

Invisible injuries and silent witnesses: The shadow of racial oppression in workplace contexts

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Abstract

Internalized oppression is the primary means by which all of us hold on to, 'agree' and re-enact our unresolved and repressed difficulties. This paper will examine this particular phenomenon with specific regard to black and white relations in workplace contexts. The reality of prevailing external and internal issues will be fully discussed to highlight factors relating to racial oppression, capacity for resilience and their deleterious effects on black identity development.

Keywords: *Black identity wounding, workplace oppression, 'the internal oppressor', enmeshment, trauma, healing*

The inner enemy is as much a formidable foe as the most manipulative [or oppressive] associate (Bach, 1985). This statement aptly supports some key findings from a recent study I have been involved in on the subject of oppression and black identity wounding in the workplace. While this quote may indeed have relevance to all of us, my research suggests that this factor is an often forgotten unguarded area within the discourse and challenge on race issues. In this paper, I will be scrutinizing this key finding and share my analysis of the workings of this unheeded dimension of black/white relations and its complex dynamics.

To date, much written material on race and specifically on black/white issues have tended to address external factors such as cultural imperialism, social and political inequalities, racism, crime, mental health and education. In counselling and psychotherapy, where it is expected for such discourses to be more focused on the *internal*, material is very limited. This is surprisingly the case despite the subject's very complex, wide, and ever-changing parameters. Existing literature has given some attention to familiar themes through repetitive debates and counter-debates to the point

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where we can now expect any current literature to include themes along well-worn lines of the following.

- (1) Racism as splitting, projection and projective-identification (Dollard, 1937, 1938; Money-Kyrle, 1960; Hinshelwood, 1989; Rustin, 1991; Young, 1992; Timimi, 1996; Ward, 1997; Gordon, 2004). These texts represent arguments and counter-arguments for these concepts.
- (2) Understanding the roots of racism through dynamics of the Oedipus Complex (Chasseguet-Smirgel, 1990). Nazi genocide is referred to here as a clear example.
- (3) Racism as an irrational process and therefore a form of neurosis if held onto (Rustin, 1991).
- (4) Racism as sibling rivalry (Sterba, 1947) and a way of understanding how and why black people are made to represent sibling rivals and be placed in situations to be infantilized.
- (5) Racism as a manifestation of sexual jealousy and associated with objectification of black people as primitive, the physical, shit and evil (Berkeley-Hill, 1924; Fanon, 1968; Vannoy Adams, 1996).
- (6) Racism as a response to modernity (Frosh, 1989; Sarup, 1996); racism as a matter of cultural imperialism and exploitation and therefore highlighting issues of power and powerless and the dominant and dominated.
- (7) Understanding racism from the perspective of boundaries and boundary drawing – a way to fix the other, to assert and maintain sense of absolute difference between self and other (Gordon, 2004). As an exception, this perspective provides a refreshing addition to the body of available text.

Included in this list are other psychoanalytic thinkers who compare historical black/white relations to such situations as child labour, which was ubiquitous in the past, and the sexual abuse of children, as well as contrasting it with the oppressive conditions and the exploitation of the working classes under early capitalism.

To date, attention to the *inner* dynamics of race and racism, its effects specifically on those who live with the stigma of historical oppression and those who have to survive its perpetual stigmatization on a daily basis, have been particularly scarce.

In spite of the paucity of material, black¹ people do – and have quietly (and defensively) – acknowledged the fact that ‘we have stuff to deal with in our own backyard’. This statement clearly points to inner unresolved issues within ourselves and is widely recognized as part of ‘our’ [black people’s] ongoing agenda. Yet, despite this collective recognition, like the silence of psychoanalysis with regard to race, the statement seems to be just an echo and is relegated to a mere wish fulfilment for a lot of us [black people].

The intention to actualize its goals and aims seems plagued by widespread psychic inaction and malaise. In my view, this situation has contributed to certain prevailing beliefs and stances that prove limiting and restricting to our [black people's] general growth and development. What this preamble is leading up to, as will be explicated more fully in this paper, is the suggestion that there is an internal adversary that is in constant flux with our [black people's] external environment. Its presence, though not always felt, may be powerful enough to influence our interactions and responses in our world. The study I have recently conducted reveals the workings of this phenomenon.

The research

The impetus for my research project was first generated by repeated observations made within a private mixed counselling and psychotherapy practice. As I look back on my work, I cannot recall a single case amongst my black clientele where unprompted references to actual or perceived difficulties in black/white relations at work (and in general) were not alluded to or fully discussed in therapy. Even when such work problems involved black-on black dynamics, the black person in position of power was often seen as identifying with the 'aggressor', that is, with white people and the system, or 'selling out'.

I regularly witnessed black clients presenting with ill-health arising from prolonged and sustained workplace difficulties. These concerns were of a particular nature and frequently affected such things as physical health, self-esteem and opportunities for professional advancement. Such situations occurred mainly within predominantly white-managed structures and highlighted problematic relations within these setups. Workplace stress was not only manifested through raised anxiety, irritability, tearfulness, loss of concentration, demoralization, etc., but there also emerged a worrying picture depicting a high incidence of chronic fatigue syndrome (ME), late onset diabetes, clinical diagnoses of hypertension, depression and mental health difficulties. Although it cannot be concluded that the latter effects are a direct result of these workplace difficulties, it could be argued that their presence in a large percentage of the study's sample group is of particular significance and concern. It was this concern in the second instance that fired my interest and decision to investigate this phenomenon.

The research was conducted using a semi-structured approach to interviewing workers who volunteered to talk about their work experiences. The interview covered areas such as their work history, exploration of work experiences, cultural identity and social adjustment in this society, racism, family and personal history, future hopes and expectations. Thirty workers were drawn from the National Health Service (NHS), Education and Social Services; three establishments historically known for attracting black people

and, mainly, black women. Such attraction, it should be mentioned, was also fostered by British policies directly set up to fill personnel shortages in these areas.

As a qualitative study using a mixed research paradigm (phenomenology, (Husserl, 1960), hermeneutic (Gadamer, 1975) and heuristic (Moustakas, 1990)), the sample size was intentionally bounded to allow in-depth scrutiny of unconscious dynamic processes. Five men and 25 women were interviewed, their ages ranging from 28 to 59 years. The majority were in their late 30s to early 40s. Of the 30 respondents, 15 were managers, the remaining 15 were in non-managerial positions. Eighteen worked in educational services (psychology departments, colleges and university settings); six were from social services (children and families, mental health and training departments), and the remaining six were from the NHS (nurses, midwives, health visitors). The overwhelming majority of participants were black Caribbean, black Africans, black British born (in this order), three of whom were from mixed parentage backgrounds. One Chinese man and two Asian women also took part in this study.

As my theoretical perspectives are rooted in the psychodynamic tradition and particularly in understanding unconscious elements of intercultural phenomena, I was keen to investigate complex and subtle dynamics operating in the workplace with regard to black and white relations, and essentially those within the individuals themselves. Having recently published aspects of this work in the *British Journal for Counselling and Psychotherapy* (Alleyne 2004a,b,c) and noting feedback along the way, I am mindful of those who suggest that adding a white control group could have made a stronger case for my arguments. However, the boundaries and personal pursuits of the doctoral research dictated a focus, which in turn clarified the scope of the investigations at the time. I was clear I wanted the primacy of this study to be a particular scrutiny of the 'thing' itself, that is, the years of observing a phenomena in private practice and society at large, and one which includes my own personal experiences from which I can claim membership and be an 'insider'. Therefore the pursuit to decode, describe, and illuminate this 'thing' predominated.

On reflection and during the research process, I would have welcomed a more diverse response. None were forthcoming from other 'black' groups, European economic migrant groups, or other members of the 'hidden white minority groups', e.g. Gypsies, and refugees, who are all known to face particular difficulties of oppression because of their racial and cultural status in this society.

Emerging from the interviewees' stories was a clear pattern, which when analysed highlighted a silent form of discrimination, i.e. a subtle form of racism. This phenomenon, although not new to its recipients, seems largely unacknowledged in this society. In the USA, former President Bill Clinton went some way to addressing it by publicly acknowledging its presence and

harm. In his 29 March 1997 weekly radio address, quoted in Russell (1998, p 139) he remarked:

... racism ... is not confined to acts of physical violence ... Everyday [black people] and other minorities are forced to endure quiet acts of racism – bigoted remarks ... job discrimination ... These may not harm the body, but ... it does violence to their souls. We must stand against such quiet hatred just as surely as we condemn acts of physical violence.

From my long-standing observations, now confirmed by the findings within the study, I have concluded that the particular experience endured by black workers in the workplace is *workplace oppression*. I use the term in a deliberate sense to address complex organizational dynamics and silent forces that give rise to difficulties involving issues of power and powerlessness and of the dominant and dominated. To see these experiences of black workers as simply stress, scapegoating, bullying, harassment, or personality difficulties is to do a huge disservice to an unexamined phenomenon and all its complex tenets.

Within organizations, which represent a microcosm of society at large, it is a well-known fact that black and other minority ethnic groups easily become containers for projected, unwanted and negative feelings from the other (Obholzer and Roberts, 2000; Shur, 1994). My argument is that within this process of projective-identification (Klein, 1946), aspects of the individual's internal trauma may 'hook' onto external elements of oppression, thus providing fertile ground for the re-enactment of oppression in the workplace. These primitive repressions can be enacted by both sides (black and white), and the study has shown that in the context of the workplace, such dynamics can persist over long periods, leading to harmful experiences of depersonalization and powerlessness particularly in black individuals.

General findings

In brief, the study highlighted the following.

- (1) Definite external oppressive factors that contributed to a grinding-down intrapsychic process with consequent invisible wounding to workers. I term this phenomenon *workplace oppression*.
- (2) The presence of an *internal oppressor* which, when stimulated, tended to conflate with external oppressive situations.
- (3) Evidence of cultural enmeshment that led to black ontological insecurity.

These areas are discussed with the aim of promoting further conceptual understanding of, and a more inclusive dialoguing with, inner and outer

aspects of oppression – in this instance, with specific regard to trauma and black identity wounding.

Workplace oppression and invisible wounding

A general finding in this study has indicated that although workplace oppression for black workers was not overtly about race and cultural differences, interpersonal conflict in black/white relations were frequently set off by subtle, silent and ‘not so easy to pin down’ incidents. Such incidents targeted a racial or cultural signifier of the black person’s identity. These incidents ranged from those that were usually no more than minor annoyances, some unintentional and intentional, to more major incidents of racial assaults that were deeply painful and harmful.

The unrelenting nature of these silent conflicts and the subsequent protective stances adopted by black workers to defend against further hurt, eventually wore them down. This particular observation was so common amongst the sample group I interviewed that it not only became clear that external oppressive forces were at work, but that there were other factors involved in this complex picture.

Respondents’ stories pointed to workplace cultures that covertly fostered collusive management structures when dealing with difficulties involving black workers. Respondent No. 16 described her sense of ‘management closing ranks’ when she challenged the status quo. The data also highlighted examples where conflicts had turned into unusually long and bitter battles with poor and unsatisfactory outcomes. In some instances, it also appeared that black workers experienced more severe disciplinary action than their white counterparts. Several respondents described having strong feelings of organisational conspiratorial tactics aimed at putting them under undue pressure; the intent being to set them up to fail. The ‘*setting up to fail syndrome*’ was articulated by Respondent No. 7, who expressed: ‘they know they just can’t get rid of you . . . the law wouldn’t allow it these days . . . so they put pressure on you to make damn sure you don’t cope’. This worker described receiving a formal notice of disciplinary action instituted unusually soon after a complaint was made against him. He was upset that little or no management effort was deemed necessary to investigate the complaints in full.

Further analysis of the data showed that there were different dynamics operating within the three organizational cultures. For example, Social Services and Education seemed more open to and active in embracing complex issues of working with difference and diversity. In contrast, the National Health Service appeared to be slower and less forthcoming in meeting these challenges head on.

The analysis of these benign and virulent projections of workplace oppression was so clear that it was easy to identify a pattern as depicted in Figure 1.

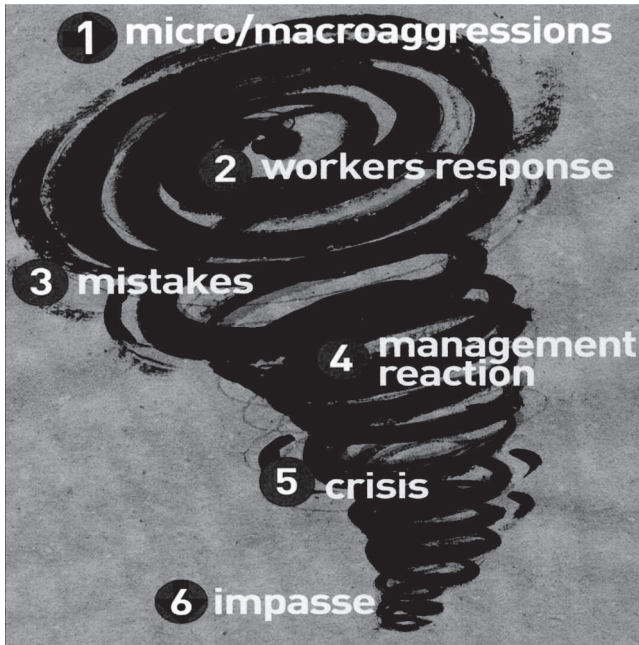


Figure 1. 'Spiral of events'. *Microaggression* – the term coined by Russell (1998) to describe racial assaults that are subtle, stunning, often automatic, non-verbal exchanges by whites who are down-putting of blacks. The resulting effect is shame and hurt. *Macroaggressions* are similar to microaggressions in many respects but differ in that they are directed at black people as well as the individual

The following case example is a reflection of common, everyday experiences black workers have, and still endure, in the workplace. Although individual situations vary, the familiar pattern of events is typical of the unseen and the unacknowledged drama of which many are a part.

The client, whom I shall call Velma, is a black Caribbean woman in her mid-40s, and is attending therapy for stress while negotiating an employment tribunal case involving her employers. She is a senior health care practitioner with 12 years' service with the same employer. The charges she brings against them are for racial discrimination and unfair treatment over a sustained period.

Velma is married with four children and supported by a very loving husband. She has a good network of close friends and family members, and she has turned to this support system during her present difficulties. Like many Caribbean children, Velma was left in the Caribbean at an early age. Her parents emigrated to England with her three older brothers when she was 4 years old. She and another brother were left behind and she expected to join her parents when they had 'paved the way' for the family to be

reunited. As the youngest, Velma was her father's favourite. She also held a special place in the eyes of her uncle, grandfather and brothers. There was definitely a special love showered on her, the only girl, by the males in her family. Consequently, men were idealized and females were given a much lower profile in Velma's eyes. These early identifications seemed to positively influence Velma's attachments to men, the male order and all its representations, e.g. authority, power, forthrightness. It would be true to say she developed a positive transference in these attachments. However, being left behind was to become a very traumatizing experience that would deeply wound her and shatter her idealizations of men.

Throughout her therapy, it was clear that the early disappointments by a much loved father and brothers were re-awakened during the protracted and difficult experiences in the rejecting and oppressive atmosphere of her workplace. This environment, which was dominated by white males in positions of power who were also part of the patriarchal managerial structure, had also failed her. She felt excluded and her situation was compounded by her distance from her female peers. Her earlier experience had led her to view men as duplicitous creatures and women 'grey' and of no consequence. These early split gender internalizations were manifest in her interactions at work. On the one hand, she gave more credence to her (stereotypical) male side, i.e. openly challenging the status quo, speaking her mind and going where others feared to tread. On the other hand, she played down the (stereotypical) female side, which, if permitted, would have allowed her to show her warmth and vulnerabilities. She never cried in therapy.

In one of her earlier sessions, Velma said that she had never wanted to seek promotion during the 12 years she had been with her employers.

I was quite happy being a main grade and . . . for me, if I became anything else but a main grade, I thought I would lose a lot . . . I would lose a lot to the system . . . I would be constrained . . . and I would have to give up . . . I wouldn't be able to be myself.

I wondered (with her) whether this was her way of limiting her prospects and whether this was an unacknowledged aspect of internalized oppression which perhaps suggested that she shouldn't go above 'her' station. As a fellow black person, 'insider' and psychotherapist in this dyad, I felt I had a certain privilege and tacit permission to challenge this statement. Anticipating the need for delicacy with my intended challenge, I felt it would help to use what was intimate between us – our authentic Caribbean dialect, to make my point. My intervention was:

You know Velma, back home we would always hear our parents and grandparents say certain phrases when they were scolding us . . . yu

getting too big for yu shoes! ... yu must know yu place! ... you remember those sayings? (pause) ... Sometimes these very sayings go deep ... deep enough for us not to realise ... even within our sophisticated selves ... that they can make their mark. I am wondering whether we can explore this in the light of what you are saying about your potential and your own creativity?

This intervention was well-received and opened up many sessions of progressive work, where Velma was able to explore her own internalised oppression and its subtle impact.

Velma appeared to have a good relationship with her clients, both black and white, but she felt her colleagues were always 'wary' of her. She remembered overhearing one of them say, 'The trouble with her is that she can't be influenced'. Velma (rightly or wrongly) felt her race – her kind – was being judged, rather than the content of her character and abilities. She prided herself on being self-sufficient, not needing 'them' and just getting on with the work. Velma took extra pains to get things right at work and played every procedure by the book. As a black person, she felt this to be a necessary precaution, because to be black is to be vulnerable. In this instance, we can identify a hypersensitivity, alertness and preparedness for criticism and attack. She also constantly defended against this potential attack on her racial identity by letting everyone know that she was happy to be a black person and was comfortable in her skin. This is a stance that can be seen as a reaction to 'stigmatic stress' (the act of being 'marked' and singled out for unfavourable and discriminatory treatment and consequently pushed into a state of hyper-vigilance and over-sensitivity), and a type of enactment that unwittingly drew unnecessary attention to her race. In the process of therapy, I was able to witness the dynamics of this enactment as they operated in constant flux with her outside difficulties.

Her white colleagues also played out the reciprocal dynamics. For instance, she reported one of them saying that she was 'uncivilised' because she chose not to socialize and have pub lunches with them. Velma was very insulted and hurt by this comment. There were other examples that included a white female teacher, who, on being very apprehensive at their first meeting, said to her colleague after she had acquainted herself with Velma, 'This lady is no fool'. Velma described having a strange reaction to this comment, because although she heard it as being a supportive remark, it also had a definite uncomfortable edge. She felt it was a grudging, backhanded compliment. Alongside these happenings were other seemingly minor incidents, of colleagues not offering her any eye-contact, not reciprocating her daily greetings, ignoring her presence and isolating her from discussions. Velma was beginning to feel like a non-person.

Obvious signs of stress were notable at this stage and were manifest by her irritability, poor concentration, forgetfulness, poor sleep, ruminating,

and holding herself together for attack. In therapy, it was clear that the *invincible* Velma was still able to cope despite carrying high levels of stress. I concluded that it was the energy from her anger, passion, personal convictions and independence (both negative and positive aspects) that was maintaining her ontological security. This situation, although admirable, raised serious concerns for her and other black people being able to endure such high levels of humiliation and shame. This flip side of cultural resilience is a very much unexplored area in psychoanalysis.

Things started to go distinctly wrong for Velma when complaints were made about her work. Colleagues found her 'too thorough' and therefore slow, as well as 'too challenging'. Her boss described her as 'difficult' and many expressed indirectly that she seemed to be 'too comfortable' in her efficiency. Others were not happy with her questioning of racial and cultural issues in the work with black children and their carers, and there were criticisms about the way she handled clients, namely allegedly giving too much attention to black children. She was seen as 'too independent and not a team player'. Over a considerable period, these 'minor' complaints persisted and slowly became more intrusive and significant in nature. The unrelenting process and grinding down nature of these unchecked situations, inevitably led to deteriorating relationships, more scrutiny of her work and monitoring of her every move. Velma started to become very ill and needed to take more and more time off work for stress.

Velma felt that she finally had to confront her white male manager about her treatment which had rolled on for 18 months. She was unprepared for his unguarded response, and reported as him saying 'What is it about your people that makes it so difficult for you to accept authority?'. For Velma, this was the last straw. Subsequent head-to-head confrontations with this manager resulted in her employers swiftly handling a subsequent allegation of serious unprofessional conduct with an immediate suspension from duties. Velma vehemently denied this allegation and treated it as the 'ultimate set-up' to 'dispose' of her.

Gradually over the next year with intermittent attempts to resume work, Velma visibly sank into further ill-health and depression. Her condition affected home life and she became concerned about her relationships with her children and husband. Guilt of damaging her family compounded her stress and she plummeted into the vortex (as depicted in Figure 1) of fear and depression. She worried that she would never be able to practice again, and started to feel extreme vulnerability. She acknowledged with great difficulty a deep sense of losing her sanity. In one session, she remarked that, 'it is very seductive at bath times to sink slowly under the water and go to sleep forever'. Such comments clearly indicated her worsening depressive state and hovering suicidal ideation. I became quite concerned for her psychiatric health at this point.

Velma later developed hypertension, late-onset diabetes and was officially diagnosed as clinically depressed. She summed up her situation thus: 'Illusion plays a very important part in creating identity. It can be someone's truth . . . my truth. When that goes, you are left shattered, even depersonalised . . . this is how I have been left feeling'. This statement not only expresses her deep loss; but it also suggests that attacks on a person's (racial) identity can destabilize their ontology security. Further damage would occur as a result of regular attendance in court during her Employment Tribunal case. Velma suffered severe panic attacks and a subsequent mild heart attack. She was officially put on long-term sick leave on full pay. From beginning to end, this particular set of workplace dynamics was drawn out for a total of 4 years and 10 months; a notably long period but not unusual for many cases of workplace oppression involving race. In therapy, Velma struggled with issues of closure, as it seemed she was neurotically driven to 'publicly shame them into the realisation that they can no longer keep black people in chains'.

The law concluded that race *did* matter in her case and that there was abundant evidence of injuries to feelings. Velma's employers were found guilty of numerous charges of racial discrimination and unfair treatment over a sustained period. She in turn felt fully vindicated in her efforts to achieve 'justice'. The losses and harm however for Velma were many and in some instances, irretrievable and long-term. The work of therapy at the latter stages was geared toward her healing and reclaiming her own state of grace.

'The internal oppressor'

From this very typical clinical case offered above, it can be seen that workplace oppression is about problematic work dynamics that are both external and interpersonal in nature. However, my research revealed that this is only two sides of the picture. Close observations of familiar recurring phrases, themes, identifications, preoccupations, metaphors in workers' stories and other symbolic language present in their narratives, left little doubt that there was a hidden dimension to this workplace phenomenon. Deep scrutiny and analysis of my findings, coupled with observable evidence from private practice, suggested there was an influential internal force that co-existed alongside external and interpersonal experiences of oppression. I see this significant outcome as having particular relevance to black people as a whole and for all therapists who work with black identity wounding and other issues of cultural trauma.

The study although limited, indicates that negative experiences of black people's historical past are still bound up with those of their present. This is not entirely new thinking and by no means a new concept. We have only to look to such writers as Lifton (1969), who examines the impact and effects

of Hiroshima on its peoples, and Dale (1988), Karpf (1996) and Schaverien (1998) whose works deal powerfully with the effects of the holocaust and aspects of Jewish identity. These writers show in their different ways how collective memory with its painful imprints can continue to transmit trauma and grief through generations of an oppressed group or race of people. Schaverien's work in particular provides us with a searing analytic account of the legacy of the holocaust and Jewish identity. However, although each of these human tragedies are uniquely different, there are areas of commonality that can help us to deal more effectively with collective trauma when it has specific regard to identity, understanding of the self and the process of healing.

What I am highlighting here is the strong possibility that powerful memory imprints from a legacy of a painful historical past might heighten oppressive workplace experiences for black people. This inescapable past, although a distant 400 years ago, seems still to be present enough to be creating a persistent post-traumatic syndrome. Therefore, the work of throwing off the shackles of the past and emerging from the entanglement of historical briars is still an important modern day (therapeutic) task for members of the black diaspora (and other oppressed groups). It would be true to say that a reflexive identity will only begin at the point where unconscious identification and fixation with aspects of one's history cease.

Akbar (1996) confirms these views thus:

our [black people's] progress is still impeded by many of the slave-based characteristics ... The objective of the discussion is not to cry 'victim' and seek to excuse those self-destructive characteristics created by slavery. In fact, the objective is to identify the magnitude of the slavery trauma and to suggest the persistence of a post-slavery traumatic stress syndrome, which still affects the [black person's] personality. It is not a call to vindicate the cause of the condition, but to challenge Black people to recognize the symptoms of the condition and master it as we have mastered the original trauma (p.25).

Attached to this central theme is another forgotten point – one that adds, in my view, an additional pain to black people anywhere today. The burden of continuing to carry the historical pain of our past in the form of a persistent post-traumatic syndrome is perhaps the peculiar result of a loud silence that denies and delays the necessary process of giving due recognition to an important aspect of humanity's history. Not only do I feel that black people continue to carry the transgenerational and intergenerational pain of their collective past, but also the burden of the other's hidden shame and their own silent witnessing.

The '*internal oppressor*' (a noun), as distinct from internalized oppression (a process), is an aspect of the Self which appears to carry around and

through the generations this historical and intergenerational baggage. Much has been written about internalized oppression (Freire, 1970; Lorde, 1984; Lipsky, 1987; hooks, 1996), which is the process of absorbing the values and beliefs of the oppressor and coming to believe that the stereotypes and misinformation about one's group is true (or partly true). Such a process can lead to low self-esteem, self-hate, the disowning of one's group, and other complex defensive behaviours in relation to one's group. Although this concept has been fully explicated in the works of the aforementioned writers, only a few, Lorde (1984) and Alleyne (2004), for example, have dealt specifically with the concept of the oppressor within ourselves – the internal oppressor and black identity.

Prejudices, projections, inter-generational wounds and the vicissitudes from our historical past are all aspects of this inner tyrant – the *internal oppressor*. They are kept alive through the transgenerational transmission of trauma. As the case of Velma clearly indicates, alongside these aspects of the internal oppressor are other factors such as our narcissistic injuries, our personal unresolved difficulties where power and domination feature as themes, and those difficult and painful experiences unresolved within our family dynamics. The nature of the internal oppressor appears to be the sum total of these characteristics, which rest in the shadow of the self. The overarching backdrop of a post-slavery/post-colonial context and the baggage of black people's internalized oppression stemming from these historical experiences all seem to play a crucial part in shaping our pre-transference relationship and attachment patterns to the white other. The clear picture being created here is one of the past and present, as well as internal and external factors, being inextricably linked and fused. This fusion raises a further key theme.

Cultural enmeshment and black ontological security

Following on from my analysis of the internal oppressor, fusion of the historical past and black people's present functioning begin to look and feel very much like states of co-dependence and more specifically, *enmeshment* (Minuchin, 1974). The historical past and its effects on the present will have the tendency to determine ontology (rooted sense in the world) in any given situation. Enmeshment as a psychoanalytic concept can help us to understand why this is so. Enmeshment is unavoidably linked to the concept of Self. For example, mother and young child are likely to be functionally enmeshed temporarily at the 'expense' of father, but later the situation will reverse to leave the mother less proximal and the father more engaged. This is a normal state of affairs in most family systems, and it allows the child to experience both parents and negotiate the process of individuation in a healthy fashion. Dysfunctional enmeshment according to Minuchin is a disorder producing developmental arrest that leads to

difficulties in disengaging from internal objects, for example, one's mother or father. With regard to black/white relations, I am suggesting the object is the coloniser. Enmeshment of this kind prevents or hampers change, growth and individuation. In the case of Velma, we see these effects in her unconscious denial of the wish for promotion after 12 years of service. Enmeshed states undoubtedly create patterns of parent/child and symbiotic attachments where both sides continually seek mutual advantage through each other. For the parent, it may be the need to continue exercising power to keep the child in an infantilized position. For the child, there might still be ambivalent needs to be looked after, be independent, and, at the same time, have someone to fight against. Inherent in these interdependent relationships is the dynamic of projective-identification previously addressed in Velma's case.

The vicissitudes of the colonial era have clearly left both parties dependent on each other, creating forms of co-dependency and identifications through the 'other'. It is my view that this state of affairs may have left black people with more struggles to negotiate in the very important process of differentiation and subsequent ownership of a state of grace. The stronghold and effects of colonialism have much to answer for in this tragedy. For the black 'other' who has been kept in the child position, being separate and autonomous might be underpinned by catastrophic fantasies of the consequences of emerging and being oneself. Tendencies therefore would be to settle for what is safe and comfortable – a state of dependence and waiting to be given opportunity – while feeling dissatisfied, frustrated and even enraged with one's situation. From a cultural object-relations perspective, this point can be understood by a powerful comment made by interviewee No. 30, who felt that black people seemed unable to initiate and be self-governing unless validated and monitored (kept in check) by the white man. Enmeshment breeds dependency and immaturity due to the developmental deficits arising from this unhealthy union. The way out of the enmeshed state is to separate out, seek autonomy and self-sufficiency. Separation in the black/white context, however, is not to be confused with or interpreted as separatism, isolation or alienation from the white other.

Co-dependence and enmeshment would clearly suggest then that there is a propensity for us as black people to seek self-definition through the white other, while also being extremely critical of this other. This tricky ambivalent situation can lead ultimately to difficulties in experiencing oneself as separate in one's own identity. Dependence on the white other whilst carrying around historical baggage and angst, can create a focus and preoccupation with this 'other' that can lead to connections (both cultural and spiritual) with the individual self becoming more elusive. Enmeshment and co-dependence in this context can become a disease of lost self-hood. To utilize one's personal energies in continually tracking the parent (the white other in this instance) can create a dynamic that heavily influences

the 'pre-transference' (feelings built up about the other that prejudices the potential for a real relationship) in any given situation. It can also lead to an over-sensitivity and anticipation of racial and cultural conflict as brought out in some instances in Velma's case.

Conclusions

Although this paper primarily focuses on the experiences of a specific racial group, i.e. black people, the findings of the study may also be of value to other minority ethnic groups whose experience of societal prejudice and discrimination is similar or problematic.

The therapeutic challenge emerging from the study is the task of knowing how to embrace the importance of one's history while cultivating the need to be reflexive. The challenge of reflexivity in the context discussed is about being self-aware of one's history, which is in continual collective development, and thus contributes to the enrichment of a new self-assurance that leads to a degree of liberation. Such challenge inevitably opens up new areas for the re-working of concepts as resilience, identity trauma and 'cultural healing' (my term). This challenge, however, is not specific to black or oppressed groups, but to all racial groups regardless of their status and position in society. However, for those groups who have historically experienced wide-scale oppression and the invisible effects of the silent legacy of the transgenerational transmission of trauma, the need for reflexivity is even greater.

The striving for cultural competence as practitioners in counselling and psychotherapy must raise the central theme of working with identity, part of which should be our history and collective development that extends across generations. Questions such as, Who am I? Where do I come from? What influences have marked me? What have I developed for myself that is independent of the collective?, all seem quite necessary and important when confronting the inner tyrant, *the internal oppressor*. In the context of invisible injuries and black identity wounding, psychodynamic and analytic approaches may provide the space for clients and patients to elucidate and make more sense of the obscure aspects of their histories in the present. Essentially, practitioners will not only be challenged to work with the post-traumatic manifestation of this past, but also with their own thinking and approaches to cultural trauma.

My intention in this paper has been to alert practitioners to the subtle and pervasive influences of race and workplace oppression and furthermore, lend a public voice to a silent tyranny that takes many black casualties in its wake. In my experience, the significance of these issues are either missed, undermined, colluded with or reacted to with indifference in the world of psychotherapy. The potential import of such material is not then given its rightful place in these contexts. However, it is important at

the same time not to overvalue such material nor assume that all black people are traumatized or blighted by racism or by internalized racial oppression. The task of the therapist is to be able to distinguish between the different issues raised by the client/patient and facilitate the work where this material might apply in the bigger picture of their personal journeying.

Note

- 1 Throughout this paper the use of the term black will refer to people with known African heritage.

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