Race-specific workplace stress

When people work in groups, businesses or institutions, sustaining cohesion can be fraught with difficulties – there are fractions, splits, diverse interests and differing priorities that can be creative as well as destructive. This highlights the challenge of being both an individual and part of the group, of having both similarities with others as well as differences. Experiences of positional power in organisations can mirror our experiences of the power adults had over us as children and the power we experienced from social, cultural and political establishments.

Whilst recognising this is common for all of us, Aileen Alleyne has also observed from her personal and professional experience that there seems to be specific patterns in work-related stress when examining the experience of black workers. Her observations led her to explore this further and she is now coming to the end of a doctoral study. Her research indicates some pervasive experiences that are of a powerful, insidious and yet subtle nature.

I CAME to this country in 1975 with the traditional and colonial values of my upbringing in Guyana, one of which was an unquestioning respect for white people. I was very naive. I came to train in nursing and was a general and psychiatric nurse for 11 years in the NHS. Subsequent trainings and positions held in student counselling, alcohol and drug addictions, HIV/Aids counselling, teaching in the NHS, have all exposed me directly and indirectly to overt and covert racial prejudice and discrimination. These were all tough experiences – yet not as tough as my training as a counsellor and psychotherapist. Especially difficult was my analytic group experience where, as the only black member of the group, I felt subjected to subtle and repetitive assaults that left me feeling completely traumatised and unsupported by the analyst. He seemed unable to deal with what was happening. As a consequence,

the painful experiences of being 'marked' and targeted for the group's negative and unwanted feelings slowly induced a crippling emotional effect. It was as if I understood the word 'trauma', especially in the collective sense, in relation to my race, my black identity, for the first time.

I still think about how a fuller understanding and ability to handle the virulent nature of race dynamics by the analyst would have helped me and the group to name, explore, understand and work through these difficulties. My (white) clinical supervisor who was supportive throughout this experience, kept asking me why I was staying – and I did stay, for three painful years. My justification was that I needed to be sure I was not running away from an important life–enhancing challenge – and I sincerely hoped things would change. Towards the end, I sat simply staring at the floor. I became mute.

Over the years, the cumulative experiences of this unheeded form of oppression have resulted in a strong desire to be liberated from its chokehold and participate in the liberation of others on both sides of the black and white divide. Past memories (feelings of being ground down and infantilised) have left its mark and I have noticed in my work as a psychotherapist that my black clients have also had similar traumatic encounters. This has led me to ask a number of questions. In particular: do black people hurt differently? If they do, how is that hurt manifested and why is it different?

As I explored these questions further, I started to see a spiral of events that seemed to lead to a miserable entrapment. These take place in a number of different settings. However, in this article I focus on my findings from my research – on experiences black workers have in the workplace. The following case study offers a bird's eye view of spiralling events typical of the experiences of the people in the research study.

Case study

Mavis is a 37–year–old black woman, who was born in Jamaica and came to this country as a child. She works as ward sister on a unit for the elderly. She manages a predominantly white female staff group and one black nursing assistant. Mavis has cherished a previous reputation for being professionally capable, a hard worker, conscientious and well respected. She is known for speaking her mind and is sometimes seen as difficult for this reason. Mavis noticed that her management strategies were

constantly questioned and debated, instructions to staff were deliberately disregarded and she frequently faced subtle challenges by some of them who appeared to support white patients' complaints about not wanting to be bathed or touched by Mavis or the black nursing assistant.

On one occasion Mavis reported overhearing one of the white nurses saying that she (Mavis) was too qualified for her own good and that if she wanted to boss people around she should go back to where she came from. This upset her terribly and when she challenged her team, she was met with a collective silence. Such situations continued and the lack of intervention from management began to eat away at Mavis. A once confident and competent manager, she started to make mistakes at work, take time off regularly for emotional stress and depression and felt less generous in her duty to care. Over the next eight months, relationships on the ward broke down further and management stepped in and took action against Mavis's ability to manage. During the next year, she remained on long–term sick leave whilst being embroiled in a bitter battle to fight her case. Mavis eventually retired on medical grounds at aged 40. She was diagnosed as clinically depressed and suffering from severe stress. Since then she has developed late onset diabetes and has been in therapy for four years.

Many readers might identify with some of these experiences. However, although stressful for anybody, what is particularly significant is the extent and impact on Mavis's physical and mental health. My research indicates this is not uncommon. Like tinnitus (constant ringing in the ear), the experiences are distressing for the sufferer, but silent to those around. These quiet acts of oppression remain an unheeded dimension of race

relations. My observation is that although subtle and seemingly insignificant, especially at first, their effects are insidiously powerful and damaging. In some cases the acts increase in intensity to become blatant racial assaults – for example, at least one respondent reported that a picture of a gorilla had been placed on her coffee mug.

The degree of similarity of experiences has been so pervasive that it has been possible for me to identify and map a series of events, rather like stages. I have come to think of this as a spiral of events that starts with a seemingly minor incident and then escalates to enormous proportions.

1. Micro and macro-aggression

At first, there seems to be a minor difficulty or exclusion. For example, a black individual may be publicly corrected, or notice that a white person never makes proper eye contact when speaking to them, feels deliberately ignored or

excluded from normal pleasantries. These are all acts of microaggression (Russell, 1998)[1], and although they are seemingly minor events, the impact on the individual over time is considerable. As former President Bill Clinton publicly acknowledged in his 29 March 1997 weekly radio address – Federal News Service – and quoted in Russell, 1998:

'…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.'

Violence to the soul causes deep wounding, shame and feelings of infantilisation. Within the workplace, the recipient registers the difficulties from here on with their white colleague or manager. The potential cohesion that may have been present in this relationship feels threatened. The

black person becomes cautious, vigilant and hyper–sensitive to future possible wounding or hurt. And, such examples of micro–aggression continue.

There may also be examples of macroaggression (Russell, 1998)[1] that occur alongside. This refers to seemingly minor attacks on the person's group or culture. Such examples can be the over–usage of adjectives such as, aggressive, frightening, threatening, and difficult, when referring to or describing black people or, viewing black men as a case in point, only in terms of the physical and dangerous. Such words and narrow perceptions of race can eventually 'mark' the individual and become words/labels that wound. When these situations occur, they are experienced as a collective assault, as well as an assault on the individual that highlights their difference in a negative and reductionist fashion.

2. The worker responds

Examples of micro and macroaggression continue and eventually the worker responds. Reactions might be overt or a complete withdrawal from the situation. When it is the former, the most common response is: 'You are being too sensitive/you have a chip on your shoulder/you are being difficult'. The worker's hurt is not recognised with such dismissals and on some level, the individual then turns their pain inwards. Over time, the worker becomes more pre–occupied with their external situation. Internally, they may experience impotence and a feeling that no one believes them. This adds a secondary trauma to the original hurt.

3. Mistakes/slip-ups

As the worker becomes more pre–occupied with their situation, they may start to make mistakes at work. These slip–ups get noticed and their manager highlights them in an

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exposing manner. As this situation continues, the worker may feel a deep sense of unfairness, harassment and even victimisation. The worker may become engaged in much ego–justification which is usually a defence against being devalued and a reaction to feeling powerless.

4. Management's response

Respondents' experiences suggest that management may either adopt a complicit role in these difficulties, thereby leaving the worker unsupported and undervalued, or they may over–react, showing a lack of skills in managing these situations in a fair and competent manner. Some workers have reported receiving 'penalties', e.g. increased work load and being transferred to another department, for challenging the status quo. Others have described 'conspiratorial' managerial efforts that sought to set them up to fail. Very few respondents reported receiving fair and just treatment in a consistent manner.

5. Crisis

At this stage events have spiralled to a crisis. The individual is extremely distressed and unhappy and both sides may become entrenched in individual positions. The manager may issue a formal warning and instigate unusually quick actions for disciplining the individual. The worker by this time may respond in one of three ways:

1. Feel completely powerless and become completely withdrawn

2. Become indifferent (for example, working to the minimum standards and withdrawing all generosity)

3. Fight back – over–react, possibly shouting, 'racism!'

In the latter case, even though discrimination may have been a critical part of events, it is not the whole story – but the black worker may blanket their problem with the accusation of racism and this

creates more entrenchment. By this stage, attendance at work is erratic with more and more time taken off for sickness. Usually the worker has seen their GP and often they will have been prescribed sleeping tablets and/or anti–depressants. In the study, there has been a pervasive similarity in other medical conditions. These include:

● Chronic Fatigue Syndrome, very similar to ME

● Late onset of diabetes amongst men and women

● Hypertension

● Mood swings and personality changes

The problem with all of this is that events have spiralled to such an extent that the individual falls prey to ill health and it seems there is no alternative but to:

● retire from work on medical grounds,

● be dismissed from work and/or

● fight the battle in a law court.

Yet, with proper understanding and handling of these situations, all of this could have been resolved much earlier. So, as therapists, we need to be mindful of these dynamics when working with individuals who find themselves caught up at any stage in such a spiral.

Working with invisible injuries and race-related stress

In the earlier stages, clients may report incidents of micro or macroaggression. It may be that if this has just started, they are unaware of the full impact these incidents have – or might have. However, if they are in therapy at this point, they already have a place where these incidents can be named and processed and options for responding can be explored.

Those who come into therapy at a later stage, and possibly as a result of the stress they are now conscious of, may well have already presented to their GP and be

experiencing a number of medical and psychological symptoms. In addition to those already cited, we can be alert to experiences reported by respondents and clients of:

● Having dreams or nightmares about going to work

● Feeling ground down

● Feeling oppressed

● Feeling as if work had taken over, had hijacked their internal sense of self, had become a source of emotional terrorisation

Clients may present with post–traumatic symptoms, such as re–playing painful and difficult work events over and over. They may have low level or clinical depression, headaches, sleeplessness, tearfulness. They may also present with psychosomatic symptoms such as vague and recurring pains in the stomach, head or body generally. One respondent from the study was convinced that she had terrible bad breath because as she put it – 'every time I opened my mouth, I was shut down'. There is also likely to be a loss of libido and considerable irritability.

Above all, when clients are caught up in this spiral, they need to talk, be heard and be believed. Many people may choose to stay in their situation because they are worried about getting another job and keeping up financial commitments. It is important they receive support for their experience, their sense of self, and to develop a critical awareness to feel empowered.

Conclusion

I believe a central theme in counselling and psychotherapy is about dealing with issues of identity. I believe that this includes looking at our history and the collective development that extends across generations. Questions I consider to be at the heart of this work are: Who am I? Where do I come from? What experiences have marked me? What is my relationship with my history? What have I developed for myself that is

independent of the collective? How are events in the objective world involved with my subjectivity? How might I examine and review such matters?

So, I see the role of the therapist as providing a healing space where the client can restore a sense of self and review their internal and external responses for more effective outcomes.

We should not fall into the trap of reducing such a complex subject to a simple case of white managers and white peers being bad or that all black people are helpless victims of racial oppression. There is a real need to recognise that there are well–established traditions and complex systems of (white) power which shape the way in which social relations and practices are actually experienced by black people, both within the workplace and in society at large.

Structures are still not in place to deal with these phenomena effectively. Through my work, I am coming to realise that there are urgent challenges for us as practitioners to be more conversant and culturally competent in working with the more silent and subtle aspects, as well as the visible aspects, of racial oppression in our clients' external realities and their effects on emotional and psychological health. Race–specific workplace stress or oppression is one such challenge which also requires organisational management and Human Resources personnel to re–evaluate their existing workplace policies and practices.

The term 'black' is used to indicate people with African heritage. The great majority of the respondents interviewed were black British, African Caribbeans and African nationals. ■

Interview by Karen Minikin.
See also July CPR *for Aileen Alleyne's full research paper.*

References

1. Russell, K. The Color of Crime. New York: University Press.1998