

# Working therapeutically with hidden dimensions of racism

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The impact of racism on people seeking therapy or help for mental health problems can present as a complex picture which is often misunderstood and can lead to misinterpretations, misdiagnoses and inappropriate interventions. ‘Race’ enters psychotherapy in ways that parallel its workings in society at large. Overt racism is easily recognised as traumatic for the people at its receiving end – and is relatively easy to address as ‘trauma’. It is the shift into ‘subtle’ and ‘institutional’ forms that is a major challenge for therapists (and sufferers) to address in the consulting room. The impact of racism, whether experienced as a one-off encounter, or an ongoing experience, can prove debilitating and even damaging to the well-being of an individual. But something that is all too often overlooked and under-appreciated is the importance of the capacity for resilience in the face of racism. So, in addition to holding on to the theme of resilience, therapists faced with the challenge of addressing racism need to be equipped with a full working knowledge of the following key themes:

- Racism as cultural trauma or ‘the grinding down experience’.
- Racism as undermining identity, or ‘black identity wounding’.
- Racism threatening relationships and leading to isolation or ‘cultural shame’.
- Racism leading to an unhealthy attachment that allows trans-generational trauma to be kept alive, or ‘the internal oppressor’.

In this chapter I shall discuss these themes separately although they are clearly inter-related. They help us to understand and interpret what may come up in the consulting room during psychotherapy;

they are not in any way ‘pathologies’ or symptoms of (what may be seen as) ‘mental ill health’. In this chapter, the term ‘black’ is used to include people with known African heritage, and the expression ‘minority’ to mean anyone who can be discriminated against because of the colour of their skin, or because of their religion or their culture.

## **Resilience**

The ‘universal strengths model’ (Grotberg, 1995) sees resilience as a universal human capacity that enables a person, group or community to deal with adversity by preventing, facing, minimising, overcoming and even being strengthened or transformed by adversity. The model also maintains that this capacity needs nurturing and support within a facilitative environment. Essentially, it is the ability to ‘bounce back’ and cope well in the face of profound problems. Bhui (2002) points out that the perception of threat and the level of control over racist experiences are important in the amount of stress we suffer if exposed to racism; and that control may be exerted by *action* (to get rid of the stressor) or by *adaptation*. Being resilient in these circumstances may be seen as an aspect of ‘post-traumatic growth’, an emerging field of interest (Tedeschi and Calhoun, 1995) in the study of life change after crises. However, resilience in the context of racism is often at a cost. From an analytic perspective, attacks on the cultural and racial skin raise serious issues for psychological ‘containment’ (Bion, 1967; Winnicott, 1965, 1967) – which, in effect, means enjoying a sense of (psychic) equilibrium and keeping oneself grounded. Containment is important for the preservation of identity and the process of ‘moving on’, but both *action* and *adaptation* may threaten this containment.

## **The grinding down experience**

An understanding of the eroding impact of racism – the cultural trauma of racism, which can be experienced both externally and internally – was developed as part of a phenomenological study of black workers’ experiences in three institutional settings, namely the National Health Service, Social Services and Education (Alleyne, 2004a). The model is presented in Figure 12.1. Difficulties experienced by workers were frequently set off by subtle, ‘not so easy to pin down’ incidents that frequently targeted a racial or

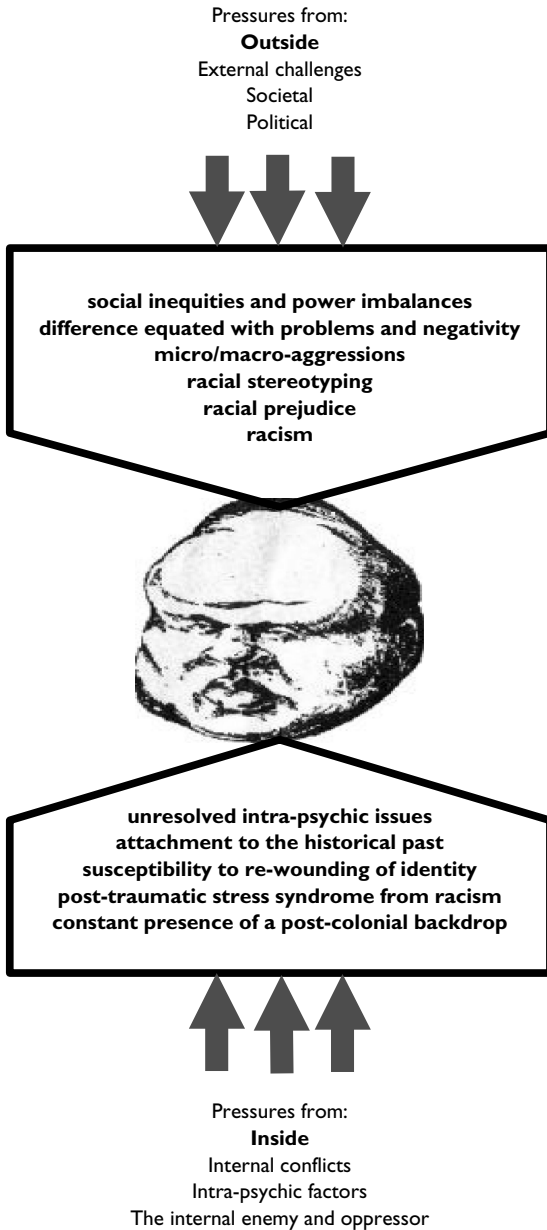


Figure 12.1 The grinding down experience

cultural aspect of the black person's identity. Although initially precipitated by no more than minor annoyances – for example a mispronunciation of a black or foreign-sounding name or an assumption that a black person was angry when all they had done was to speak passionately about something or assert their point – such incidents tended to develop into complicated major events over time, causing much offence and hurt.

Workers experienced these subtle organisational forces as oppressive and infantilising, and equated them with what was happening within the dynamics of power, control and powerlessness. However, this was not all. The research concluded that the unconscious aim of these subtle acts of oppression was not just to control, but also to *transform*, to reduce 'the Other' to a state or form that rendered them helpless, easy to manipulate and manage. It was this dynamic that black and other minority ethnic individuals found themselves struggling against in the midst of such workplace conflict. These difficulties chipped away at the emotional and psychological fabric of the person's identity and, over time, left them depleted, soulless and helpless.

Sampson states that, within the context of power and race, 'dominant groups and individuals create serviceable others whose creation gives both the self and the other the very qualities that define human nature' (1993: 19). Then, 'the other cannot be permitted to have a voice, a position, a being of its own, but must remain mute or speak in ways permitted by the dominant discourse' (1993: 13). Sampson concludes: 'the other is an essential presence without whom the dominant protagonist could not be who they claim to be' (1993: 13). I believe these are key dynamics to understanding the nature of black/white oppression and that of other cultural oppressions. We should be aware that the grinding down experience is not confined to dynamics of the workplace setting. Erosion of self-esteem and dignity from the grinding down experience within society can be seen in the lives of many black men; unfortunately their experiences may be interpreted as mental problems or even 'illness' and then get inappropriately treated within a narrow traditional Eurocentric template.

### **Black identity wounding**

Sarup (1996) suggests that identity is a 'mediating concept' between the external and internal, the individual and society, theory and

practice. Identity then is a convenient ‘tool’ through which we try to understand many aspects of our lives – the personal, the political, the racial, the philosophical, gender, class, sexuality, and so on. Sarup refers to the ‘*it is*’ and ‘*I am*’ aspects of identity, which he suggests can become entangled when there is continuous discord between the two (1996: 28–43). The ‘it is’ aspect is a public identity that is usually created from a set of misinformation, misinformed perceptions and stereotypes about an individual or racial group. Over time, these can develop into negative social constructs from which people relate to ‘the Other’. The ‘I am’ aspect of identity is the private part of the self that most accurately resembles and represents what we feel, think and know about ourselves. How one is perceived in public and how one sees one’s private self can differ widely and contribute to an inner conflict and dis-ease. My view is that it is the presentation of this dis-ease, perhaps compounded by the vicissitudes of our past and other underlying latent difficulties, that mistakenly get interpreted as mental illness and disease. A person’s discomfort in coping with the ‘public’ and ‘private’ identity-split can eventually lead to an inner disturbance; a form of depersonalisation caused by this brand of cultural trauma. A client of mine who worked as a psychologist summed up her feeling in therapy thus:

Illusion plays a very important part in creating identity. It can be someone’s truth. When that goes, one is left shattered, even depersonalised . . . this has been my experience from the devastation of subtle racism operating in my workplace.

Here we can construe that the puncturing of one’s truth can destabilise a person’s deep sense of being in the world. From this, we can anticipate that the challenge for therapists is to understand the consequential effects of Sarup’s (1996) ‘*I am*’/‘*it is*’ concept and enable our client to find ways of maintaining equilibrium in the face of racial adversity.

Some writers (Akbar, 1996; Cobbs and Grier, 1968; hooks, 1996; Lorde, 1984) emphasise the task for black people to educate themselves for critical consciousness. By this they mean the ability to show independence of mind by reasoning for oneself and having emotional literacy to be more culturally and racially competent. In hooks’s (1996) *Killing Rage: Ending Racism*, she reminds people of colour not to see blackness solely as a matter of powerlessness and

victimisation; rather there is a need to have a deeper understanding of institutional racial oppression, in all its facets, which over-determines patterns of black/white social relations. She issues a strong challenge for us as black people to locate black identity from other multiple locations, not simply and only in relation to white supremacy (1996: 248), and she also challenges the notion of a stereotypical monolithic black culture, which is perpetuated in both the black and white sectors of our society.

It would appear that the individual whose sense of self is validated only or mainly from the point of view of their blackness will have a different sense of personal consciousness activated when in the presence of white people. The psychic structure may be more prone to being off-balanced by racial affronts (subtle or overt), and consequent emotional states of hyper-alertness and hyper-sensitivity will be more highly developed and brittle in these encounters. In keeping with Kohut's (1997) 'grounded sense of self', my research findings (Alleyne, 2004a, 2004b), suggest that such mental states are capable of causing interruptions to 'coherency' (feeling of being at one with oneself) and 'continuity' (moving on with one's life). What is being suggested here is that racism and other environmental stress factors can cause psychic collapse and clinical presentations resembling psychiatric illness, when they are imposed upon individuals who are functioning in this hyper-alert, hyper-sensitive psychological state. Therapists who will be challenged to work with this particular form of 'mental health' presentation should take into consideration all the aforementioned tenets of culture, race, distress and dis-ease, before settling comfortably into Eurocentric notions of disease and mental illness.

### **Cultural shame**

The phenomenon of cultural shame may be best understood through the following statements of people I interviewed as part of my research (Alleyne, 2004b):

'As black people we don't seem to come together and sustain anything good for any length of time.'

'We are not patient and as determined in business . . . we expect to get rich quick . . . look at the Asian, they struggle for years in

their little corner shop, and before you know it, they've owned the whole block with their food shops, drycleaners, black hair products stores (!!!*laughter*) and restaurants . . . all we seem to want is for it to happen today.'

'We too can be guilty of thinking we are all the same and miss out on those important differences that make us individuals in our own group. Sameness breeds too much familiarity and too much familiarity can sometimes be bad for us.'

'I had to catch myself the other day when I realised I too was doing the same as my white colleagues . . . thinking he [the black manager] was up to no good . . . and the sad thing about it was there was no reason or evidence for this.'

'I know I am driven . . . no matter how much I do and achieve, I always feel I should do more . . . always going that extra mile . . . giving just that little extra to be noticed . . . it's like a neurosis.'

'Sometimes in meetings, my voice can sound so out of place . . . I can't describe it . . . I know my voice is deep and it's different . . . it's black, but it kinda sets you apart, alienates you . . . you know what I mean? My family all think I sound like Maya Angelou [a respected black American writer and poet], but at work people seem to see me as this big, aggressive and scary black woman. It's not how I see myself . . . (*long pause*) . . . it's enough to give you a complex.'

These revealing verbatim statements show clearly an interlocking of views, opinions and beliefs that suggest a presence of shame – both at an individual level and within the group. They amount to a collective experience of loss, guilt on behalf of the collective, disappointment within the collective, and a resultant self-conscious identity that functions within a set of reactive, compensatory personal scripts. The experience of internalised shame is projected outwards onto other black people and even onto one's race as a whole. Underlying this cultural shame is a sense of narcissistic wounding, which, when presented in the consulting room, needs to be sensitively addressed from the clinical perspective of working with self-hate. The externalisation of shame and self-hate may also

be further projected onto, for example, white people, the white establishment and onto new migrants and political refugee groups.

Shame stems from internalised conflict with an external authority (for example, society) and guards against the boundary of privacy and intimacy. Shame in this sense is necessary, and protects the innermost vulnerable aspects of the self and defends against anxiety which threatens to destroy an integral image of the self. Yet, shame threatens our individual relationships with each other and this is deeply felt in the black community in forms where we act out our feelings of indignation, anger, and frustrations at other black people who 'show us up' (Lipsky, 1987). This acting out often affects those closest to us, harming our relationships with each other and ultimately ourselves. The effects of shame show their result in our relationship with our children, who face fierce criticism from black mothers and fathers whose intention of 'disciplining' is interwoven with notions of obedience, submission and compliance. The need to control and the fear of being 'shown up' in front of others can lead to aspects of parenting which destroy any development of self-confidence in black children.

Shame can lead to cultural isolation, which is the withdrawing from other black people. Consequently, we act out our hurt, embarrassment, fear, dislike and mistrust by dividing ourselves amongst each other and creating hierarchies. Further divisions are created in the way we label each other. Characterisations such as 'house slave', 'coconut', 'too ghetto', are terms used within the black community to divide and rank the group within a cultural and social order. Shame has left us with complexes about our skin colour and its representations, summed up in this quaint Caribbean ditty:

If you're white, you are right  
 If you're brown, stick around  
 If you're black, get the hell back  
 (Old Caribbean rhyme used by children during play)

These revealing three lines of poetry not only categorise people according to skin colour, they also create hierarchies that indicate negative internalisations of black people by black people. These internalisations suggest a lack of acceptance of the self and also a lack of an actualised experience of full humanity. Within this belief system are psychological issues and challenges for the prospect of healthy identity development.



Shame as a human emotion overarches much of our work as therapists. Cultural shame, with its debilitating aspects, brings specific challenges and sensitivities to the work itself and for the therapist. The following case vignette is offered as an example of how we can work with the presenting theme of cultural shame.

Denzel is a 30-year-old African Caribbean man who is single, gay and works as a housing officer with a local council. He came into therapy to work on problems of identity, much of which he felt had stemmed from unresolved experiences of not knowing his father and being brought up by an emotionally absent mother. As the youngest of twelve children, all of whom are from different fathers, Denzel was looked after by an aunt whom he regarded as his mother. As a child, Denzel remembered being left to his own devices, feeling very much alone in the world and an observer in his very harsh surroundings. In later life, he fabricated stories about his father's absence, making out that he was a captain of an important government cargo ship that sunk in the Bermuda Triangle. He described him to others as a man of reputable character and highly regarded, all of which hid Denzel's deep shame about his father's real reputation for being a violent man, womaniser, drunk and deserter of his family.

On arrival in the UK at age 15, Denzel became uncomfortable and self-conscious and hateful of his Jamaican accent. He felt it regularly singled him out in negative and unfavourable ways. Shame about his accent led to a denial of his Caribbean heritage and a refusal to mix with other black people. He wished to change the way he spoke and embarked on expensive elocution lessons which kitted him out with a middle-class, albeit forced, English accent. He changed his name by deed poll and later chose only white men as partners. He existed in a make-believe, grandiose world that he hoped would remove him as far away as possible from any reminders of his past and true self. Driven by a deep shame to rid himself of any reminders of being black, and feeding his need to keep up a 'desirable' front in the eyes of white society, he finally found himself involved in dubious activities, which eventually brought him face to face with the law. He sought individual psychotherapy following a long custodial sentence which he had to serve as punishment for fraudulent activities which boosted and maintained a lavish lifestyle.

The following issues may be noted in this case vignette:

- Early emotional neglect with experiences of abandonment and loss
- Early acquisition of independence and self-reliance
- Keeper of the family shame and compensation for this through fabrication, aggrandisement and destructive acting out behaviour
- Manifestation of cultural shame and consequences of internalised oppression
- Struggles with identity (includes male identity crisis and crisis of the emotional and cultural self)

In therapy, Denzel explored issues of his early self-reliance, a persona which he realised he had developed from having to do a lot for himself in the absence of guidance and help from parents. He was able to make connections between the difficulties of his early upbringing and subsequent difficulties in trusting, receiving and giving unconditionally in his attachments. He began to understand his role of holding the family shame and the ways he compensated for this shame through fabrication, aggrandisement and reckless behaviour. The goals of therapy were slowly achieved by Denzel interacting more from a place of knowing and embracing his true and authentic self.

### **The internal oppressor**

Much has been written about internalised oppression, for example by Lipsky (1987), Lorde (1984), hooks (1989, 1996) and Freire (1970). These authors suggest that it is the process of absorbing values and beliefs of the oppressor and coming to believe that the stereotypes and misinformation about one's group are true (or partly true). Such a process can lead to low self-esteem, self-hate, the disowning of one's group, and other very complex defensive behaviours in relation to this group. Yet, only a few writers (e.g. Lorde, 1984; Alleyne, 2004b, 2005) have dealt specifically with the concept of the oppressor within ourselves.

Many years of practice as a psychotherapist and clinical supervisor, together with evidence from my research data (Alleyne, 2004a, 2004b), have all provided abundant evidence to suggest that

when it comes to dealing with issues such as race relations and racism, the real battleground is the personal – not the political. This statement in no way implies that: (a) racism does not exist; (b) it is not a problem; or that (c) it is only a black or other minority ethnic group issue. Rather, the suggestion is that whilst the very real and damaging effects of societal racism are to be truly acknowledged, the reality of confronting and dealing with racial oppression today is more concerned with the *personal* positions black people take up in dealing with its impact. Understanding the workings of the ‘internal oppressor’ can help us become more aware of the challenge for ‘true’ resilience in the face of racism. Such understanding will not only challenge the individual’s ability to withstand external impingements of racism, but also be more attuned to what is aroused within ‘the internal oppressor’ and gets acted out in these encounters.

George Bach (1985) once suggested that the inner enemy is as much a formidable foe as the most manipulative (or oppressive) of associates. I discovered and observed the workings of this inner enemy within the language of my respondents’ stories during the fieldwork for my research (Alleyne, 2004a, 2004b). From these narratives, a set of cultural scripts were identified that highlighted particular ways in which black people tended to organise and deal with certain archetypal experiences, in this case experiences relating to subtle racism operating in the workplace. Presented below is a selection of verbatim responses extracted from the respondents’ stories.

### ***Individual scripts that indicate the collective black archetypal experience***

- 1 ‘People will always see your colour first and personality second’
- 2 ‘We have to work twice as hard to be noticed’
- 3 ‘No matter how much we succeed, people will always try to beat us down’
- 4 ‘Black people can’t be racist – we haven’t got the power’
- 5 ‘We can’t afford to wash our dirty linen in public – that’s like giving white people ammunition – we must stick together’
- 6 ‘As black people, we don’t seem to come together and sustain anything that’s good for any length of time’

***Individual scripts that indicate a defensive (protective) mindset and value system***

- 7 'What's the point in trying – you'll only get no for an answer'
- 8 'I am not interested in promotion – it only forces you to conform to the system – I don't want to lose who I am as a black person'
- 9 'I don't do deference where white people are concerned'
- 10 'I can never trust white people – I have a healthy disrespect where they are concerned'
- 11 'You can't afford to show vulnerability – people will walk all over you'
- 12 'When things get too much, I just walk away'
- 13 'You take me as you see me – what you see is what you get – like it or lump it'
- 14 'This is who I am – I say what's on my mind – ain't changing for no one'
- 15 'I am not putting myself out for no one'
- 16 'I don't trust anyone but myself'

The above sixteen scripts highlight an ever-present sense of disillusionment, caution, disappointment, defensiveness and protectiveness. A reflexive identity (both self and collective) will not be allowed the chance to thrive and develop within such a belief and value structure. In the context of racism and racial oppression, to be reflexive is to have a sense of one's history which is in continual development in terms of self-awareness and self-assurance, leading to a degree of liberation and movement forward within the self and the collective. The challenge of reflexivity is an important modern-day (psychotherapeutic) task for black people, which challenges us to throw off the shackles of the past and emerge from the entanglement of historical briars. A reflexive identity will only begin at the point where unconscious identifications and fixations with aspects of one's history cease.

The internal oppressor appears to have the function of holding on to these identifications and fixations in ways that colour black people's dealings with white people and influence these interpersonal and attachment dynamics. For the most part, the internal oppressor appears to lie dormant, but is re-awakened when it is in contact with an external oppressive situation that is either real or perceived, or a mixture of both. When re-awakened, the historical

wounds are re-opened. The internal oppressor as a concept is not just concerned with historical baggage, though. Alongside are our prejudices, projections, inter-generational wounds and the vicissitudes (the ups and downs of our fortune) of our past. Further shaping its complexity are elements of our narcissistic injuries, personal unresolved difficulties where power and domination feature. The nature of the internal oppressor is therefore complex and embraces both the unresolved past (historical and personal), as well as our present-day difficulties.

The picture that is being created here is one in which the past and present, as well as intra-psychic and external factors, are inextricably linked and fused. This fusion or attachment pattern becomes an important determinant in black people's health and psychological security. Mental health concerns producing dis-ease and distress, and mental illness and disease, will be more prevalent when there is ontological insecurity kept alive by the themes discussed in this chapter.

## Summary

The relationship between racism and mental health is complex. Resilience encompasses our capacity for coping, and the need to 'bounce back' and be strengthened even by adverse experiences. However, in the setting of psychotherapy there is much else. I have explored in this chapter the idea of racism as a grinding down experience. When people seek help in psychotherapy, the wounding of black identity is a significant way of thinking about the damage done by racism. But, in my view, the theme of cultural shame is perhaps the single most important variable overarching much of what is seen and understood to be happening in black people's struggle for actualisation. I have suggested the need for a reflexive identity to redress cultural shame and blame. The fieldwork in my research led me to derive the idea of an 'internal oppressor' as a powerful feature of the self that helps us to understand the crucial role played by 'the personal' as opposed to 'the political' in the struggle we have in finding our way through complex issues subsumed under the heading 'race relations' in western society.