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MY GRANDMOTHER'S HANDS: RACIALIZED TRAUMA AND THE PATHWAY TO MENDING OUR

HEARTS AND BODIES

by Resmaa Menakem

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Reviewed by Wendy Whelihan, PhD, LMFT

Abstract

My Grandmother's Hands addresses racialized trauma in contemporary American life, positing that our innate capacity for healing trauma lives in the bodies of individuals, and can be spread within families and through communities. Author Resmaa Menakem guides readers through a brief history of the progression and transmission of trauma from medieval Europe to America, then distills 25 years of trauma theory and research, and applies it to a thoughtful analysis of present-day racism in America. Finally, Menakem offers concrete exercises and practices designed to metabolize trauma in the bodies of three groups of Americans: Black bodies, white bodies, and police bodies.

Keywords: White-Body Supremacy; Racialized Trauma; Vagus Nerve; Clean Pain/Dirty Pain; Settling

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My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies is an essential book for our times, addressing racialized trauma in contemporary American life and offering a clear path for profound cultural healing. Author Resmaa Menakem guides readers through a brief history of the progression and transmission of trauma from medieval Europe to America, a history rooted first in violence *between* white European bodies and moving later to violence perpetrated *by* white bodies onto Black bodies. Menakem then distills 25 years of trauma theory and research, and applies it with grace and precision to present-day racism in America.

The book's title, My Grandmother's Hands, harkens to the author's childhood memory of his grandmother asking him to rub her sore hands. In doing so, he noticed her fingers were thick and calloused, and, upon asking her why they were that way, he learned that she worked in sharecropping fields from the age of four into adulthood. The calouses were scar tissue accrued from years of picking cotton, laden with spurs. Decades later, her hands still bore her history. At the heart of this book is a central, organizing principal: our innate capacity for healing trauma lives in the bodies of individuals, and it is only through tending to the body that communal and cultural transformation can occur. While the book is intended for all people, Menakem speaks directly to three groups of readers: people who have Black bodies, people who have white bodies, and people who have police bodies. Drawing from his expertise as a seasoned and esteemed body-centered trauma therapist, he offers readers concrete practices at the end of each chapter to metabolize trauma held in our bodies, and to bring our healed presence or, as Menakem names, our settled bodies, into our families and communities.

THE HISTORY OF WHITE-BODY SUPREMACY

Menakem acknowledges that trauma—and its antecedent forms of violence: murder, butchery, torture, oppression, abuse, conquest, enslavement, and colonization—has existed for millennia. For the purposes of explicating the racialization of trauma, though, he brings readers to 16th century England, where wealthier, more powerful white bodies routinely inflicted brutal violence on poorer, less powerful white bodies as a means of instilling fear and keeping the social order. These practices, such as being burned at

the stake, tortured, or hung, along with the hardships of poverty, starvation, overcrowding, and the Great Plague, caused deep-seated trauma in the bodies of many English and other European colonists who crossed the divide to America.

It was not until the late 1600s that white Americans began to codify what was to become white-body supremacy via the construct of race. The social construction of race and the formalization of white-body supremacy, Menakem purports, soothed the dissonance between more powerful and less powerful white bodies created by generations of white-on-white trauma. White people, poor or wealthy, now had an easily identifiable way to claim power and privilege—by seeing themselves as superior to Black people. Despite being an irrational myth, race became an organizing construct, operating at every level of American life: our institutions, structures, beliefs, practices, and narratives. White body-supremacy has served as the rationale and justification for white bodies inflicting violence on Black bodies throughout the history of our country: with slavery, Jim Crow-era laws and practices, mass incarceration of Black men, and police brutality and the killing of young Black men in the streets of our cities.

RACIALIZED TRAUMA IN CONTEMPORARY AMERICA

While the neurobiology of trauma is complex and we still have much to learn, Menakem offers a concise definition and neuropsychological summary. He describes trauma as the body's protective response to something it perceives as potentially dangerous. This reflexive response is initiated by the part of our brain often referred to as the *lizard brain*; it doesn't use reasoning, but is instead wired for instinctual survival and protection. When the lizard brain senses danger, it bypasses cognition and issues one of three survival commands: *fight*, *flee*, *or freeze*. Once a survival command is initiated, a complex network of neural structures called the vagus nerve, connecting the brainstem, pharynx, heart, lungs, stomach, gut, and spine, is activated. These survival-oriented trauma responses can be characterized as fierce and fast, usually activating constriction in our muscles.

Trauma is experienced for various reasons: for example, an experience is unexpected, involves the death of many people, lasts a long time or repeats itself, has unknown causes, is deeply poignant or meaningful, or impacts a large area and/or a large number of people. Trauma is also unique to each body; how someone responds to potentially traumatizing circumstances depends largely on one's particular makeup, the precipitating experiences themselves, and by the epigenetics of historical trauma—passed through generations—already embedded in the body.

According to Menakem, white-body supremacy, to some degree, is *always* functioning in the bodies of *all* Americans, both consciously and outside of our awareness. It is the sole operating system responsible for the perpetuation of racialized trauma in this country. Along with other forms of institutionalized trauma, such as gender discrimination and sexual orientation discrimination, racialized trauma differs from acute-incident trauma in that it is *repetitive* and *cumulative*. When racialized trauma occurs repeatedly over time and through generations, its effects are compounded, often devastating the physical, emotional, and relational health of those people affected. Menakem refers to this phenomenon as *traumatic retention*. Additionally, despite their entitlement to privilege and power, those bodies who perpetuate white-body supremacy by inflicting racialized trauma on others accrue their own form of destructive, racialized trauma. Various studies show that, in both processes, racialized trauma not only lives within individuals, but also spreads from person to person, within families, and in communities at large, like a rock thrown in a pond, causing ripples moving outward.

BLACK-BODY TRAUMA AND HEALING

African Americans today know trauma intimately; they feel it in their own nervous systems and witness it through the experiences of loved ones. In addition to more overt forms of oppression, violations of Black bodies, hearts, and minds happen every day

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through chronic stressors, micro-aggressions, and lack of regard—all stemming from being seen and treated as *other*. In the system of white-body supremacy, Menakem points out, the most pervasive myths put forth about Black bodies are simultaneously idealizing and devaluing (p. 90):

The Black body is dangerous and threatening.

The Black body is impervious to pain.

The Black body is incredibly strong and resilient—almost invulnerable.

The Black body is hypersexual.

The Black body is dirty.

The Black body is unattractive, especially in comparison with the white body.

From these beliefs, then, white-body supremacy holds that the Black body—especially an unfamiliar one—needs to be managed and controlled by any means necessary.

It has been established for some time that oppressed people internalize the beliefs and strategies of their oppressors, leading to self-contempt and internalized bigotry. Many African Americans berate themselves and each other for being Black, for being too Black, for not being Black enough, or for other reasons associated with Blackness. This internalized self-hatred, rooted in white-body supremacy, runs so deep that it often exists outside conscious awareness. Additionally, dark-skinned immigrants in this country sometimes question why African Americans seem more affected than they themselves are by white-body supremacy and by social stressors in general. Menakem offers two explanations for this difference. First, the trauma African Americans carry in their bodies is qualitatively different from that carried by dark-skinned immigrants, because their historical experiences are qualitatively different. African Americans struggle more because, unlike African immigrants, they did not *choose* to come to this country. And for generations, African Americans have lived under unrelentingly brutal conditions and

their bodies have stored trauma and intense survival energy passed on from one generation to the next.

For African Americans, Menakem states, mending their hearts and bodies begins by noticing how white-body supremacy operates inside Black bodies via traumatic retention and the reflexive urge to make white people feel comfortable. Black Americans can use this deep knowledge to manifest healing by learning and teaching about traumatic retention and historical and intergenerational trauma, raising leaders, naming children (and themselves) after Black role models, and teaching children the basics of body awareness and somatic healing.

WHITE-BODY TRAUMA AND HEALING

The trauma carried in white bodies is an equally real form of racialized trauma. While white-body supremacy benefits white Americans in some ways, it also does great harm to white bodies, hearts, and psyches. Bystanding or participating in the willful harming of others based on race inflicts a moral injury that creates shame and its own trauma. In a contorted way, it diminishes white Americans' sense of our own strength and abilities. The inverse corollary to white-body supremacy's assumptions about Black bodies is an equally erroneous conjecture that white bodies—especially in relation to Black bodies—are extremely weak and vulnerable and, therefore, in need of soothing and protection. Distilled to its essence, the message from white bodies to Black bodies is: *I need you to protect me from you*. The term now widely used to describe this nonsensical notion, white fragility, was first coined by Robin DiAngelo in her book of the same name.

Expounding on DiAngelo's concept of white fragility, Menakem makes a critical observation: the most destructive manifestation of white fragility is its reflexive confusion of *fear* with *danger* and *comfort* with *safety*. When a white body experiences fear or

discomfort in the presence of a Black body, the lizard brain may interpret those feelings and sensations as danger and a lack of safety, and thus activate the vagus nerve, setting off a rapid, reflexive response, resulting in fight (aggression or violence), flight (avoidance), or freeze (disassociation or paralysis). Because fantasies of white fragility and Black invulnerability get held in the body, and have been passed from generation to generation over two centuries, this reflexive response can occur even in the bodies of white Americans who have spent their lives as civil rights activists, social progressives, or otherwise well-meaning citizens.

Menakem provides readers with an elucidating list of the ways white fragility manifests in white Americans today (p.100):

- False compatriotism: "I'm Jewish, or Muslim, or lesbian, or trans, or someone who grew up in poverty, etc., so I face the same oppression and issues the African Americans do."
- Fleeing into statistics: "Eighty-five percent of the city's residents say they haven't
 experienced racism, so you must be imagining things; on a per capita basis, Black
 people commit more crimes than white people, so racial profiling is an obvious,
 sensible, and fair police response."
- Fleeing into legalism: "I know it looks like that cop shot your child, but we need to wait until all the facts are in."
- Blaming the victim: "If Tamir Rice had had the common sense not to play with a toy gun in a public park, he'd be alive today."
- Blaming the victim's caregivers: "You should have taught your son not to litter; then he wouldn't have gotten grabbed by the throat."
- Blaming the Black body: "If Eric Garner had taken better care of himself, he'd still be alive."
- Distraction and misdirection: "You're actually talking about class, not race."

- Exceptionalism: "Everything you say is true for most white people. But I'm different. I'm not like those other, racist white people. I get a free pass."
- Taking offense: "You were rude to challenge my wife in front of everyone; now you've ruined the party."
- Pre-emptive verbal strikes: "Oh let me guess, you're going to play the race card now."
- Pre-emptive physical strikes: "She was reaching for something; it could have been a gun; I was afraid she would shoot me. How could I know she was just getting her phone to call 911?"
- Crying, which sends the message: "I'm so fragile and in so much pain. Now soothe me!"
- Proclaiming white guilt, which sends the message: "I'm bad. Now soothe me!"
- Defensiveness through association: "Listen. My boss is Black, and my mom marched with Dr. King."
- Incredulity: "Reparations? That's crazy talk! It's not like Germany paid reparations after World War II!"

Menakem calls for a reckoning in which white Americans take responsibility to call out white-skin privilege, white-body supremacy, and white fragility whenever we see it. He invites white people to self-confront and develop the capacity to tolerate our own racial discomfort rather than expecting Black people to comfort us. He also calls us to acknowledge that no matter how progressive we may be, the presence of an unfamiliar Black body may sometimes trigger an alarm in our lizard brains, requiring us to skillfully settle our bodies rather than act reflexively. We must heal our own historical and secondary trauma by acknowledging the privileges automatically afforded us because our skin is white. We must also share our privilege with others through conscious actions: learning about Black history, supporting Black authors, cultivating friendships with Black bodies, voting African Americans into office, and making small but meaningful choices like, when given the choice, getting in the line of a Black cashier at the grocery

store or bank. Within our subculture, white Americans can lead the transformation from white-body supremacy to *whiteness without supremacy* by holding a narrative of hope, redefining roles, developing rituals, mentoring, and practicing good self-care.

POLICE-BODY TRAUMA AND HEALING

For many law enforcement officers, the chronic stress of routinely dealing with traumatized people and the experience of both witnessing and participating in violence can itself be traumatizing. Compounding this is the toll white-body supremacy takes on the bodies of our law enforcement professionals, regardless of their race. Specifically, white-body supremacy has many police bodies experiencing African Americans as potentially dangerous *foreign* bodies that need to be corralled, controlled, damaged, or destroyed. This is one of the reasons why reflexive fight, flight, or freeze responses—especially fight—so often occur.

Menakem posits that there has been a movement toward *militarization* within the law enforcement profession over the last twenty years. The shift from a practice of *protect*, *serve*, *and keep the peace* to one of *control*, *arrest*, *and shoot* results in officers being physiologically activated most of the time. This, coupled with the fact that a large percentage of law enforcement officers live outside—and are therefore disconnected from—the communities they serve, results in police bodies acting more like soldiers than peace officers in the towns and neighborhoods they serve. To members of these communities, police feel like foreign bodies, brought in from the outside as an occupying force. For community health, police officers' bodies need to be calm and settled (able to respond with reason and empathy) 90% of the time, and activated (ready to respond to perceived danger) 10% of the time—the exact opposite of what currently occurs.

The way American police culture will change, Menakem suggests, is through law enforcement professionals taking better care of themselves and learning to settle their bodies so they can remain calm and centered most of the time, and choose activation only when they need it. He encourages officers to stand up to the departmental status quo if the status quo involves respecting some bodies over other bodies. Departmental or unit leaders can support the mental health of other officers by training them in the basics of trauma and psychological first aid; encouraging the use of settling practices; and creating an organized, coordinated environment that consistently supports the health, sanity, and resilience of police bodies throughout their careers.

SETTLING AND HEALING

The most hopeful message this book offers is that there is *one* essential task that all of us—in every community—must learn for healing to take place. We all need to build a tolerance for bodily and emotional pain and discomfort so we can effectively learn to settle our bodies and metabolize trauma over time.

Referencing the work of couples therapist David Schnarch, Menakem stresses the importance of differentiating *clean pain* from *dirty pain*. Clean pain occurs when we tolerate the (sometimes intense) discomfort of vulnerability and uncertainty so we can respond to stressful circumstances with honesty and presence. Clean pain mends and builds the capacity for growth. Dirty pain is the pain that comes when we respond to distressing situations from our most wounded parts; it inevitably leads to avoidance, blame, denial, and violence. Menakem hypothesizes that the perpetuation of white-body supremacy occurs largely because of people's refusal to experience clean pain around the myth of race. Conversely, eradicating white-body supremacy can happen only when people learn and commit to processing clean pain.

Menakem suggests five "anchors" for moving through clean pain. The first anchor, *settling*, is the foundation for all the others. It is the practice of learning how to work with your vagus nerve by consciously and deliberately relaxing your muscles and soothing yourself during high-stress situations. Settling is a way of slowing down and feeling into your body. The second anchor is *noticing* sensations, vibrations, and emotions in your body instead of reacting to them. The third anchor is *accepting* any discomfort, and noticing when it changes instead of trying to flee from it. The fourth is *staying present* in your body through experiences imbued with ambiguity and uncertainty, and responding from the best parts of yourself. The fifth anchor is safely *discharging* any energy that remains. These anchors must become daily practices for significant healing to occur.

COMMUNITY AND CULTURE

A settled body helps other bodies it encounters. If enough of us bringing our settled, healed bodies out into the world and *harmonize* with each other, repeatedly, over time, and within the right context, harmony can become culture. The possibilities for harmonizing with others are simple and abundant: singing together, group drumming, rhythmic group clapping, humming in synch with others, caring touches, braiding and combing each other's hair, cooking together, gardening together, hugging people mindfully, breathing together, crying or wailing together in times of grief, and breathing together, to name just a few. Healing white-body supremacy begins with our bodies, and must spread outward through our families, communities, and culture. Culture involves elders, rituals, symbols, uniforms, displays, rules, stories, mentoring, roles, titles, awards, codes of behavior, and shared history. Healthy culture is incredibly soothing to traumatized bodies, and creates a sense of belonging—such an essential desire for humans. Thus, the need for body-centered social activism is great.

My Grandmother's Hands is a book that beautifully articulates an imperative for all adults to heal and grow up—by way of our bodies. Only then can white-body supremacy be eradicated. Because Black Americans, white Americans, and the police have each developed their own subcultures, Menakem suggests that the first step for healing must be for each group to create profound change within its culture. Once there has been significant healing in each group, we can slowly begin to reach out to each other across culture and share in our humanity.

Wendy Whelihan, PhD, LMFT has been a family and trauma therapist for 18 years. She received her master's degree in Community Counseling in 1995 from the University of Wisconsin, and her doctorate in Family Social Science in 2000 from the University of Minnesota. She is certified in EMDR (Eye Movement Desensitization and Reprocessing), hypnosis, and Relational Life Therapy. Wendy served as faculty at the University of St. Mary's, teaching master's-level courses for the Marriage and Family Therapy Program, and facilitated couples workshops around the country for the Relational Life Institute. She is currently in private practice in the Loring Park neighborhood of Minneapolis, Minnesota, and lives with her two sons in the Linden Hills neighborhood of Minneapolis.

Resmaa Menakem MSW, LICSW, S.E.P. has appeared on both *The Oprah Winfrey Show* and *Dr. Phil* as an expert on conflict and violence. He has served as director of counseling services for the Tubman Family Alliance and as behavioral health director for African American Family Services, both in Minneapolis, Minnesota; and as a Cultural Somatics consultant for the Minneapolis Police Department. As a Community Care Counselor, he managed the wellness and counseling services for civilians on 53 U.S. military bases in Afghanistan. Resmaa currently teaches workshops on Cultural Somatics for audiences of African Americans, European Americans, and police officers. He is also a therapist in private practice in Minneapolis.

Correspondence about this article should be addressed to Wendy Whelihan at wwhelihan@gmail.com