Racism as Living Brutality

Narendra Keval

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When you land at the airport of Cape Town, South Africa, you can't help but notice the beautiful backdrop of the mountains and the scenery as you leave the airport terminal and head for the road, and then it hits you on both sides of the motorway – the legacy of brutalized living that was apartheid. Rows of corrugated iron shacks crammed together like any third world shanty town, piled on top of one another or side by side, spaces and lives demarcated along racial lines by historical circumstance. You are forced to notice this again when you head for the airport to leave.

When I drive to the university, I am struck by a whole array of images that stay with me: children playing in the school grounds with a back drop of broken windows of the building and heaps of rubbish surrounding the perimeter fencing, where people are sometimes seen rummaging through the trash or simply sitting on it looking aimlessly at their surroundings. Children run and dodge the cars across the motorway, targeting them at the traffic lights, either begging or selling. It is all predictable; I expect that they will be there tomorrow and the day after. They often don't get a second glance.

At the university, I am often struck by the fact that staff and students carry keys with them to lock the doors on leaving or on entering a room. It is almost like a ritual -- one which I have now joined. It reminds me of my days of working in a forensic hospital with violent criminal patients, where we all carried keys that locked the doors of rooms we had entered before opening the next one in front. At lunch time, all the cutlery had to be counted before any patient left the canteen. Nobody gave it a second thought. We even joked about it to make things more manageable; the joking masked the fact that our security rituals involved vigilance rooted in our deep anxieties about our safety. We were afraid that an act of murder might take place anytime and that any one of us could be the casualty. We were in some small and silent, but significant, way brutalized and traumatized and this went some way toward explaining the number of brutal incidents that took place between patient and nursing staff and the extent of staff sickness.

What doesn't get a second glance hides the fact that the traumatizing agent has already seeped in and done its damage in a silent way so that brutalized living becomes the norm. This is most graphically and painfully the case in the most impoverished communities, but it is also present in our preoccupations and vigilance about safety in all the social spaces we inhabit in South Africa.

What apartheid did was to make people of color feel marginal, devalued or subhuman. Devaluing, debasing, humiliating or ignoring, forgetting, negating and spoiling is what racism is about. When the United Nations described apartheid as a crime against humanity, it was describing a criminal act with murderous intent. Apartheid and racism attempt to murder all the links or connections that make up our secure base, beginning with the mother-infant bond and moving to the symbolic world of language and culture – all that gives us a sense of security and comfort in our own skin. The puncture and fracture from racist assault can cause a confusion about who one is and how one relates to self and others even when it appears as if everything is being managed well.

The assaulted individual must work through feelings of profound shame and humiliation. Painstakingly and slowly, the trauma must be integrated into the individual's identity. If it remains encapsulated as an alien experience, it continues to possess the potential for wreaking havoc to the individual if reawakened by either internal or external events. Mourning allows us to integrate these unthinkable experiences. It enables us to recover the capacity to use our aggression to be assertive and to protect ourselves from racism in the external world and from our own tendencies towards it. However, the process of mourning is complicated if anger and rage cannot be expressed directly to the perpetrator. When a regime or government is, itself, the perpetrator of racism, as in apartheid South Africa, the task of confronting the aggressor is made all the more difficult. When the normal avenue for expressing anger and rage is blocked, because of a fear of punishment, both real and imagined, the aggression gets re-directed towards the self or the community. However, in so doing it develops into what I call an *internal culture of brutality*. Malignant racism is taken into the self so that the individual becomes the perpetrator. One function of this may be a reversal or mitigation of feelings of powerlessness and an expression of legitimate feelings of entitlement and desire for compensation for all that has been irretrievably lost.

Clinical Example

Racist brutality internalized by the victims of racism can express itself through attitudes of moral superiority or through acts of revenge and racism toward individuals perceived to belong to a group that has shamed and humiliated its victims. Alternatively, it can be

directed towards one's own ethnic identity through self hatred. One instance of such a failure to mourn was brought to my attention quite dramatically in my work with a patient a number of years ago (Keval, 2001). He was a black Afro Caribbean man who told me quite casually in one session that he wanted to peel his black skin off to avoid what he felt was the daily hatred directed at him by white people. In exploring this with him, it became apparent that, whilst his conscious wish was to make his pain more tolerable by removing his black skin from the gaze of white people, in his unconscious life this wish was an act of murder. By cutting himself out of life he had become the very racist that he despised.

The story was complicated, as it usually is in our kind of work, by the fact that, in his childhood, his black father, who became psychotic, from time to time would try to wash the son's black skin in the mad hope that this would make the skin lighter. The father, too, had a history of being traumatized in many different ways, including suffering a racist attack by a gang of white youths, which resulted in a serious head injury. The patient's problem was that, internally, his grievance towards the white world also linked up with his father's racist hatred of him; he was trying to please his father, but it was a deadly pact. He was going to murder himself, his black self, to get his father's 'white' love and approval.

Internally, he found it difficult to extricate himself from this situation, as behind every racist encounter was the ghost of his father lurking in the background, a father whom he desperately needed for his own development but with whom he was caught up in a brutality which he acted out on his skin and other white authority figures until it escalated into criminality and then being incarcerated for terrorizing others in an armed bank robbery. It was only in the solitude of prison life that he began some soul searching and was fortunate enough to have had various mentors who steered him towards further help when he left prison.

This was the bigger story behind his request for help with his racial identity. He was telling me he was not comfortable in his own skin. We have to remember that what the patient cannot recall or remember (Freud, 1914b), he is doomed to repeat and re-enact again and again until the story is heard, emotionally felt in the guts and understood by both the patient and therapist. Only then can it be integrated into the self, not cut out or peeled off. This patient repeated and therefore transmitted his intergenerational story by playing it out with me as he had experienced it himself.

This came out in a dramatic way in one session when he demanded to see a black therapist who he felt would understand him better. This was after he had come to the session agitated by the way two white ladies had clutched their handbags when passing him on the street. He was full of rage and felt that only black people could really understand the pain of being treated this way. In one sense, he was right, of course. In this moment, he just wanted to be in the concrete safety of a black person. He felt that the sense of being the same would give him a temporary sanctuary from what he felt was the subtle hatred of the outside world. In one sense, he was right, of course. But there was a twist to this story, which gradually emerged.

I wanted to explore with him what he felt that I, an Indian therapist, was failing to pick up that a black therapist would understand. He was having none of this. He felt that I was not suitable to help him simply by virtue of the fact of my not being black. The patient was affectively communicating to me that he had entered an area of his mind in which only absolute, concrete alternatives existed. A wish for certainty often follows in the wake of a traumatizing experience which throws the capacity to think more symbolically (Garland, 1991) out the window, if only temporarily. At such moments, different viewpoints cannot co-exist. At the receiving end of this absolute conviction or certainty, I understood the experience of being stopped dead in one's tracks.

The patient was also issuing me a challenge: "Prove to me that you are good enough to help me." I thought he was getting me to experience what it felt like to have a skin color that was deemed inferior. He wanted to wash my brown skin off, just as his father wanted to wash his black skin off to make it lighter. This was the narcissistic wound he wanted me to experience. The racist attitude of his father was now in the patient coming out in the room with me. He was unconsciously identified with this brutality that made him want to peel his own black skin off. Only once this patient's story could be lived out and understood in the consulting room could his murderous attitude be contained with some hope of his being better able to manage it himself.

For the individual or for the community, becoming caught up with an internal culture of brutality puts well-being at risk. It can result in all sorts of recklessness regarding the self and others. This is particularly poignant in post apartheid South Africa where interpersonal violence has reached extremely disturbing levels. I wonder whether acts of criminality, which attempt to violate, steal and murder individuals' private spaces and boundaries, is an unconscious communication about how the traumatizing agency of apartheid was experienced internally and continues to repeat itself. The actors have changed and the details of the plot, but has the underlying script?

Irrespective of one's ethnicity or color of skin, the lived experience of race and racism is always present in subtle ways in the privacy of our daily thoughts, feelings, imaginations and

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dreams. Racism can be played out crudely, such as in the way our social spaces and communities have been arranged spatially and economically or in the most subtly destructive ways in relationships. If we are to be of use to our patients, we must provide space for them to come face to face with their internal culture of brutality, however painful a prospect this is for them and for us. What has often been overlooked is that such acceptance and exploration can make way for a benign increase of curiosity, a flourishing of the imagination in regard to the role of race as opposed to the traumatic need for absolute certainty and control.

Narendra Keval works for the United Kingdom Health Service and is in private practice. He trained and worked at the Tavistock Clinic. He has just completed two years as a Visiting Senior Lecturer at the University of Cape Town, South Africa.

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Email Exchange:

Dear Naz,

... I want to mention a conversation I had in Cape Town and a description my 21 year old daughter shared with me after I returned home. In SA, I was traveling with a group to which Ben, a "colored" driver was assigned. When Ben was a teenager, his family was displaced from District Six. I ended up having a number of conversations with him in which his efforts to look on the bright side -- he has a job, for instance -- were constantly in combat with lingering feelings of great bitterness. One morning, he spoke to me about how, when he was a little boy, his father was his hero. Then, when he became a teenager and his father was forced to accept the new housing the government allotted them, Ben ceased for a long time to respect him. Intellectually, he realized there was no alternative, but the image of his father as strong and indomitable was shattered. Sometime later, that same morning, without consciously connecting the two topics, he mentioned to me how, several years ago, a heartbreaking event had occurred to him. He owned, or at least had access to, two taxis and felt quite pleased at being his own boss. But then, his nine year old daughter's class were given as a school project to do presentations about their families. One day, Ben (very atypically) took the afternoon off and came home to take a nap. His daughter came home from school and his wife asked her how the presentation had gone. "OK," was her response. The mother pressed her and finally, unaware that her father was resting in the next room, she spoke about being embarrassed to mention that her father was a cab driver. He told me that at that moment, he burst into tears.

Ben's stories reminded me of Freud's account of his father telling him about how once he was on the street, nicely dressed, wearing a new fur cap. "Up comes a Christian, who knocks my cap into the mud, and shouts, 'Jew, get off the pavement!'" Freud asked his father what he did then and his father calmly told him that he had simply gone into the street and picked up the cap. "That did not seem very heroic on the part of the big strong man who was leading me, a little fellow, by the hand." Ben's story also rang a bell with my daughter, when I reported it to her. Her roommate at college is from the Dominican Republic and very dark skinned. Once, she was driving with her father in Indiana. Police stopped the car for some trivial reason and were demanding, abusive, etc. The father, a big man known by his daughter for his assertiveness, meekly answered all their questions, showed all the documents demanded, etc. When his daughter asked why he had behaved this way, his response was, "We're in Indiana." Indiana is Klan territory....

Dear Frances,

... I found your account of your experience in South Africa very moving and interesting for a number of reasons. First I have noticed that the type of observations you made of your interactions are seldom made by fellow South Africans living here or if they make them, they are not talking openly about them which makes me think of what the societal silence around the issue of race is about. Secondly, the point you make about the link with Freud's experience is very interesting because of this sense of silence which seems to have pervaded psychoanalysis, as if something indigestible has gotten transmitted and repeated onto the realm of ethnicity and racism. I wonder if it is being enacted by the relative silence on the subject matter when it comes to grappling with it in the consulting room. Certainly there is, as you point out, much shame, embarrassment and humiliation to contend with....