

After the Bomb: Destructive Plasticity, Biopolitical Care, and the Institutional Governance of Non-combatant Trauma in Chris Cleave's *Incendiary*

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Abstract

This study argues that C. Cleave's *Incendiary* is a novel that dramatizes the governance of trauma by revealing how civilian affect is depersonalised through diagnostic abstraction, bureaucratic empathy, and administrative care. Anchored in S. Shmueli's concept of "bureaucracy of empathy" (2023), H. Wraich's reflections on medicine's protocolization of pain (2022), and C. Malabou's theory of "destructive plasticity" (2012), the study exposes how *Incendiary* transforms trauma into a site of ethical illegibility. The novel thus exposes the post-9/11 management of non-combatant suffering as a biopolitical system that converts mourning into procedure and care into control.

Keywords: Post-9/11 British fiction; civilian trauma; destructive plasticity; bureaucracy of empathy; medical humanities.

Après la bombe : Plasticité destructrice, biopolitique du soin et souveraineté institutionnelle sur le traumatisme des non-combattants dans *Incendiary* de Chris Cleave

Résumé

Cette étude soutient que le roman met en scène la gouvernance du traumatisme, en révélant comment l'affect civil est dépersonnalisé par l'abstraction diagnostique, l'empathie bureaucratique et le soin administratif. S'appuyant sur le concept de « bureaucratie » de S. Shmueli (2023), les réflexions de H. Wraich sur la protocolisation de la douleur dans la médecine moderne (2022) et la théorie de la « plasticité destructrice » de C. Malabou (2012), cette étude montre comment *Incendiary* transforme le traumatisme en un espace d'illisibilité éthique. Le roman dévoile ainsi la gestion post-11 septembre de la souffrance des non-combattants comme un système biopolitique qui convertit le deuil en procédure et le soin en contrôle.

Mots-clés : Fiction britannique post 11 septembre ; traumatisme civil ; plasticité destructive ; bureaucratie de l'empathie ; sciences humaines médicales.

Introduction

In the wake of modern warfare, trauma no longer travels through memory alone. It also circulates through forms, codes, and institutional procedures. In C. Cleave's *Incendiary* (2005), the aftermath of a terrorist bombing is not marked by mourning but by containment. At the center of the novel is a grieving mother, unnamed and unmoored, whose grief over her husband and child's death is not recognized as a social or political tragedy. Instead, her suffering is routed through psychiatric wards, medication charts, and therapeutic scripts that classify pain without confronting its origins. *Incendiary* thus offers not a narrative of recovery, but an anatomy of how care itself may become a mechanism of bureaucratic erasure.

Though critically praised for its epistolary daring and its emotional force *Incendiary* remains understudied as a post-9/11 war that engages with institutional power. Unlike traditional British war fiction or the American "terror novel" which focus on soldiers and battlefields, C. Cleave reconceptualizes war as a non-combatant condition fought not with weapons, but through diagnoses, treatments, and policies. The protagonist suffers not on the front lines, but within the psychiatric wards and social services. This makes *Incendiary* a pivotal civilian war novel, one that exposes the aftermath of violence in institutions of care. As a result, the narrative demands renewed engagement from scholars working in trauma studies, medical humanities, and literary polemology. This study positions *Incendiary* as a fictional autopsy of structures of care and regulation, one that stages how suffering is stripped of subjectivity under the guise of care.

Although critical attention has been drawn to *Incendiary*, one of the few published studies —E. M. Kangah's (2017) "Fictionalisation of Terrorism in Great Britain" approaches the novel primarily through its narrative strategies and its representation of terrorism as a cultural and fictional construct. While valuable, this analysis leaves a crucial area unexplored:

the institutional, psychiatric, and biopolitical mechanisms that structure non-combatant suffering in C. Cleave's text. What remains unexamined is precisely how trauma is translated into administrative legibility, how grief is depersonalized through diagnostic routines, and how care itself becomes a form of governance. It is into this critical gap – between the fictionalization of terror and the institutional management of its aftermath that the present study intervenes.

The theoretical lens of this study is structured around three critical frameworks. First of all, S. Shmueli's (2023) concept of the "bureaucracy of empathy" which provides insight into how institutions simulate compassion through regulated procedures, transforming emotional needs into administrative cases. Second, H. Warraich's (2022) reflections on modern medicine show how pain is translated into protocol. He also helps to elucidate how affect is silenced through diagnostic abstraction and depoliticized treatments. Finally, C. Malabou's (2012) theory of "destructive plasticity" which explains how trauma can obliterate psychic form rather than deform it, leaving a non-combatant stripped of narrative and selfhood.

The central problematic, then, is: how does *Incendiary* reveal the paradox by which care, namely psychiatry, medical protocols and bureaucratic compassion, functions not as healing but as a structure of containment and depersonalization of civilian trauma? Three research questions guide this inquiry. First, how does the novel dramatize the depersonalization of grief when trauma is absorbed into psychiatric and bureaucratic structures of care? Second, to what extent does Cleave's narrative embody trauma as destructive plasticity, a force that obliterates psychic form rather than enabling recovery? Third, in what ways does the novel reframe the "battlefield" as the clinic, exposing hospitals, therapy sessions, and social services as spaces where war without weapons continues to be fought?

The argument of this study is that *Incendiary* exposes the institutional governance of trauma by revealing how non-combatant affect is stripped of subjectivity through medical classification, psychiatric silencing, and bureaucratic care. The novel does not simply tell a story of grief; it maps

out the infrastructures that neutralize it. Through three sections, the study aims to examine psychiatry as a mechanism of institutional control, then focus on trauma as a force of ontological erasure, and the hospital as a bureaucratic space of administrative violence. And in so doing, the study situates *Incendiary* at the intersection of trauma studies and post-9/11 British fiction.

1. Medicalization of Non-Combatant Trauma: Psychiatry as Institutional Control

C. Cleave's *Incendiary* radically reframes the traditional war novel. It shifts its focus away from soldiers and battlefield to the non-combatant's body. In this space, trauma extends beyond bodily injury. It migrates from the physical realm to institutional governance. In C. Cleave's portrayal, psychiatry and hospital care are not represented as spaces of healing. Instead, both function as mechanisms for silencing, regulating, and neutralizing grief. The novel's depiction of these processes closely reflects S. Shmueli's (2023, p. 4) concept of "bureaucracy of empathy," a system in which institutions simulate care through administrative routines, converting emotional crises into manageable data. This logic becomes visible from the novel's opening scenes, where the unnamed protagonist, reeling from the terrorist bombing that killed her husband and son, encounters the healthcare system for the first time. Her trauma is not met with recognition, but with procedural containment:

A nurse came in. She saw I was awake and she came over to me.
—Are you alright dear? she said.
—Do you have any news? Do you know if my husband and my boy are alright? —Steady on dear. We don't even know who you are yet. In a while someone will be along to ask you some questions but for the moment you just try to get some rest.
—But I've got to know now. I've got to know where they are.
—Just get some rest dear, said the nurse. I'll send someone along. I started screaming then. The nurse brought a doctor over and he gave me an injection. It was very nice I went straight back to sleep (C. Cleave, 2005, p. 66).

First, the phrase “I started screaming then” captures the raw eruption of unprocessed grief – her desperation appeal for human recognition. Yet, rather than facing this cry, the hospital’s response is to anesthetize it. The nurse’s decision “to bring a doctor over” already signals a shift from affective witnessing to procedural escalation, a hand-off from relational care to medical control. That process culminates when “he gave me an injection,” exposing the immediacy with which the British healthcare system translates emotional pain into pharmaceutical sedation. There is no space for ethical engagement, no recognition of the psychic or political dimensions of her suffering –only tranquilizers are used.

The protagonist’s own reflection, “It was very nice I went straight back to sleep,” (C. Cleave: 66), reads as chilling in its calm. What might seem like comfort is, in fact, the obliteration of psychic presence. The ironic use of “nice” underscores not relief or comfort but disappearance: consciousness is pacified, not restored. This staged encounter is emblematic of what S. Shmueli describes as “the bureaucracy of empathy” (S. Shmueli, 2014, pp. 4-5; 140) –a system that replaces genuine care with protocol, offering sedative routine in the place of emotional solidarity. In *Incendiary*, trauma, rather than being witnessed, is managed, classified, and subdued. The protagonist’s grief is reduced to a medical inconvenience, absorbed by procedures designed to maintain institutional order rather than restore subjectivity.

C. Cleave extends this critical insight beyond the hospital walls, revealing how non-combatant trauma is rendered affectively invisible through broader mechanisms of state control. Nowhere is this more apparent than in the novel’s harrowing depiction of the Lambeth Bridge crowd scene, where institutional failure compounds individual collapse in the aftermath of the bombing:

Every breath with teargas is like dying the shock is horrible. The crowd streamed onto Lambeth Bridge and I ran with the snot pouring down my face. Then things got worse because there were too many people for how narrow the bridge was. You could tell

we weren't all going to get across at that speed but there was no stopping on account of there must of been 10,000 people coming along behind us and there was no way they were slowing down. There was a lot of fighting and shoving and when my eyes cleared from the teargas I saw a lot of people getting trampled (C. Cleave, 2005, p. 217).

This scene exposes trauma not merely as an interior affliction but as a public spectacle of abandonment. The protagonist's sensory overload – the burning eyes, blurred vision, suffocating panic – mirrors her psychic fragmentation. In this moment, survival becomes indistinguishable from expendability. Her body, already unmoored by loss, is now engulfed by a faceless world, pulverized by panic, and rendered disposable by the absence of institutional protection. C. Cleave's narrative also collapses the distinction between public security and non-combatant expendability. Rather than safeguarding its citizens, British state structures fail, yet succeed in depersonalizing the civilian subject herself, reducing her suffering to an administratively manageable abstraction.

The protagonist's pain is neither grieved nor acknowledged. It is absorbed into a bureaucratic architecture that prioritizes containment over recognition. S. Amed's (2014) theory of affective governance is very instructive here: trauma becomes institutionally legible only when it conforms to the regulated categories of symptoms, classifications, and management. What exceeds those frameworks is erased, or pathologized.

Thus, *Incendiary* dramatizes how psychiatric and administrative structures neutralize suffering under the guise of care. The protagonist's collapse, within the hospital and amid the crowd, becomes a literal and symbolic manifestation of how trauma is silenced, regulated, and rendered politically ambiguous, neither acknowledged nor entirely erased. In other terms, in Cleave's portrayal, institutional care does not console. It governs. It transforms grief into a problem to be managed, rather than a wound to be recognized, treated, and healed.

Yet, *Incendiary* also signals that institutional silencing is only the signpost of a deeper rupture. Beneath the routines of pharmaceutical sedation and

bureaucratic redirection, lies an ontological fracture more devastating than political neglect: a psychic collapse in which trauma does not simply silence, but irreversibly reshapes the non-combatant. This trajectory is the focus of the next section.

2. Destructive Plasticity and Irreversible Trauma

British war literature, from trench poetry to contemporary post-9/11 fiction, often gravitates toward narrative models of psychiatric recovery-stories of catharsis, memory, or reintegration. C. Cleaves *Incendiary* rejects that tradition. The novel presents trauma triggered by terrorism not as a state one survives, but as a condition that annihilates the self and imposes its reconstitution.

The narrative offers no therapeutic trajectory, no process of psychological restitution, and no return to a coherent self. The main protagonist, a working-class London mother, loses her husband and only beloved son in a terrorist bombing. Yet, she does not heal, mourn, or remember. Instead, she endures an ontological rupture that severs any continuity with the person she was before the tragic attack. What remains of the self when memory, mourning, and even time have stopped registering? *Incendiary* offers no consolatory answer. The protagonist's epistolary narration, addressed to bin Laden, does not function as a catharsis. The letter becomes a shattered monologue from someone rendered, in C. Malabou's words, an "*unrecognizable persona*" (C. Malabou, 2012b, p. 10), even to herself.

Such irreversible psychic metamorphosis demands a theoretical model beyond conventional psychoanalytic or narrative approaches to suffering. C. Malabou's theory of destructive plasticity provides a compelling lens for understanding this radical psychic transformation. In *The New Wounded* (2012), C. Malabou differentiates between adaptive plasticity – where the psyche is transformed through flexible, reparative change – and destructive plasticity, in which trauma violently reshapes identity by erasing its prior coherence. As C. Malabou argues, when catastrophic psychic or neurological injury occurs, the transformation that follows is not mere damage but the emergence of a new, often unrecognizable

identity. This process reveals, in her terms, “*a dark core of destructive plasticity*” (C. Malabou, 2012a, p. xviii) – a latent capacity for psychic life to take form precisely through irreversible trauma. As she explains,

If there is a bridge between the cerebral and the psychic, in fact, it can only be reached by exploring the sensitive zone of the emotional brain, which constitutes a secret economy of affects and the dark core of destructive plasticity (C. Malabou, 2012a, p. xviii).

Suffering, in this view, reorganizes subjectivity by dismantling its prior form and instituting in its place a structure a new, fragmented reconfiguration. As C. Malabou writes:

the metamorphosis that makes an unrecognizable subject emerge from an ontologically and existentially secret place. The unthinkable is a discontinuous—most often sudden—transformation, through which a diseased identity deserts its former reference points—which it no longer recognizes as its own—and fixates upon the undecipherable touchstones of an ‘other world...’ (C. Malabou, 2012, p. xv).

In this way, destruction becomes a form that forms, a violent genesis of subjectivity defined not by preservation but by the scars it carries (C. Malabou, 2012a, pp. xv-xviii). This understanding of trauma as constitutive rather than aberrational is essential to decoding *Incendiary*’s psychological landscape. The narrator’s voice – marked by numb detachment, grotesque humour, and emotional implosion – functions not as therapeutic release, but as an articulation of ontological collapse. One passage strikingly exemplifies this disintegration:

I felt like I’d fallen through the hole. Day and night didn’t mean anything it was all just buzzing neon. I was right at the back of the ward farthest from the windows with only fluorescent strips and green lino and the stink of disinfectant (C. Cleave, 2005, p. 67).

In this hospital scene, sensory overload, temporal disintegration, and narrative fragmentation converge. The image of “*buzzing neon*” condenses the protagonist’s psychological state: nervous agitation, cognitive overexposure, perceptual distortion. Ordinary anchors of reality, namely light, time, and smell, no longer orient her but deepen her psychic dislocation. The environment collapses into a zone of undifferentiated stimuli, stripped of memory and meaning. The brutal juxtaposition that follows amplifies the sense of psychic collapse:

I couldn’t count the days all I could count was the bodies. THE NUMBER OF CONFIRMED DEAD FROM THE MAY DAY ATTACK HAS RISEN TO 966 they said on the radio. WITH DOZENS MORE STILL MISSING OR IN CRITICAL CONDITION. The ward sister brought me a nice mug of tea (C. Cleave, 2005, p. 67).

Here, especially, catastrophic loss and banal care collide. The protagonist’s capacity for grief has been obliterated, replaced by flat ritual – tea, radio bulletins, bodies. In C. Malabou’s terms, this is not repression but disaffection: a psychic state where emotional responsiveness is neurologically impossible (C. Malabou, 2012a, p. xvi). What survives is not “her” in any coherent sense, but a hollowed framework responding only to routine. She continues, but stripped of interiority, moral clarity, and narrative cohesion. Trauma here does not culminate in memory. It mutates the self beyond recognition.

As C. Malabou (2012a, p. 18). asserts “destruction is a form that forms”, adding that “*All suffering is formative of the identity that endures it.*” In *Incendiary*, this logic applies with particular force to maternal suffering: the grief of the mother-protagonist does not merely rupture identity; it rewrites it. Her narration enacts this psychic disfiguration, where motherhood persists not as memory, but as rupture.

In this light, conventional frameworks such as post-traumatic stress or melancholia fall short. The protagonist embodies destructive plasticity: a psychic condition born of annihilation, not adaptation. Her disordered

narration is itself a formal enactment of this ontological rupture. As C. Malabou insists, suffering “forms” the subject it destroys. And C. Cleave renders that paradox through both narrative structure and voice.

By rejecting a redemptive closure, *Incendiary* destabilizes the conventions of British trauma fiction. The protagonist’s trajectory resists any fantasy of return or healing. The bombing does not leave behind a wounded, resilient self. It produces a radically altered being, a subject for whom narrative continuity itself no longer applies.

Trauma defies survival logic. It annihilates the conditions for survival as traditionally imagined. *Incendiary* thus extends C. Malabou’s provocation: in the ruins of psychic disintegration, something new – broken, unrecognizable, yet undeniably present – takes form (C. Malabou 2012a, p. 141). What emerges from this psychic disintegration is not only an ontological rupture but a new geography of containment. *Incendiary* demonstrates that trauma, once institutionalized, extends beyond the psyche into spaces governed by bureaucratic infrastructures and clinical protocol.

The fragmentation of selfhood in *Incendiary* does not remain confined to the psyche. It reshapes the spaces around her –hospitals, counselling rooms, welfare offices. These become what the narrator calls ‘*just buzzing neon*’: stripped of meaning, repurposed for control. The next section traces how bureaucratic empathy and institutional care flatten pain into routine.

3. The Hospital as Carceral Architecture: Administrative Violence and the Erasure of Civilian Affect

This section examines the hospital not as a site of healing, but as a carceral structure, a space where care becomes surveillance, medication replaces recognition, and noncombatant suffering is institutionally erased. In such a space, maternal grief becomes a caged song (M. Angelou, 1969) present, aching, but unheard, echoing M. Angelou’s haunting image of feeling trapped in a world that refuses to listen.

If Chris Cleave's *Incendiary* paints trauma as the annihilation of coherent subjectivity and inner emotional structure, it also contains fictional data and facts that expose how this annihilation is processed by British institutions that aestheticize, regulate, and neutralize the pains of noncombatants. The British health system, embodied by the Guy's Hospital, is foreshadowed early as a site of disorientation and collapse. It does not offer care. It enforces control. What unfolds is not healing, but rather an administration of suffering. *Incendiary* thus moves from the internal implosion of selfhood to its external governance. In that logic, trauma is managed not through meaning, but through dosage, routine, and systematic disaffection.

From the moment the protagonist enters the hospital after the bombing that killed her husband and beloved son, she becomes the object of medical classification. In fact, she does not receive social recognition for her loss, she is medicated, evaluated, and sequestered. As she recalls,

I'd definitely of killed myself if it hadn't of been for her. Mena's philosophy started with Valium. Every morning she brought me 2 of them from the medical store. Little blue pills they were. I took 2 of those pills each day. One for my husband and one for my boy. Mena used to take a couple herself. That's how come she was always so calm. You can't blame her for that Osama you'd probably be the same if you had to live in Peckham (C. Cleave, 2005, p. 75).

This daily ritual of medication is not merely a coping mechanism. It signals a sanctioned erasure of grief. Each dose marks an attempt not to feel, but to forget. "One for my husband and one for my boy," the narrator says, as if grief could be portioned out and swallowed. But even this act – tender and desperate – is not hers alone. Mena, the nurse who brings her the pills, takes them too. "*That's how come she was always so calm*" (C. Cleave, 2005, p. 75). This line is offered without irony. But it cuts. Calm is no longer a virtue, it is a chemical stillness, shared between the grieving and the caregivers. Here, sedation is not a temporary balm but a philosophy, learned in the fluorescent corridors of public institutions and in the

incremental decay of working-class neighbourhoods like Peckham. In this space, medication does not distinguish healer from wounded; it unites them in a shared suspicion of pain. What is administered is not solace, but stillness. It is not healing, but a soft and sanctioned way of forgetting. The hospital, in C. Cleave's novel, becomes a shrine to this silence, where care is measured not by touch or speech, but by how well the noise is kept out.

In the light of C. Malabou's theory of destructive plasticity, this hospitalization scene becomes more than a critique of healthcare. It reveals the psychic reconstitution that occurs under trauma's long regime. Destructive plasticity, as C Malabou pinpoints, is not merely the mind's rupture under violence. It is the formation of a new subjectivity out of that very rupture. "*Destruction is a form that forms*", she writes, articulating a vision of trauma in which the psyche is not restored, but re-scripted into a disfigured new being (C. Malabou, 2012a, pp. 15-18). The protagonist's muteness, her emotional flattening, and the adoption of chemically induced calm do not mark a return to stability. They are the visible traits of a self-reassembled under duress. Even Mena, positioned as a figure of the institutional compassion, is not immune to the quiet tyranny of trauma's long afterlife. She too is drawn into its orbit – her care numbed, her presence dulled, her agency rewritten in the language of sedation. In C. Cleave's fictional world, trauma is not passed through and left behind. It is administered daily, absorbed by the body, and made structural. It does not scar over. It settles in forever. C. Cleave furthers this critical insight through irony. When the protagonist describes the grief counsellor assigned to her case, her reflection is disarmingly blunt.

That woman in the tweed suit was a grief counsellor. All the time I stayed in hospital we met twice a week to talk through my loss. She honestly thought it would help. She'd never lost anything more serious than car keys (C. Cleave, 2005, p. 74).

This trivializing comparison, reducing the death of a child to the loss of car keys, dismantles the institutional myth of 'grief work'. Rather than addressing the singular devastation of trauma, standardized therapy is exposed as a hollow performance. It aligns with what J. Bourke (2014)

critiques as the clinical objectification of pain, where suffering becomes visible only once filtered through institutional frameworks.

At night, this façade of institutional containment fractures entirely. The protagonist crawls through the ward, dragging her IV drip behind her – a body reduced to low, desperate movement. She scavenges pills from the other patients' bedside tables, driven not by hope of recovery, but by the desperate need to quiet the unliveable. She confesses:

At night I used to climb out of my bed and crawl around the ward. I dragged the drip stand after me. It didn't steer well. It had one lazy wheel like the trolleys in Asda. I dragged it behind me banging into beds and chairs and hoping the noise wouldn't wake the other ladies on the ward. I thieved pills off their bedside tables. I never did hold with thieving. I'm not proud of it. But I ate the other ladies' pills anyway. Red pills white pills long blue capsules I didn't care. Some of it made me sleepy but none of it made me forget for very long (C. Cleave, 2005, pp. 79-80).

Her crawling, low and desperate, move mirrors more than physical exhaustion. It projects a psychic rupture, a self-reduced to scavenging survival. This movement enacts the collapse of therapeutic order. The protagonist becomes her own pharmacist, driven not by healing, but by the urgent need to quiet her unliveable condition. Institutional care has failed so completely that relief, however fleeting, must now be stolen. But what if trauma leaves no scar –only erasure? That possibility haunts her next, hollow admission:

London and me healed slowly. They worked on the city to make it stronger and they worked on me too. [...]. I had 4 operations and then that was that. [...] For 6 weeks I just stared out of the window watching them fortify London (C. Cleave, 2005, p. 75).

The stillness in these lines is not peace. It is the hush of something extinguished beneath protocol. The syntactic flatness – “*then that was that*” – mirrors the emotional compression of institutional care. Her body is sutured, stabilized, medically contained, but the self remains adrift. The

hospital's 'treatments' offer no space for grief. They revolve around routine, not recognition. Even her gaze is stripped of agency. Passively, she stares outward, "watching them fortify London," (Cleave 2005: 75), a phrase that converts collective trauma into infrastructure while her endless suffering remains unspoken, unprocessed. The metaphorical pairing "London and me," draws a false equivalence between the city's visible reconstruction and her internal annihilation. What is presented as recovery amounts, in truth, to a calculated erasure. She becomes a passive object of state-managed healing, her devastation reclassified as a procedure, her silence mistaken for resilience.

The metaphor overlaps the city and the human body. Yet, the narrator remains a detached observer, walled off behind glass – watching recovery without participating in it. This image resonates with E. Weizman's (2017) theory of forensic architecture, where the spatial elevation coincides with psychic withdrawal. Her position marks her not as a subject of solidarity, but of surveillance. That detachment, quiet, elevated, and anaesthetized, reaches its most chilling articulation in the novel's starkest juxtaposition. The protagonist listens to mass killings on the radio while being handled tea, as if comfort could be poured into a cup: "THE NUMBER OF CONFIRMED DEAD [...] HAS RISEN TO 966 [...]. The ward sister brought me a nice mug of tea" (C. Cleave, 2005, p. 67). This small gesture embodies what S. Ahmed (2014) terms "*bureaucratic empathy*," (Ahmed, 2014, 4-5) an institutional affect designed to stimulate care while masking structural violence. That contrast is not comforting. It is numbing. It perfectly dramatizes what C. Malabou terms "disaffection" (C. Malabou, 2012a, pp. xii, 12, 16): a psychic state where emotional responsiveness is not repressed but neurologically extinguished by trauma.

Thus, in *Incendiary*, the hospital does not interrupt the disrupting suffering. It institutionalizes it. The protagonist is not discharged from trauma, but she is absorbed into a system that repackages grief as pathology. Her psychological annihilation is not an unfortunate side effect; it becomes the bureaucratic endpoint of terrorism in a non-combatant landscape. Cleave exposes the sharpest irony of humanitarian institutions: their ability to appear humane while systematically neutralizing the human.

Conclusion

The purpose of this study has been to explore the destructive plasticity, the biopolitical care, and the institutional governance of non-combatant trauma in the light of C. Cleave's *Incendiary*. The study has reached out the conclusion that *Incendiary* is the realization that C. Cleave does not offer a redemptive form of recovery. The study has found out that C. Cleave's *Incendiary* is an attempt to expose a searing indictment of institutional responses to non-combatant trauma in the aftermath of terrorism. Through the lens of destructive plasticity, the novel presents trauma not as a wound to be healed, but as a rupture that shapes and reshapes subjectivity in irrevocable ways. It has been revealed that the protagonist is not rehabilitated, but reformatted. Her grief is anesthetized, her maternal identity neutralized. Her agency dissolves into a machinery of care that transforms maternity into a clinical case, trading political recognition for sedation.

The human body in *Incendiary* is not merely wounded. It is rendered unintelligible within institutional logics of care. Cleave reveals how grief, particularly maternal grief, is pathologized rather than politicized, absorbed into clinical routines that erase its gendered specificity. As pinpointed, each institutional encounter, whether with the nurse, the psychiatrist, or the grief counsellor, in the narrative context of C. Cleave, is an attempt to expose a broader biopolitical strategy of containment. Non-combatant suffering is made clinically legible, only to be silently erased. The regime of governance, far from offering refuge, constructs the hospital as a zone of surveillance and sedation, echoing Fassin's biopolitical anaesthesia. The study has also displayed Ahmed's bureaucratic empathy, and C. Malabou's dark plasticity of psychic annihilation.

Cleave's novel, then is both literary and political. By positioning the protagonist's trauma within the bureaucratic architectures of care, *Incendiary* exposes how humanitarian institutions often perpetrate the very violence they claim to mitigate. In doing so, it challenges the narrative convention of war literature and disrupts the continuing myths of survival and reintegration. The novel insists that in an age of domestic terror and

institutional care, survival becomes suspect, an outcome stripped of justice, reduced to the sanctioned continuity of trauma by other means. And so, *Incendiary* compels us to reckon with an unsettling question: when institutional care neutralizes grief without naming its causes, can survival be called healing? Or is it the silent continuation of war by other means?

In any case, the battlefield has shifted: it is no longer the frontline, it is rather the clinic. The war is not fought with bombs alone, but through therapeutic protocols that disguise political abandonment as care. In reframing terrorism as a civilian condition, *Incendiary* teaches us to read trauma not at the margins of war, but at the heart of the infrastructures that claim to soothe it. The novel redirects our gaze from the battlefield to the clinic, from explosive violence to the slow attrition of bureaucratic care. By exposing how psychiatry, diagnostic protocol, and institutional routine convert suffering into administrable data, C. Cleave's *Incendiary* reveals a political truth that exceeds the novel's plot: war persists wherever civilian pain is rendered legible only to be neutralised. In this light, C. Cleaves' *Incendiary* does not simply narrate trauma; it discloses the apparatus that governs it, compelling us to recognise that the afterlife of terror is written not in heroism, but in the quiet, relentless management of the wounded civilian body.

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