

Session 11 Supplement: Excerpt “My Grandmother’s Hands”

By Resmaa Menakem

...For the past three decades, we’ve earnestly tried to address white-body supremacy in America with reason, principles, and ideas—using dialogue, forums, discussions, education, and mental training. But the widespread destruction of Black bodies continues. And some of the ugliest destruction originates with our police. Why is there such a chasm between our well-intentioned attempts to heal and the ever-growing number of dark-skinned bodies who are killed or injured, sometimes by police officers?

It’s not that we’ve been lazy or insincere. But we’ve focused our efforts in the wrong direction. We’ve tried to teach our brains to think better about race. But white-body supremacy doesn’t live in our thinking brains. It lives and breathes in our bodies.

Our bodies have a form of knowledge that is different from our cognitive brains. This knowledge is typically experienced as a felt sense of constriction or expansion, pain or ease, energy or numbness. Often this knowledge is stored in our bodies as wordless stories about what is safe and what is dangerous. The body is where we fear, hope, and react; where we constrict and release; and where we reflexively fight, flee, or freeze. If we are to upend the status quo of white-body supremacy, we must begin with our bodies.

New advances in psychobiology reveal that our deepest emotions—love, fear, anger, dread, grief, sorrow, disgust, and hope—involve the activation of our bodily structures. These structures—a complex system of nerves—connect the brainstem, pharynx, heart, lungs, stomach, gut, and spine. Neuroscientists call this system the *wandering nerve* or our *vagus nerve*; a more apt name might be our *soul nerve*. The soul nerve is connected directly to a part of our brain that doesn’t use cognition or reasoning as its primary tool for navigating the world. Our soul nerve also helps mediate between our bodies’ activating energy and resting energy.

This part of our brain is similar to the brains of lizards, birds, and lower mammals. Our lizard brain only understands survival and protection. At any given moment, it can issue one of a handful of survival commands: *rest, fight, flee, or freeze*. These are the only commands it knows and the only choices it is able to make.

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White-body supremacy is always functioning in our bodies. It operates in our thinking brains, in our assumptions, expectations, and mental shortcuts. It operates in our muscles and nervous systems, where it routinely creates constriction. But it operates most

powerfully in our lizard brains. Our lizard brain cannot think. It is reflexively protective, and it is strong. It loves whatever it feels will keep us safe, and it fears and hates whatever it feels will do us harm.

All our sensory input has to pass through the reptilian part of our brain before it even reaches the cortex, where we think and reason. Our lizard brain scans all of this input and responds, in a fraction of a second, by either letting something enter into the cortex or rejecting it and inciting a fight, flee, or freeze response. This mechanism allows our lizard brain to override our thinking brain whenever it senses real or imagined danger. It blocks any information from reaching our thinking brain until *after* it has sent a message to fight, flee, or freeze.

In many situations, our thinking brain is smart enough to be careful and situational. But when there appears to be danger, our lizard brain may say to the thinking brain, “Screw you. Out of my way. We’re going to fight, flee, or freeze.”

Many of us picture our thinking brain as a tiny CEO in our head who makes important executive decisions. But this metaphor is misguided: Our cortex doesn’t get the opportunity to *have* a thought about any piece of sensory input unless our lizard brain lets it through. And in making its decision, our reptilian brain always asks the same question: *Is this dangerous or safe?*

Remember that *dangerous* can mean a threat to more than just the well-being of our body. It can mean a threat to what we do, say, think, care about, believe in, or yearn for. When it comes to safety, our thinking mind is third in line after our body and our lizard brain. That’s why when we put a hand on a hot frying pan, the hand jerks away instantly, while our thinking brain goes, *What the hell just happened? OW! THAT SHIT IS HOT!* It’s also why you might have the impulse to throw the pan across the kitchen—even though doing so won’t help you.

The body is where we live. It’s where we fear, hope, and react. It’s where we constrict and relax. And what the body most cares about are safety and survival. When something happens to the body that is too much, too fast, or too soon, it overwhelms the body and can create trauma.

Contrary to what many people believe, trauma is not primarily an emotional response. Trauma always happens *in the body*. It is a spontaneous protective mechanism used by the body to stop or thwart further (or future) potential damage.

Trauma is not a flaw or a weakness. It is a highly effective tool of safety and survival. Trauma is also not an event. Trauma is the body’s protective response to an event—or a series of events—that it perceives as potentially dangerous. This perception may be

accurate, inaccurate, or entirely imaginary. In the aftermath of highly stressful or traumatic situations, our soul nerve and lizard brain may embed a reflexive trauma response in our bodies. This happens at lightning speed.

An embedded trauma response can manifest as fight, flee, or freeze—or as some combination of constriction, pain, fear, dread, anxiety, unpleasant (and/or sometimes pleasant) thoughts, reactive behaviors, or other sensations and experiences. This trauma then gets stuck in the body—and stays stuck there until it is addressed.

We can have a trauma response to anything we perceive as a threat, not only to our physical safety, but to what we do, say, think, care about, believe in, or yearn for. This is why people get murdered for disrespecting other folks' relatives or their favorite sports teams. It's also why people get murdered when other folks *imagine* a relative or favorite team was disrespected. From the body's viewpoint, safety and danger are neither situational nor based on cognitive feelings. Rather, they are physical, visceral sensations. The body either has a sense of safety or it doesn't. If it doesn't, it will do almost anything to establish or recover that sense of safety.

Trauma responses are unique to each person. Each such response is influenced by a person's particular physical, mental, emotional, and social makeup—and, of course, by the precipitating experiences themselves. However, trauma is never a personal failing, and it is never something a person can choose. It is always something that happens to someone.

A traumatic response usually sets in quickly—too quickly to involve the rational brain. Indeed, a traumatic response temporarily overrides the rational brain. It's like when a computer senses a virus and responds by shutting down some or all of its functions. (This is also why, when mending trauma, we need to proceed slowly, so that we can uncover the body's functions without triggering yet another trauma response.)

As mentioned earlier, trauma is also a wordless story our body tells itself about what is safe and what is a threat. Our rational brain can't stop it from occurring, and it can't talk our body out of it. Trauma can cause us to react to present events in ways that seem wildly inappropriate, overly charged, or otherwise out of proportion. Whenever someone freaks out suddenly or reacts to a small problem as if it were a catastrophe, it's often a trauma response. Something in the here and now is rekindling old pain or discomfort, and the body tries to address it with the reflexive energy that's still stuck inside the nervous system. This is what leads to over-the-top reactions.

Such overreactions are the body's attempt to complete a protective action that got thwarted or overridden during a traumatic situation. The body wanted to fight or flee, but wasn't able to do either, so it got stuck in freeze mode. In many cases, it then develops

strategies around this “stuckness,” including extreme reactions, compulsions, strange likes and dislikes, seemingly irrational fears, and unusual avoidance strategies. Over time, these can become embedded in the body as standard ways of surviving and protecting itself. When these strategies are repeated and passed on over generations, they can become the standard responses in families, communities, and cultures.

One common (and often overlooked) trauma response is what I *called trauma ghosting*. This is the body’s recurrent or pervasive sense that danger is just around the corner, or something terrible is going to happen any moment.

These responses tend to make little cognitive sense, and the person’s own cognitive brain is often unaware of them. But for the body they make perfect sense: it is protecting itself from repeating the experience that caused or preceded the trauma.

In other cases, people do the exact opposite: they reenact (or precipitate) situations similar to the ones that caused their trauma. This may seem crazy or neurotic to the cognitive mind, but there is bodily wisdom behind it. By recreating such a situation, the person also creates an opportunity to complete whatever action got thwarted or overridden. This might help the person mend the trauma, create more room for growth in his or her body, and settle his or her nervous system.

However, the attempt to reenact the event often simply repeats, re-inflicts, and deepens the trauma. When this happens repeatedly over time, the trauma response can look like part of the person’s personality. As years and decades pass, reflexive traumatic responses can lose context. A person may forget that something happened to him or her—and then internalize the trauma responses. These responses are typically viewed by others, and often by the person, as a personality defect. When this same strategy gets internalized and passed down over generations within a particular group, it can start to look like culture. Therapists call this *a traumatic retention*.

Many African Americans know trauma intimately—from their own nervous systems, from the experiences of people they love, and, most often, from both. But African Americans are not alone in this. A different but equally real form of racialized trauma lives in the bodies of most white Americans. And a third, often deeply toxic type of racialized trauma lives and breathes in the bodies of many of America’s law enforcement officers.

All three types of trauma are routinely passed on from person to person and from generation to generation. This intergenerational transmission—which, more aptly and less clinically, I call a *soul wound*—occurs in multiple ways:

- Through families in which one family member abuses or mistreats another.
- Through unsafe or abusive systems, structures, institutions, and/or cultural norms.

- Through our genes. Recent work in human genetics suggests that trauma is passed on in our DNA expression, through the biochemistry of the human egg, sperm, and womb.

This means that no matter what we look like, if we were born and raised in America, white-body supremacy and our adaptations to it are in our blood. Our very bodies house the unhealed dissonance and trauma of our ancestors.

This is why white-body supremacy continues to persist in America, and why so many African Americans continue to die from it. We will not change this situation through training, traditional education, or other appeals to the cognitive brain. We need to begin with the body and its relation to trauma.

In *Between the World and Me*, Ta-Nehisi Coates exposed the longstanding and ongoing destruction of the Black body in America. That destruction will continue until Americans of all cultures and colors learn to acknowledge the inherited trauma of white-body supremacy embedded in all our bodies. We need to metabolize this trauma; work through it with our bodies (not just our thinking brains); and grow up out of it. Only in this way will we at last mend our bodies, our families, and the collective body of our nation. The process differs slightly for Black folks, white folks, and America's police. But all of us need to heal—and, with the right guidance, all of us can. That healing is the purpose of this book...

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Years as a healer and trauma therapist have taught me that trauma isn't destiny. The body, not the thinking brain, is where we experience most of our pain, pleasure, and joy, and where we process most of what happens to us. It is also where we do most of our healing, including our emotional and psychological healing. And it is where we experience resilience and a sense of flow.

Over the past decade or so, therapists have become increasingly aware of the importance of the body in this mending. Until recently, psychotherapy (commonly shortened to therapy) was what we now call *talk therapy* or *cognitive therapy* or *behavioral therapy*. The basic strategy behind these therapies is simple: you, a lone individual, come to my office; you and I talk; you have insights, most of which are cognitive and/or behavioral; and those cognitive and/or behavioral insights help you heal. The problem is that this turns out not to be the only way healing works. Recent studies and discoveries increasingly point out that we heal primarily in and through the body, not just through the rational brain. We can all create more room, and more opportunities for growth, in our

nervous systems. But we do this primarily through what our *bodies* experience and do—not through what we think or realize or cognitively figure out.

In addition, trauma and healing aren't just private experiences. Sometimes trauma is a collective experience, in which case our approaches for mending must be collective and communal as well.

People in therapy can have insights galore, but may stay stuck in habitual pain, harmful trauma patterns, and automatic reactions to real or perceived threats.

This is because trauma is embedded in their bodies, not their cognitive brains. That trauma then becomes the unconscious lens through which they view all of their current experiences.

Often this trauma blocks attempts to heal it. Whenever the body senses the opportunity—and the challenge—to mend, it responds by fighting, fleeing, or freezing. (In therapy, this might involve a client getting angry, going numb and silent, or saying, “I don't want to talk about that.”)

As a therapist, I've learned that when trauma is present, the first step in healing almost always involves educating people on what trauma is. Trauma is all about speed and reflexivity—which is why, in addressing trauma, each of us needs to work through it slowly, over time. We need to understand our body's process of connection and settling. We need to slow ourselves down and learn to lean into uncertainty, rather than away from it. We need to ground ourselves, touch the pain or discomfort inside our trauma, and explore it—gently. This requires building a tolerance for bodily and emotional discomfort, and learning to stay present with—rather than trying to flee—that discomfort. (Note that it does not necessarily mean exploring, reliving, or cognitively understanding the events that created the trauma.) With practice, over time, this enables us to be more curious, more mindful, and less reflexive. Only then can growth and change occur.

There's some genuine value to talk therapy that focuses just on cognition and behavior. But on its own, especially when trauma is in the way, it won't be enough to enable you to mend the wounds in your heart and body.

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In America, nearly all of us, regardless of our background or skin color, carry trauma in our bodies around the myth of race. We typically think of trauma as the result of a specific and deeply painful event, such as a serious accident, an attack, or the news of someone's death. That may be the case sometimes, but trauma can also be the body's response to a long sequence of smaller wounds. It can be a response to *anything* that it experiences as too much, too soon, or too fast.

Trauma can also be the body's response to anything unfamiliar or anything it doesn't understand, even if it isn't cognitively dangerous. The body doesn't reason; it's hardwired to protect itself and react to sensation and movement. When a truck rushes by at sixty miles an hour and misses your body by an inch, your body may respond with trauma as deep and as serious as if it had actually been sideswiped. When watching a horror film, you may jump out of your seat even though you know it's just a movie. Your body acts as if the danger is real, regardless of what your cognitive brain knows. The body's imperative is to protect itself. Period.

Trauma responses are unpredictable. Two bodies may respond very differently to the same experience. If you and a friend are at a Fourth of July celebration and a firecracker explodes at your feet, your body may forget about the incident within minutes, while your friend may go on to be terrified by loud, sudden noises for years afterward. When two siblings suffer the same childhood abuse, one may heal fully during adolescence, while the other may get stuck and live with painful trauma for decades. Some Black bodies demonstratively suffer deep traumatic wounds from white-body supremacy, while other bodies appear to be less affected...

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As every therapist will tell you, healing involves discomfort—but so does refusing to heal. And, over time, refusing to heal is always more painful.

In my therapy office, I tell clients there are two kinds of pain: clean pain and dirty pain. Clean pain is pain that mends and can build your capacity for growth. It's the pain you experience when you know, exactly, what you need to say or do; when you really, really don't want to say or do it; and when you do it anyway. It's also the pain you experience when you have no idea what to do; when you're scared or worried about what might happen; and when you step forward into the unknown anyway, with honesty and vulnerability.

Experiencing clean pain enables us to engage our integrity and tap into our body's inherent resilience and coherence, in a way that dirty pain does not. Paradoxically, only by walking into our pain or discomfort—experiencing it, moving through it, and metabolizing it—can we grow. It's how the human body works.

Clean pain hurts like hell. But it enables our bodies to grow through our difficulties, develop nuanced skills, and mend our trauma. In this process, the body metabolizes clean pain. The body can then settle; more room for growth is created in its nervous system; and the self becomes freer and more capable, because it now has access to energy that was

previously protected, bound, and constricted. When this happens, people's lives often improve in other ways as well.

All of this can happen both personally and collectively. In fact, if American bodies are to move beyond the pain and limitation of white-body supremacy, it *needs* to happen in both realms. Accepting clean pain will allow white Americans to confront their longtime collective disassociation and silence. It will enable African Americans to confront their internalization of defectiveness and self-hate. And it will help public safety professionals in many localities to confront the recent metamorphosis of their role from serving the community to serving as soldiers and prison guards.

Dirty pain is the pain of avoidance, blame, and denial. When people respond from their most wounded parts, become cruel or violent, or physically or emotionally run away, they experience dirty pain. They also create more of it for themselves and others.

A key factor in the perpetuation of white-body supremacy is many people's refusal to experience clean pain around the myth of race. Instead, usually out of fear, they choose the dirty pain of silence and avoidance and, invariably, prolong the pain.

In experiencing this book, you will face some pain. Neither you nor I can know how much, and it may not show up in the place or the manner you expect. Whatever your own background or skin color, as you make your way through these pages, I encourage you to let yourself experience that clean pain in order to let yourself heal. If you do, you may save yourself—and others—a great deal of future suffering.

Resmaa Menakem, MSW, LICSW. *My Grandmother's Hands* (excerpt, pp. 5-21). Central Recovery Press, LLC. Kindle Edition.