

Condensed Eulogies: On Biology, Brutality, and Blame

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Abstract

These Field Notes are based on my 3-year ethnography of protests organized in response to police violence. During my fieldwork, I had several conversations with families that lost children at the hands of the state. While attending the 23rd Annual Procession for the United Family and Friends Campaign (UFFC) in October of 2022, I heard families recount the harrowing moment they received the news that “excited delirium,” “acute behavioral disturbance,” or some other medical condition was the alleged cause of death of their loved ones. These exchanges, largely unmediated by the researcher, not only reveal the immense emotional toll of police violence but also the work of diagnosis and its centrality to modern policing. Masking brutality with clinical terminology, medicine is wielded as a tool to shield the state from accountability. Hopefully, understanding these overlapping histories allows us to ask different questions about how both medicine and policing work together to create new classes of people.

Keywords

Blackness, blame, biology, diagnosis, police, protest, violence

Preface

“Awfully popular for someone that they barely mention
Plus we from the part of the city that they barely mention
Just logged into Twitter and somehow we was barely
mentioned”

— Saba, *PROM/KING*

“To catch a thief, who stole the soul I prayed to keep
Insomniac, bad dreams got me losing sleep
I’m dead tired, my mind playing tricks, deceit
A face in the glass, unable to admit defeat
All that I am, all that I was is history
The past unraveled, adding insult to this injury
I’m fighting the battle for the soul of the century
Destiny is everything that I pretend to be
Look, and what I did came back to me eventually
The music played on, and told me I was meant to be awake
It’s unresolved like everything I had at stake
Illegal activity controls my black symphony
Orchestrated like it happened incidentally
Oh, there I go, from a man to memory
Damn, I wonder if my fam will remember me”

— The Roots, *Sleep*

Introduction

London. Trafalgar Square. October 29th, 2022. The 23rd Annual Remembrance Procession for the United Family

and Friends Campaign (UFFC). Days before, I had presented my research on policing and medical violence at the University of Manchester. After the talk, some audience members invited me to join them at the upcoming march. When I arrived, those same faces greeted me. Already, a massive crowd had gathered—families clutching photos, activists with banners, and reporters with their cameras. We marched from Trafalgar Square to Downing Street with palpable emotion permeating the air—not just in the cries, chants, or slogans. Not just the experience of witnessing Black death replayed ad infinitum across screens. These protests were personal. Intimate losses. I felt a collective knowing among the protestors, many of whom showed up year after year. Childhood best friends. Casual workout partners. The barista that remembered their regular customers. For so many people, these were not just abstract figures on a newscast. The dismissive “few bad apples” narrative carries a devastating weight. It meant an empty chair around the holidays. It meant birthdays unmarked, graduations unattended, and weddings that would never be. It meant that someone would not be coming home.

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**Home.* The distance between *here* and *there* collapsed. Thousands of miles across the Atlantic Ocean, but the day in London was achingly familiar: more deaths in state custody, more families seeking answers. After the murder of George Floyd, my home state of Virginia was on fire. Confederate statues tumbling. People clamored to rewrite history, to tear down the bronze lies and replace them with hard truths. In Norfolk, Richmond, Fairfax, and more, protestors filled the streets. As I watched the crowds surge in places I called home, it was as if a subterranean current flowed beneath us, connections that had the potential to span continents. Across the world, the demand for justice extended beyond policing to encompass the entire system—including health care. The COVID-19 pandemic thrust medicine into the spotlight, with daily case counts and death tolls becoming a grim ritual. We looked to doctors, scientists, and other public health officials for guidance and hope. Yet, as we fixated on COVID-19, another long-standing epidemic of injustice demanded our attention. Cases of police violence surfaced where medicine was callously used to obfuscate, to deflect accountability.¹ Medicine has long been complicit in harm rather than healing. Its primary function, too often, is not to heal but to categorize, to other, to justify. Black communities, long underserved and overburdened, bore the brunt of these systemic failures. The same issues that led to higher rates of sickness and illness in these populations now left them more vulnerable to a new threat. Where can we find a place to rest, a place to call home that is not haunted by anti-Blackness?

I walked among dozens of families, their hearts heavy with confusion: “They told me it was excited delirium. How can a disease I never heard of take my boy so suddenly?” An explanation that disorients. Words foreign to the tongue. They absolve and accuse in the same breath. Puzzled by the nature of the information, many families quickly encountered a startling fact: excited delirium, in any of its varied forms, does not seem to exist.² “How convenient that excited delirium seems to affect mostly Black and Brown folks. It is almost as if like they are saying our bodies are inherently more dangerous.” Pathologizing difference. Medicalizing resistance. Biology twisted into blame. In these streets, I stand witness to a cruel dance of medicine and law, where bodies are treated as statistics, and lives are reduced to diagnoses. Their death explained away, not just by the weight of a knee to the neck, but by the specters of illegitimacy, intoxicants, hypertension, heart disease, or other medical notes.

**Notes.* The margins are where bodies become case numbers, lives reduced to a series of clinical measurements. My work examines the cold, clinical world of autopsy reports, toxicology screenings, and state inquests. These documents, ostensibly objective and scientific, revealed themselves to be chilling forms of state power. Autopsies pronouncing sentences on bodies that could no longer

defend themselves. Toxicology reports searched for any substance that could be weaponized against the deceased, any chemical that could shoulder the blame. State inquests, purportedly seeking truth, often seemed more intent on constructing narratives that absolved systems of power. I watched as testimonies were filtered, evidence weighted, and conclusions were drawn that conveniently supported the institutional status quo. The veneer of impartiality barely concealed the machinery of self-preservation grinding beneath. These documents, in their totality, represented a form of violence on their own—a violence of erasure, of redefinition, of posthumous character assassination. They were the bureaucratic apparatus that facilitated the transition from lived experience to official narrative, from individual to statistic, from tragedy to justification. Medical examiners impose judgment over the deceased, and the police find absolution in their pronouncements. A symbiotic relationship, built on mutual protection and shared interests. Multiple institutions working in concert. Together.

I wonder: Are there degrees of police lethality that racism alone cannot explain? The ability to erase a life with a whisper, or the mere stroke of a pen. What value do we place on human life? How do we rationalize our comfort while others endure sleepless nights? We often speak of the revolving door, how the officers who take Black and Brown lives don the badge again with ease. Minimal consequences, avoiding disruption to their careers.

**Careers.* Trayvon wanted to be an astronaut.

Condensed Eulogies

Protests quickly become about supporting each other in any way that we can. I listened to families recount the medical histories of their loved ones. I heard stories of former athletes hitting game-winning shots, marathon runners, and community leaders who tirelessly volunteered to serve those in need. Their lives were marked by activity, purpose, and connection. Unsurprisingly, within these narratives of strength and health, they were also ordinarily human. But common ailments that most would consider mere footnotes in an otherwise vibrant life were used against them. Weapons turned inward. Joint pain, casual aches from rigorous workouts, was characterized as bodily fragility. Occasional migraines painted as evidence of underlying mental instability. The asthma inhaler, a faithful companion through childhood, now cast as a precursor to respiratory failure.

**Failure.* At times, language feels insufficient. The act of writing about grief challenged me to confront a certain hollowness in the debates surrounding the legitimacy of conditions such as excited delirium. Arguments over whether such diagnoses were “real” began to feel painfully detached from the realities at stake. The clinical distinctions that once seemed so central began to fade. Grief—in all its

forms—resists neat categorization. It spills over the edges of our definitions, seeps into the cracks of our understanding. In the spaces between words, entire worlds reside. This is the work of diagnosis.

“Sarah was the sweetest.”

“Sean had such a kind soul.”

“Seni was just the best.”

How do you distill a life into a sentence? The brevity of these utterances mirrored the cruel brevity of the lives cut short.

“I miss him.”

They felt like condensed eulogies. Spoken softly, almost as if they were not meant to be heard at all. I was struck by the paradox of state violence—how it can be both thunderously loud and eerily quiet, how world-making and world-annihilating moments could unfold over a few seconds or over the course of a life.³ The literature on policing regularly speaks of statistics, of systemic issues, and of necessary policy reforms. But where are the pages devoted to grief, the moments that follow the news stations and the cameras?

**Cameras*. It feels like the truth fades away once we hit record. Protestors demanding change, yet the images that circulate distort these efforts. Each frame is chosen with surgical precision, designed to portray those who stand for justice as unhinged, dangerous, or a cancer to the social body. The message is clear: These are not citizens exercising their rights, but threats to be neutralized. It is always *us* who pose the *real* danger. Never the state with its monopoly on violence. Never the systems that skew life chances. And when the violence of the state can no longer be hidden, it is transformed into a show. Body cam footage, intended to provide justice and accountability, becomes a spectacle for public consumption. I know why they call it lynching.

The cameras leave and the hashtags fade. How do families rebuild when the very institutions meant to protect them have become sources of instability? Where do they turn when seeking justice feels like screaming into a void? Police violence stirs feelings. Rage and sadness intertwine. Fear settles in, and helplessness can start to weigh us down. And yet, their words echo with love as they write about their children. They speak of bright futures envisioned, of hopes held close—the artist, the scholar, the dreamer. “He was so talented.” Discrepancies exist between the “official reports” and the streets, as they often do. But *we know*. Something else should be remembered. Something beyond their last waking breath, beyond the sum of their bodily function. Something that affirms they were always loved, and never alone.

**Alone*. The UFFC has led several efforts around racial justice in Britain, working alongside organizations like Migrant Media, BLM UK, 4wardEverUK, and INQUEST.⁴ Networks of memories become catalysts for connection, for

support, and ultimately, for action. In my conversations with members of these groups, I discovered how many had committed their lives to convening resources for affected families. “I never wanted to become an activist, but I had to.” There is a dialectic reality of racial violence and anti-racist efforts; injustice tends to produce a certain emotional energy that leads to collective action.⁵ Born from moments when death rewrites our stories, awakening untouched parts of our souls. Those silent earthquakes that reshape our internal landscapes, pushing us to feel and act in ways we never imagined. Those moments when death tells us that it is here to stay.

Rewriting Lives: The Long Durée of Diagnosis

Official channels provide essential perfunctory assistance, but they cannot fully address the pervasive violence that saturates the fabric of everyday life. As a researcher, I grappled with the dual nature of diagnoses. They can provide relief, a name for nameless suffering. But they can also become death sentences, both literally and figuratively. I have seen how different medical, psychological, and social diagnoses have been used to induce conditions of bare life. Historical and contemporary examples abound. From drapetomania and schizophrenia to excited delirium, Black life is often painted as a canvas of contradictions: hyper-visible and invisible, insane and yet lacking any true sense of consciousness, superhuman in strength yet inherently diseased. Blackness is projected onto a terrain of assumed pathology where every action, reaction, and inaction is scrutinized for signs of deviance or deficiency. Diagnoses assign varying degrees of determinacy, where blame is retrospectively constructed.⁶

**Constructed*. Diagnosis serves as the cornerstone of medical practice, guiding treatment decisions and patient management. But I find myself searching for a new language, a new way of conceptualizing diagnosis that acknowledges its force and implications, to describe how diagnoses can fundamentally shape the relationship with society and the state, actively constructing subjects whose very life is mediated through their diagnostic status.⁷ Diagnoses create new classes of people. Diagnoses create social expectations. Diagnosis can define access to resources. Diagnoses can define who lives and who dies.

I am struck by the dangerous convergence of authority and expertise. Police officers, untrained in health and medicine, are increasingly thrust into the role of impromptu diagnosticians. Simultaneously, medical professionals leverage judgment as though it were always a scalpel, cutting through narratives without ever tending to the wounds they leave behind. The result is a social arrangement in which certain people are doubly surveilled, doubly judged, and doubly at risk.

*Risk. What I know is that life is in short supply. He was 17.

Lives are not just ended but rewritten. Bodies are not just broken but reimagined. But in the end, the story is not about how a life was taken, but how it is remembered.

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I am the sole author of the work.

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Ethics Statement

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Notes

1. For more on the growing public interest in excited delirium and other medical diagnoses invoked around

in-custody death, see the following: Brody, Jennifer et al. "Excited Delirium: Valid Clinical Diagnosis or Medicalized Racism? Organized Medicine Needs to Take a Stand." *Stat: Reporting From the Frontier of Health and Medicine*. <https://www.statnews.com/2021/04/06/excited-delirium-medicalized-racism-organized-medicine-take-a-stand/>; "More States Restricting 'Excited Delirium' as Cause of Death in Police Custody." The Marshall Project: <https://www.themarshallproject.org/2024/06/15/police-custody-excited-delirium-meaning>.

2. Excited delirium is not recognized by the American Medical Association, the World Health Organization, the American Psychiatric Association, to name a few: Saadi (2022).
3. Das (2012).
4. For more on the United Friends and Family Coalition (UFFC): <https://uffcampaign.org/about/>.
5. Nayak (2019).
6. Martin (2005).
7. Here, I would like to acknowledge the work of Dalton Price and his concept of "diagnostic citizenship," which has greatly informed my continued theorization of diagnosis (Price, 2021).

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