"Taking current strain and feeling past pain, again": A reflection on Black South African womxn's experience within the context of Covid-19

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"We are, each one of us, locations where the stories of our place and time become partially tellable." (Mair 1989, 127)

This brief commentary provides a gendered reflection on this critical moment in time that is characterised by the global pandemic of Covid-19 and looks specifically at the South African context. It draws on my identity and experience as an African feminist, a Black womxn, a mother, a partner in a heterosexual partnership and a clinical psychologist journeying with other Black womxn in therapeutic processes. It takes as its premise three points:

I) that a gendered lens is invariably an intersectional analysis, acknowledging the simultaneous multiplicity of social identity as a kind of prism through which multifaceted power is experienced (Crenshaw 2017). This commentary therefore does not aim to be and cannot be representative of all Black South African womxn's experience under Covid-19, given that we are not a homogeneous group, but differently interpolated in the social geometry of identity and power.

II) that the "the personal is political". This feminist slogan and truism is alluded to in the opening quotation of Mair - that the story of my everyday lived experience is also a telling of the socio-political and historical context within which I live and the systems of power that act upon me and that I internalise as well as resist.

III) That how we understand, research, make meaning of Covid-19 has considerable implications not only for the ways in which we come to 'know' and represent womxn's experiences within the pandemic, but the ways in which we come to know and represent the broader historical, cultural and political systems of power that position these womxn in specific ways during crises.

It has been 26 years since South Africa's transition to democratic governance. In post-apartheid South Africa, the interwoven constructions of 'memory' and 'trauma' continue to be played out in discourses that traverse both private and public domains. The Covid-19 contextual phenomenon can be seen as a significant conduit for historical and personal memory of the effects of gendered power upon the daily lived experience of individual womxn, Black womxn in particular.

Particular moments such as the current Covid-19 moment we are living through remind us that the past is always alive in the present. These moments create a rupture in our investment in the discourse of "putting the past behind us". This pandemic, like other moments of crises and disasters, brings to the foreground the deep social divisions and inequalities of the past created by the legacy of colonial systems and other interlinked ideologies of dominance that persist and are perpetuated along the fault-lines of our racialised and gendered everyday experiences. We carry this painful past with us, in our (gendered) bodies, in our (gendered) social relations – our behaviours, our conscious and unconscious biases – in our (gendered) systems and ideologies. So, there is a strange 'deja vu' to the phenomenon of Covid-19, a historicity to the shape and texture of 2020 that seems to reverberate through our individual psyches and the collective national imagination. One reason that the trauma of the South African past is never very far from the surface of our consciousness, is that violence is the main historical continuity between "then" and "now". For Black womxn in particular the main continuity through colonialism, apartheid and democracy, enacted in our social relations has been gender-based violence. For Black womxn, in a manner of speaking, the more the things change the more they stay the same. While our Constitution has been lauded for the progressive nature of its gender policies and legislation, this co-exists with our reality of having amongst the highest

rates of gender-based violence in the world. And so, in both embodied material ways and in symbolic ways, this period of Covid-19 is traumatic for Black womxn. Covid-19 brought with it a familiar militarisation, reports of police brutality and "heavy-handed" enforcement of curfew and prohibition laws, heightening the ever-present threat of violence.

For the Black womxn with whom I have formally engaged in therapeutic processes and informally connected with within feminist circles, this period of Covid-19 has been a time which many have described as having "pushed them to the edge". Past violations and traumas have re-emerged in symptoms of anxiety, depression and 'burnout', that are rooted in dynamics of disempowerment, fragmentation and loss of autonomy and agency. These central experiences of trauma – disempowerment and disconnection from others (Herman 2015) are being relived in the current moment as womxn remember in a visceral way under the "Lockdown" and physical and social distancing and isolation, the sense of having their sense of power and control over their life, taken away. They remember the contexts and feelings of volatility and uncertainty, of the surveillance and regulation of their bodies and their mobility. It is critical that in any effort and intentions of supporting Black South African womxn's psychosocial well being during these times, we must take seriously the ways in which the Covid-19 context triggers our individual and collective history of trauma, so as not to pathologise the various ways in which Black womxn are responding to Covid-19 stressors. The personal is political. We need to be cognisant of the ways in which the feminised burden of care significantly compromises the mental well-being of womxn, Black womxn in particular. Womxn who are formally employed (and have not lost their jobs) are having to cope with the already heavy workload of their paid employment, in addition to the expectation of assuming and resuming the duties of the domestic domain: domestic chores, child care, care for parents and extended family members - the unpaid and 'invisibilised' labour that comes with being physically present in the domestic space during "office hours". At the centre of this crossover between private and public labour is the deployment of notions of femininity that draw heavily on the naturalized and normalized affective role of women as nurturers and carers. These normalised discourses function coercively, mobilising notions of cultural authenticity to reinforce patriarchal agendas that perpetuate the servitude of women (Lewis 2003). It is therefore important to

interrogate the notions and discourses of "caring", "coping" and being the "strong African woman".

In my personal and professional experience many womxn have sought psychological support asking for tools that could help them cope better with the increased workload and heightened stress of the Covid context. There was also a tangible self-blame and shame that many womxn named regarding 'not being able to cope as normal' with the 'Covid load'. The gendered expectation of patriarchy (which colludes with a cultural expectation of the role of women within African patriarchy) is to 'keep going' and successfully juggle increasing responsibilities, expectations and demands. There is very little social permission for Black womxn to admit that we are taking strain, we are not ok, that we are just barely coping. We do not give ourselves that permission either, so deeply entrenched is the messaging that 'care' is in the service of others, external to ourselves. Admitting that we need support or care is accompanied by shame and guilt that precludes us from sourcing and resourcing the support and care we need. This dynamic exists even within the feminist movement where we intellectually understand and profess the importance of self-care and collective care as a necessary politics of self-preservation.

"We are wary and weary of the trope of the strong African woman, ever-willing and able to sacrifice, to subsume her well-being in service of others, to carry an ever-increasing burden with humility and a tacit pride in being able to do so. These discursive representations obscure the reality of our systemic oppressions as gendered oppressions and set us up to blame ourselves when we feel powerless, helpless, overburdened or generally overwhelmed. These tropes do not offer us a way out or through our racialised and gendered internalised oppression and we are critical of the ideological imperatives in response to which the Black African womxn is constructed" (Clark, Mafoakane, and Nyathi 2019, 3). So, many of us are "coping" with Covid in ways that do not take us any closer to our well-being and perpetuate the patterns and structures of power that are at the root of the problem in the first place. As we extend and over-extend ourselves under these COVID-19 conditions, it is important to remember that we cannot be well until the structure of the institution of the family as a patriarchal, classist, heteronormative site of inequity shifts. We cannot be well until the feminised burden of care is

completely overturned. This commentary hopefully alerts us to the ways in which the strain and pain of Black womxn under Covid-19 in 2020 is inextricably linked to the multifaceted legacies of our past and challenges us to do something about it - today.

Notes

The term 'womxn' represents an explicit inclusion of a broader intersectionality of gendered identification that includes trans, Black and variously othered womxn.

References

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