take responsibility for their own health and to manage it through healthy behaviour and avoidance of health risks" (Keshet and Popper-Giveon 2018, 3). It is possible now for the patient to be undisciplined then *before* illness is diagnosed, or even at the present moment, by failing to cultivate their resilience (wellness) in the face of possible illness.

In keeping with these ideas, I posit that in *All My Puny Sorrows* Elfrieda is the ultimate undisciplined patient. Not only does she exhibit lack of compliance and con-

tinued refusal to follow orders from the medical staff during her stay in the psychiatric ward, but in her continued suicide attempts, Elfrieda contravenes all the tenets of neoliberal resilience. Instead of doing the recovery work she is tasked with to overcome her depressive state, all her efforts are directed to "opting out" of life and its challenges. We see how the psychiatric system charges Elf with the responsibility of her own recovery work in the attitude of the ward nurses and the psychiatrist entrusted with her care. For instance, during a depressive episode, Elfrieda refuses or is unable to communicate verbally with her doctors, which Yolandi understands as her sister's attempt to "assert one small vestige of individual power over her life" (Toews 2014, 175) while under institutional care. However, the doctor qualifies Elfrieda's attitude as a "silly game" and answers that "if she wants to get better she'll have to make an attempt to communicate normally" (174), determining that he will not visit with her until she consents to verbal communication. In this way, the doctor is establishing that Elfrieda's refusal to take responsibility for her own health is what is keeping her from accessing the psychiatric help she would need to improve. The eventual failure of the system to help Elfrieda, the doctor's attitude seems to imply, is Elfrieda's own failure.

If cultivating individual resilience is now a "personal virtue" (Bracke 2016, 53) and recovery from trauma has become part of the "moral code" (62) of the individual, Elfrieda's behavior is deviant and immoral. The treatment she receives from most of the medical staff at the psychiatric ward reinforces this idea. Elf's depression and suicidal ideation is linked to selfishness and lack of virtue, but also to a diminished intelligence and ability to reason. "We are very much amazed at what little intelligence there is to be found in Ms. Von R" (Toews 2014, 38) is what Elf overhears one psychiatric doctor tell another. "Equating intelligence with the desire to live? Yoli asks her sister. [Elfrieda answers:] Yeah, she said, or decency" (38). The consequences of her deviancy are not only her confinement to the ward, where she is under permanent surveillance, but also an infantilizing rhetoric under which she is treated as a recalcitrant child. When a nurse condescendingly asks Elf whether she will promise to go to dinner that night and Elf fails to provide the expected answer, they embark on an exchange reminiscent of a sarcastic schoolteacher reprimanding an unruly pupil:

> I see, said the nurse. Is that a challenge?
> What? No, said Elf. Not at all. I was just…
> She was just joking around, I said.
> Okay, that's great, said the nurse. We like jokes. Jokes are a good indication that you're feeling better, right? […] If you're well enough to make a joke then I think you're well enough to join the others for dinner, right? Said the nurse. Isn't that how it works? (86)

In psychiatric cases, Toews seems to imply, the patients are held to a moral standard that is absent in the general treatment of physical ailments. Yolandi highlights this difference when she compares her sister's experience with that of her mother, treated for a cardiac event in the same hospital: "hers was a cardio case not a head case so there were no lectures from the staff, no righteous psych nurse demanding of her: why won't you behave?" (308). Indeed, a 2014 review published in the *Lan-*

cet found that mental health-care and other health-care professionals stigmatize people using their services, and the same level of stigmatization was not found in patients with physical illnesses (Henderson et al.). Ultimately, the consequence for psychiatric patients whose behaviors or discourse subvert hegemonic master narratives of resilience and overcoming seems to be a categorization that denies them a voice of their own. By labeling them as infantile and unintelligent, their complaints about a life that they do not find worth living are merely classified as a symptom of illness and not a valid complaint.

Toews's narration of Elfrieda's suicide after a long experience with depression stands at the margins of contemporary mainstream illness narratives because it subverts the notion that human life must strive for resilience in the face of suffering and illness. Following Frank's classification of illness narratives, Elf's struggle with depression aligns with what he names the chaos narrative: "its plot imagines life never getting better", which the author qualifies as profoundly uncomfortable for the listener/reader since "[t]elling chaos stories represents the triumph of all that modernity seeks to surpass. In these stories the modernist bulwark of remedy, progress, and professionalism cracks to reveal vulnerability, futility, and impotence" (1995, 97). For Frank, people whose experience of illness do not align with the socially accepted restitution narrative, "regularly accuse medicine of seeking to maintain its pretense of control – its restitution narrative – at the expense of denying the suffering of what it cannot treat" (100). Elfrieda's experience in the psychiatric ward certainly aligns with a medical denial of her suffering – expressions of her pain are seen as silly behavior within the bounds of the psychiatric ward – and her proposed solution, ending a life in which suffering overwhelms any other experience, is deemed completely outside the bounds of reason. Although Toews's representation of the hospital staff can be quite harsh, Nic, Elf's husband, also appears as a benevolent defender of the biomedical solution for Elf's treatment: in Yoli's words, "[h]e is pragmatic, scientific, and believes in prescriptions, in doctors' orders and in their omnipotence" (2014, 95). Because of this position, Elf is unable to express to her husband her desire for assisted suicide: biomedical understandings of her illness experience refuse to understand a voluntary death as an acceptable outcome. Toews poses a provocative dilemma to the reader, which Yolandi will struggle to answer in the following pages: is Elfrieda's choice to die a rational decision to end the extreme suffering that has followed her through life? Or is it, as the medical establishment represented in the book seems to imply, a symptom of her illness that she is morally compelled to endure to fulfill a resilience imperative?

TROUBLING RESILIENCE: THE GOOD DEATH AND THE GOOD LIFE

All My Puny Sorrows prompts an exploration of what constitutes the elusive good life that Yolandi seeks, and further, the good death that Elfrieda pleads for. The understanding of what constitutes a good death, like the concept of the good life, has changed in different cultures and societies throughout history. In contemporary Western societies, movements rooted in hospice philosophy,[4] consider death to be

entirely too dominated by medicine and argue for understanding death and mourning as normal parts of life. For the modern hospice movement, the good death is not a fixed moment in time (i.e. when the patient dies), but a complex situation in which the "actors in the social process" (McNamara, Waddell, and Colvin 1982, 1502) and the patient's acceptance of death is an important factor. Similarly, they note that healthcare professionals must compromise to establish the autonomy and subjectivity of the patient at the center of what constitutes *their* good death (1502).

A. L. Saclier first related the concept of the good death to euthanasia in 1976, noting how the understanding of this process as a hastening of the end stages of terminal illness ignored any other type of distress as the subjects' reasons for not wanting to live. He noted the conflicted reaction of medical workers in the face of non-terminal patients who wished for euthanasia, since the prevailing idea of Western medicine contends "that preserving life is more important than easing suffering" (4). In disagreement with this position, Saclier developed a vision of the good death as one that is willingly accepted once suffering outweighs the benefits of living, noting the necessity to acknowledge the emotional and psychological dimensions of pain in the decision to end one's life voluntarily. However, legislation regarding euthanasia in most Western countries still mostly only considers extreme physical pain and terminal and degenerative illnesses as justified motivations to end one's life, reinforcing the biomedical mandate to preserve life as long as the physical body can endure.

In *All My Puny Sorrows*, Toews, like Saclier, counters biomedical discourse by accepting Elfrieda's emotional suffering as a valid reason for wanting to end her life in her own terms. Although her family and doctors see her suicide attempts as symptoms to be treated and cured, Toews's depiction of Elfrieda's wish to die is allowed enough nuance through the story to make the reader understand the character's firm determination is not born out of a suicidal episode. The difference is particularly clear during Elfrieda's last hospital stay when she is almost incommunicative. During a visit from Yolandi she interrupts her catatonia to plead once more, "serious" and with eyes that "were bullets" (2014, 212), for Yoli to accompany her to Switzerland: "Yoli, she said. I feel like I'm begging for my life" (213). In her attempt to have her emotional pain legitimized by her sister, she likens her experience of major depression to a terminal illness, equating her emotional pain to an untreatable physical ailment, more widely recognized as a valid reason to end one's life: "Well, Elf, no. I won't take you to Switzerland. Please, Yoli, I'm asking you to do this one last thing for me. In fact, I'm begging you. Does it work that way? Don't you have to have a terminal illness? I do. You don't. I do." (90) In this comparison, Elfrieda is introducing a radical idea: she challenges the body/mind Cartesian dualism very much alive in Western medicine today and implies that her severe depression may be as untreatable and life-threatening as any visceral damage. However, Elf's absolute belief that she has no reason to stay alive is "disqualified by the very forces of psychiatrization" (Morrison 2005, 18) that have established she is unable to know her own mind. This denial of Elfrieda's voice ultimately also denies her good death and, after her wishes are dismissed, she decides to throw herself in front of a train – the same way her father killed himself – as the only option to fulfil her desire to end her life.

For Elfrieda and Yolandi – and arguably for the author, who wrote *All My Puny Sorrows* in response to her own sister's suicide (O'Keeffe 2015) – a good death certainly involves the acceptance and involvement of the deceased's social circle. Elfrieda, although determined to die, is nevertheless afraid of doing it alone (Toews 2014, 149, 213), and Yolandi's utopian imaginings of her sister death pre-suicide (237, 258) and post-suicide (319–321) figure her surrounded by her family, her decision accepted, and her death, peaceful. This figuration of death as a social event counters neoliberal myths of autonomy, a theme that saturates the novel. From the title onwards, Toews sends a powerful message of the unavoidability of interdependence in human existence. The novel's title, *All My Puny Sorrows*, is taken from Samuel Taylor Coleridge's poem "To a Friend", which references the loving relationship between two siblings. In its verses, the speaker compares the sister who listens to the "hidden maladies" of the heart to a nurse who cares for a sick patient, thus foregrounding a relationship of interdependence and care that moves away from the model of autonomous self-care that is privileged by neoliberal models of success (The Care Collective 2020, 2). This evidence of interdependence is also highlighted by Yolandi's ponderings of the origins of her sister's trauma: she acknowledges their father's violent suicide as a probable seed for Elfrieda's suffering, but thinking about her cousin Leni's own suicide, Yoli wonders whether there is some disposition in the family, rooted in the traumatic cause of their Mennonite forefather's immigration to Canada:[5]

> When my mother went to university to become a therapist she learned that suffering, even though it may have happened a long time ago, is something that is passed from one generation to the next to the next, like flexibility or grace or dyslexia. My grandfather had big green eyes, and dimly lit scenes of slaughter, blood on snow, played out behind them all the time, even when he smiled. (Toews 2014, 18)

This is certainly supported by Marianne Hirsch's writings of postmemory, which she defines as a relationship with places and stories of trauma never seen or experienced, but felt as vivid as if remembered, mediated by "the stories, images and behaviors" (2008, 106) of relatives and community members that shape the cultural inheritance of younger generations. If this inheritance is unavoidable and the root of the Von Riesen family's suicides, Toews seems to say, interdependence is also the source of solace and salvation: in the chapters that outline the aftermath of Elfrieda's suicide Yolandi, her mother Lottie and her daughter Nora move into a dilapidated house bought with her life insurance and engage in a process of mourning that is deeply rooted in the acknowledgment of vulnerability and the cultivation of interdependence.

For Yolandi, grieving for her sister becomes a transformative process in which her understandings of the good life, initially challenged by Elfrieda's wish to die, are irrevocably changed. In *Cruel Optimism*, Lauren Berlant ponders the consequences of failing fantasies of the good life to which we have attached our aspirational notions of happiness: "What happens when those fantasies start to fray – depression, dissociation, pragmatism, cynicism, optimism, activism, or an incoherent mash?" (2011, 2) Elfrieda, one may argue, has successfully accomplished all the tenets of the neoliberal version of the good life and, not having found the happiness they promised, sees no

recourse to her enormous suffering but to die. Her overwhelming wish to end her life, however, disrupts Yolandi's own conception of the good life:

> Listen! I want to shout at her. If anyone's gonna kill themselves it should be me. I'm a terrible mother for leaving my kids' father and other father. I'm a terrible wife for sleeping with another man. Men. I'm floundering in a dying non-career. Look at this beautiful home that you have and this loving man loving you in it! Every major city in the world happily throws thousands of dollars at you to play the piano. (Toews 2014, 112)

All throughout the novel, Yolandi compares herself unfavorably to her older sister, who has achieved all the staples of the neoliberal understanding of the good life. As Berlant posits, it seems her attachment to the neoliberal vision of the good life impedes Yoli from achieving the happiness she longs for. However, Elfrieda's death after her continuous pleadings for her sister to help her carry out her decision seems to disrupt Yoli's conceptions of how her life ought to be and sets the family on a path towards reconstruction and re-configuration of their visions of happiness and resilience.

The realization that Elfrieda has been forced into a violent and solitary death by the refusal of society and the bio-psychiatric model to contemplate a peaceful "opting out" of life as a valid choice prompts Yolandi to radically reconsider the model of resilience she has held to so far. In the aftermath of Elfrieda's death, it is Lottie, who has recently buried the last of her fifteen siblings, that is heralded by her daughter as "the absolute embodiment of resilience" (285). However, Lottie's model of resilience is slow, adaptative, and contemplates surrender in the face of unsurmountable odds, re-contextualizing resilience as a capacity to find "new little habitats, to have new little hopes" (318) and moving away from the moral imperative to endure, no matter the cost. As she tells her daughter, "[W]e can all fight really hard, but […] we can also acknowledge defeat and stop fighting and call a spade a spade" (313). This process of "reworking resilience" (Huebener et al. 2017)[6] the Von Riesen women engage in is profoundly relational – the dilapidated house they buy with Elfrieda's life insurance money becomes a metaphor of the emotional rebuilding they must do, which is only achieved with the pooling of emotional (life stories) and material labor of different agents. The notion of kinship it proposes still surrounds the blood family as its central unit, which ameliorates its subversive power. However, the final images of *All My Puny Sorrows* recast the truly insurgent message of the novel by re-envisioning Elfrieda's death utopically through Yolandi's imagination. Having travelled together to Switzerland, the two sisters reminisce about their childhood, enjoying the food and the atmosphere before Elfrieda's appointment for her medically assisted suicide, where she will die not alone, but accompanied by her fully accepting sister. By imagining this good death for Elfrieda, Yolandi accepts her sister's wish for death as a legitimate decision and not one born of an obfuscated mind and envisions resisting resilience as a possibility for understanding non-hegemonic realities. If, as Mark Neocleous claims, neoliberal versions of resilience stand "by definition *against resistance*" (2013, 8), Elfrieda is radically resistant against resilience and, in imagining her so, Toews opens an important conversation about the limitations of current workings of resilience in society.

CONCLUSION

Medicine as an institution oversees what is within the bounds of normativity when it comes to the physiological and psychological state of human beings, which it categorizes as "healthy", and thus outside the surveillance of the medical profession. Thus, the production of knowledge and truth of medicine as an institution is profoundly political, since it will ultimately reproduce a benchmark of normativity that serves hegemonic power. The branches of medicine where the personal biases of those who practice it have more room to roam (those where normativity can be more subjective and not marked by the levels of sodium in a blood exam, for example) are especially delicate areas where, historically, we have seen power relations at play. Especially, perhaps, in the case of psychiatry, which is the branch of medicine that determines the limits from which maladaptive behaviors to society should be deemed pathological, we have seen discourses that speak back to power being categorized as pathological responses and thus medicalized (and consequently, silenced). Nowadays, movements such as critical psychology or activism carried out by those who identify as "psychiatric consumers, ex-patients or survivors" (Morrison 2005, ix) of mainstream psychiatry and their families are particularly watchful of the ways in which psychiatric discourse pathologizes in response to deviations from hegemonic discourse, particularly working "to destabilise mainstream Western psychological expertise" and examining "the moral and political implications of psychological expertise" (Klein 2017, 13). From the health humanities, as scholars trained in the analyses of power relations and their expressions in culture, it is our responsibility to pay close attention to marginal narratives that expose the limitations of contemporary medical practice, opening new venues to think critically about our relationship with health and illness and the policies we use to regulate them.

All My Puny Sorrows is one such narrative, and analyzing it reveals the biases and limitations of the grand narratives of modernity and neoliberal resilience and their pervasiveness in contemporary medicine and psychiatry. The expression of suicidal ideation by Elfrieda, an outright disruption of the societal imperative for resilience, effaces the sufferer, rendering her invisible twofold: firstly, through the confinement to the psychiatric ward and secondly, by rendering the patient's voice inaudible through a process of infantilization that equates their depressive state and suicidal ideation with a moral flaw or lack of reasoning. Elfrieda is doubly disruptive since, in her overwhelming wish to die, she rejects all the tenets of the good life as unable to give her not only happiness, but even a reason to live. In a provocative novel that is, nonetheless, optimistic and hopeful, Toews offers the reader new avenues for thinking what a good life and a good death ought to be, and how our understanding of resilience may shape them.

NOTES

[1] McKenna summarizes the biomedical model of healthcare as one of "microbiology and self-responsibility" (2012, 262) where cure-oriented "episodic care, passive patient reception, and physician dominance" (256) are the norm.

[2] Illness narratives are generally understood as artistic expressions that tackle the experience of illness. They began to gain critical attention as an opposing (or complementary) space to an increasingly technical medicine, where dimensions beyond the physiological experience of disease were left unattended. Arthur Kleinman, Anne Hunsaker Hawkins or Arthur Frank were some of the first to attempt to theorize the field.

[3] In his proposed categorization, Frank is cautious to warn the reader of the dangers of subsuming "the particularity of individual experience" (76). Frank proposes instead the use of his basic categorization as "*listening devices*" (76) that the reader or listener of an illness narrative may use to pinpoint the ways in which they differ from the archetype and gain meaning from the comparison.

[4] The modern hospice movement, generally understood to have been founded by Dame Cicely Saunders, is concerned with palliative and end of life care, and in its consideration of "total pain" of the patient, which includes physical, emotional, social, and spiritual dimensions of distress (Richmond 2005).

[5] Toews describes a Dutch Mennonite community that escaped to Canada during Russia's Bolshevik Revolution in 1917, when "[t]errible things happened to them there in the land of blood" (2014, 18). Yoli's narration highlights how the trauma caused by the violent murder of her grandfather's family was increased by the silence he enforced over the events. He seems aware of the possibility of trauma impacting his descendants through cultural inheritance when he instructs his son not to teach his daughters Plautdietsch, the language of the Dutch Mennonites, if he wants them "to survive" (18).

[6] Huebener et al. proposed the need for "reworking resilience" in order to find a middle ground between an "optimistic orientation" that "emphasize[s] agency and the capacity of actors to creatively exert power" but can "overemphasize the autonomy of actors that are called to be resilient" (2017, 2) and an "skeptical orientation" that criticizes an overreliance on individual entrepreneurial power to cope on their own while ignoring the power and responsibility of collective action to exert radical change.

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Subverting resilience in the psychiatric ward: Finding the good death in Miriam Toews's *All My Puny Sorrows*

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This article posits that Miriam Toews's *All My Puny Sorrows* (2014) introduces a critique of how neoliberal visions of resilience have permeated medical discourses on mental health, resulting in a perceived moral imperative over the patient to improve, which the author counters with a model of resilience firmly rooted in interdependence and the social potential of vulnerability. Toews's focus on the narrator Yolandi's struggle with the aftermath of her sister's suicide also troubles the concept of resilience by introducing the idea of assisted suicide as a possible iteration of a "good death", completely circumventing any possibility of recovery or adaptation. What holds the key for Yolandi's recovery and happiness, Toews seems to imply, is accepting her sister's rejection of resilience as a viable option.

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