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To cite this article: Dionne R. Powell (2020) From the Sunken Place to the Shitty Place: The Film *Get Out*, Psychic Emancipation and Modern Race Relations From a Psychodynamic Clinical Perspective, The Psychoanalytic Quarterly, 89:3, 415-445, DOI: [10.1080/00332828.2020.1767486](https://doi.org/10.1080/00332828.2020.1767486)

To link to this article: <https://doi.org/10.1080/00332828.2020.1767486>



Published online: 09 Jul 2020.



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FROM THE SUNKEN PLACE TO THE SHITTY PLACE: THE FILM *GET OUT*, PSYCHIC EMANCIPATION AND MODERN RACE RELATIONS FROM A PSYCHODYNAMIC CLINICAL PERSPECTIVE

BY DIONNE R. POWELL

Increasingly, as analysts and psychotherapists, we engage in racial encounters that challenge concepts of empathy, neutrality, and anonymity. This paper attempts to enter this dynamic space to uncover the utility of working within racial tensions for its inherent therapeutic value. Part of this challenge for the clinician, who often identifies and is identified as liberal, is to acknowledge the ubiquity of race as unconsciously structuralizing along with our defenses against this recognition. The intransigence of racism, as formed intrapsychically and discovered in our working functions as analysts and psychotherapists, when not actively challenged and reflected on will be explored. Attempts to explicate the indelible effects of race in the American clinician will be provided that

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A version of this paper was presented at the American Psychoanalytic Association on February 9, 2019, Artist in Residence, "Get Out: Liberalism as cover for White privilege-Attaining psychic emancipation across the racial divide," New York, NY. And with D. Shah on April 4, 2019 Division 39 Panel: Psychic Emancipation in Racialized Society-Clinical Considerations. Philadelphia, PA.

Many thanks to Susan Coates for her helpful critical review of the paper.

goes beyond countertransference or enactments. Clinical examples and connections to modern cinema are utilized to provide a framework to advance our knowledge in working with racial material.

Keywords: Racial encounters, *Get Out*, racism, psychic emancipation, psychodynamic psychotherapy, African Americans, sunken place, psychic trauma.

“Say what’s on my mind? God, how can I really? All you therapy types are liberals. And I’m the shitty racist.” Kay, in Dhwani Shah’s “Dangerous territory: Racist Moments in the Psychoanalytic Space (Shah 2020, see this issue).

This paper expands on the idea of psychic emancipation from positions of racist thought: from the clinical, as Dr. Shah’s evocative work demonstrates, to the personal, and within American cinema in the 1967 film *Guess Who’s Coming to Dinner* as contrasted with the 2017 film *Get Out*, as a metaphor to the place that racist thoughts, behaviors, and encounters reside in society and inherently within the treatment dyad.

In Dhwani Shah’s “Dangerous territory: racist moments in the psychoanalytic space” (2020, see this issue), Shah recounts an incident where Shah, an Indian American analyst, is personally confronted by a racist insult while driving his two young children (“Go the fuck back to your country asshole!” by a White male passenger in a Jeep with MAGA stickers). This corresponds contemporaneously with his psychotherapeutic work, which includes a racial encounter with Kay: a White Southern woman adjusting to family life in the Princeton, NJ area as a work from home mother of two young children. I will return to Kay later in the paper, but for our purposes Dr. Shah’s negotiation of the racist encounter both within and outside of the consulting room highlights both the challenges and the opportunities for all clinicians and not only clinicians of color. Following the racist roadside encounter Dr. Shah gives full voice to his desires to destroy in seeking revenge. While totally within Dr. Shah’s mind, the need for psychic emancipation from a racist encounter is given both psychic and physical manifestations in the film *Get Out*.

In *Get Out*, an African American man apparently lost in a White upper-class suburban neighborhood is followed, knocked unconscious, and stuffed in the trunk of the White assailant's car. This opening scene portends the treachery, betrayal, and horror that the main protagonist (Chris) will endure. *Get Out*, Jordan Peele's 2017 film debut, which he wrote (Oscar best original screenplay) and directed (Oscar nomination for best picture), is the comedic horror story of Chris (Daniel Kaluuya), an African American photographer, accompanying his White girlfriend of five months, Rose (Allison Williams), for a weekend getaway, their first, to meet her parents, Missy (a psychiatrist) and Dean Armitage (a neurosurgeon). Chris nervously asks and is reassured that Rose's parents are unaware of his race and it shouldn't matter as they are quite liberal.

On the journey to the parents' estate Rose hits a deer and Chris is disturbed by its impending demise as it links to his mother's traumatic death as a child. At first, Chris reads Rose's family's overly accommodating behavior as nervous attempts to adjust to their daughter's interracial relationship, but as the weekend progresses, a series of increasingly disturbing discoveries, including the bizarre behavior of the African American staff (Georgina, the cook/Rose's grandmother and Walter, the ground keeper/Rose's grandfather), begins to unnerve him. Missy, observing Chris' smoking offers to cure his habit with hypnosis. During their late-night talk, Chris describes the traumatic circumstances of his mother's death and his guilt for not attempting to prevent it. With a swirl of her spoon in her teacup Missy tells him to "sink" and Chris drops into the "*sunken place*" a subconscious floating state, not able to access consciousness. Chris awakes the next morning with vague recollections that Rose minimizes. Chris' best friend Rod, a TSA agent in New York City, warns him throughout about trusting White people, suggesting their desires to turn Chris into a sex slave.

Later, as a garden party with the Armitages' White friends (aka the Order of the Coagula) unfolds, Chris is the center of attention with questions about his strength, sexual prowess, "photographic eye," and his golf swing. We later realize that Chris is being auctioned to the highest bidder that goes to a blind photographer who wants

“his eye.” Chris is increasingly suspicious, but oblivious to the sinister motives, until he takes a photo of a young Black man (the man who in the opening scenes was stuffed in the trunk of the car), who with the flash of the camera is momentarily snapped out of the sunken place and erupts by shouting repeatedly for Chris to “get out!” With this Chris plots his escape. Chris discovers that the Armitages’ have appropriated the bodies of African Americans and implanted the conscious brains of their White relatives and friends to seek immortality and to possess and inhabit a “superior specimen.” Chris is their latest acquisition.

The sunken place, a place of dissociation, or the “shitty place” where there is no apparent value or meaning, captures the affective resonance of racist moments for both the perpetrator and their targets. A goal of this paper is to stimulate the reader’s narratives of how race both informs and is concealed within their daily clinical practice. To contemplate our bigoted and prejudiced narratives would acknowledge being on both sides of this conundrum as racist perpetrator and victim, as patient and as therapist. Empathic understanding of race, racism, sexism, classism, homophobia, trans-phobia, Islamophobia, anti-Semitism, and privilege must start with the clinician’s internal exploration and mindfulness of blind spots, bright spots, prejudices, and biases as revealed through our clinical work (Goldberger 1993). This paper focuses on race and racism as it is both foundational and embedded in all Americans, and within our societal structures, yet minimally discussed, especially in the clinical situation. For purposes of clarity along with the recognition that racial tension remains most resistant to needed change both inside and outside of the treatment situation, my focus will center, although not exclusively, to the African in America (Alexander 2010; Anderson 2016; Powell 2012). My conclusion is that psychic emancipation within the treatment situation can only begin with the clinician’s ongoing exploration of their racist states of mind (Keval 2016) and engaging in race, racism, prejudice, and bias as revealed in our daily function as psychoanalysts and psychotherapists. Moments of racial tension are potential transformative opportunities towards psychic liberation and repair.

EXPOSING AND EXPLORING THE PROBLEM—RACISM'S EFFECTS ON MIND

Jordan Peele's *Get Out* and Dr. Shah's paper resonates with my clinical experiences as they bring to focus racial tensions within ourselves, our patients, and the larger community. Racist confrontations, both professional and personal, demonstrate the significance of recognizing the paralytic effects of constraining or silencing one's anger at a racist attack. Whether in fantasy, as Dr. Shah contemplated the reactions to the racist roadside confrontation, or in representation, as in Chris' attempts at physical and psychic emancipation, freedom for people of color can be a daily negotiation. There is a psychic racial reality that has been under recognized in our daily work as clinicians that this paper attempts to explore.

Get Out depicts the racist stranglehold perpetuated by Whites, whether covertly or overtly, towards people of color in contemporary society and their attempts towards psychic freedom. In this comedic horror story, the Black experience is not neutralized to contain and control, as in *Guess Who's Coming to Dinner*, it is appropriated for its superior attributes (physically, sexually or visually). In *Get Out*, Black bodies are neurosurgically implanted with portions of White brains. The minds of the appropriated African Americans are subconsciously suspended with rare access to the external world. *Get Out's* intent is not an escapist bromide for society's racial ills, but serves as a fantastical illumination, a cultural vivisection, to current liberal race relations. *Get Out* chronicles the developing relationship between Chris (Daniel Kaluuya) and Rose (Allison Williams) as she takes him to meet her parents at their Northeastern estate.¹ All seems mundane until it's not. Peele's movie unmasks the façade of a conflict free zone between middle class Blacks, and White, non-Southern, coastal liberals, exposing the ongoing desire

¹ Multiple companies throughout the United States were intimately involved in the slave trade, including major insurance companies, textile mills, train lines and banks predominantly north of the Mason-Dixon Line. Thus, slavery was a major revenue source (reportedly 80% of the gross national product was linked to the forced work of enslaved people. As quoted by the *New York Times*, historians Sven Beckett and Seth Rockman: "American slavery is necessarily imprinted on the DNA of American capitalism."), privileging Whites throughout the country (Desmond 2019).

and expectation, to acquire, and possess the Black body, mind, and spirit. As metaphor, *Get Out* imaginatively captures contemporaneous issues of White privilege, Black emancipation, and the ongoing psychic vestiges of racism in our presumed color-blind society.

In Peele's film, race, White privilege (defined here as the advantages awarded to Whites based on the oppression of others, whether consciously or unconsciously derived) and racial tensions are initially subtly downplayed between the romantic couple, although with unnerving undertones. For instance, after Rose hits the deer her defiance towards the state trooper, who investigates the damaged car, emphasizes the freedom and privilege that Rose has in challenging authority and that Chris, due to his Blackness, can ill afford.² Therefore, Chris' silence is an early harbinger to deeper dissociative processes that can arise when Blacks are confronted with White authority, continuing the legacy of state sanctioned terror.

Rose is the quintessential body snatcher, convincing Chris that her liberal parents' "unawareness" that she's bringing a Black man home shouldn't be a problem.³ There are hints to what will come: the parents' overly solicitous welcoming of Chris, the father's admiration of the

² The increase of racial incidents occurring while African Americans attempt to live their daily lives have been de-constructed into memes suggesting the innumerable daily insults that jeopardizes routine life, too frequently leading to severe injury (physical and psychological) and death: driving while Black..., shopping while Black..., learning while Black..., playing in the park while Black..., and commuting while Black... to name a few. We recall Sandra Bland in 2015, anticipating working for her alma mater Prairie View University in less than 3 three weeks, being pulled over by a Texas state trooper for not signaling a lane change. Three days later Bland is discovered dead in jail from an apparent "suicide." These unprovoked incidents confirm the oft stated belief that Blacks are incapable of living in society as freely as Whites are.

³ Note the similarities and contrasts in the roles of the female protagonists, Joey Drayton (*Guess Who's Coming to Dinner*) and Rose (*Get Out*) over the course of 50 years. Both claim that there is "no problem" in bringing their Black boyfriend/fiancé home to meet their parents, although we're soon aware of the differences in intent. Joey Drayton is naively color blind and relatively ill defined compared to the three other leads (Spencer Tracey, Katherine Hepburn, and Sydney Poitier); while Rose Armitage is sharp-edged, no nonsense, totally in control, a dominant presence. After the trooper stop, when continuing the drive to her parents' estate Rose states to Chris: "(I'm) not going to let anyone fuck with my man," the aggressive possessiveness is clear. Compared to the sense of agency of the two male leads, Sydney Poitier appears more racially self-actualized than Daniel Kaluuya. This leads to the complicated question, too large for this writing, of the legacy of integration for the African American man in the late 1960's compared to the millennial African American male of the 21st century.

Olympic track star Jesse Owens who bested his own father in the 1936 Berlin Olympics, their claims to not being racists, and comments like the following to Chris by Rose's father, Dean: "my mother loved her kitchen so we kept a piece of her here," referencing Georgina the cook. These overly gratuitous statements are examples of what African American patients report hearing on a daily basis from their White liberal colleagues and friends, questioning what is real and authentic versus pacifying and racist.

When Chris is hypnotized by Rose's mother, a psychiatrist, ostensibly for smoking cessation, and led to believe that Chris' mother's death was his fault the acquisition of Chris' body and mind is nearly complete. As a benign afternoon garden party transforms into a backdrop for auctioning Chris off to the highest bidder. Chris awakens an oddly behaving shell of a Black man with a flash from his camera. Temporarily "woke" (un-sunken) this man's emotional plea for Chris to "get out" provokes Chris into action.

To "get out" speaks not only to the physical escape that Chris must make, but also to his struggle to re-capture his identity as a Black man in a White liberal world. Chris, as metaphor, is the post-racial Black man, the culmination to Barack Obama's presidency, trapped by the legacy of slavery and its' brutal aftermath, but totally unaware. However, the accumulative micro-aggressions that occur on a daily basis can rob African American's of one's song, one's cultural self, that the playwright August Wilson describes in his generationally themed plays that show the accruing potential loss of the cultural African self with modernity and increasing assimilation.⁴ Thus, Chris presents to the Armitage family in a pre-

⁴ Microaggression is a term used for brief commonly occurring verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative prejudicial slights and insults toward any group, particularly culturally marginalized groups. Chester M. Pierce, a Professor of Education and a Psychiatrist at Harvard, coined the phrase in 1974 to describe the daily insults inflicted on African American peoples. August Wilson's (2007) ten generationally themed plays mark the decades following slavery for African American people: *Gem of the Ocean* (2003)—set in the 1900's, *Joe Turner's Come and Gone* (1984)—set in the 1910's, *Ma Rainey's Black Bottom* (1984)—set in the 1920's, *The Piano Lesson* (1990)—set in the 1930's, *Seven Guitars* (1995)—set in the 1940's, *Fences* (1987)—set in the 1950's, *Two Trains Running* (1991)—set in the 1960's, *Jitney* (1982)—set in the 1970's, *King Hedley II* (1999)—set in the 1980's, *Radio Golf* (2005)—set in the 1990's. Each play is steeped with references to music, especially the blues, as a dynamic transgenerational container and bridge from Africa to the enslaved to modern society. Wilson's psychic

conscious “sunken place,” a place of dissociated trauma and guilt from both the personal (his apparent conflicted passivity at the time of his mother’s death as a child) and the accumulative impact of racism as a Black man in a White majority society. Chris’ defensive response to these micro traumas, societal and personal, is a disavowal of its apparent impact. When we meet Chris, he is in a level of dissociation, unaware of the dangers surrounding him, existing in the illusion of a post-racial society. Only by escaping can he reclaim those aspects of self that are threatened with extinction. Chris’ ability to follow Rose to his possible demise and his inability to perceive the apparent threat, lacking healthy cultural paranoia (a non-pathological approach to living within a White racist society as a person of color), reveals the extent of the distance from his racial and cultural core self (Grier and Cobbs 1968).

Chris’ ties to his Blackness, bringing healthy cultural paranoia, is sustained by his best friend, Rod Williams (Lil Rel Howery), the TSA agent, who provides the vital connection to a safe psychic space at the deepening threat. Rod warns Chris about travelling to his White girlfriend’s parents’ home, and clearly implores Chris to not let Rose’s mother, Missy, hypnotize Chris (Rob: “some people don’t want strangers fucking with their heads!”). *Get Out* confirms longstanding fears and apprehensions within the African American community regarding mental health care; ranging from being racially misunderstood to being psychologically harmed. Therefore, Rod becomes Chris’ North Star, his Underground Railroad, and his Harriet Tubman, motivating him back to freedom.

Get Out at its core highlights the ongoing desire and dependence Whites have in owning/possessing the Black mind and body. Envy and the desire to possess run throughout the film. Peele is warning us of similar dangers and fears that our patients bring to our offices and clinics, that unrecognized can lead to compromised and unsatisfying

representation of the African in America both consoles and celebrates Blacks within their rich cultural identities. In a 2001 interview John Lahr writing for *The New Yorker* describing Wilson’s work: “. . . ‘finding a song’ is both the expression of spirit and the accomplishment of identity. Some of his characters have a song that they can’t broadcast; others have given up singing; some have been brutalized into near-muteness; and others have turned the absence of a destiny into tall talk—the rhetoric of deferred dreams.”

treatment outcomes. Research has shown that patients of color have a high dropout rate of 50% after the first visit, and my 30 years of experience is filled with narratives from people of color leaving treatments due to a lack of understanding or racist treatment by White clinicians (Sue and Sue 1999).

Volney Gay, Professor of Anthropology, Religion and Psychiatry, writes compellingly about this desire and dependence of Whites to own persons, describing how a sense of ownership was built from slavery (Gay 2016). Gay explores the history of White dependence on Black slave labor (including for their craftsmanship, knowledge of farming, etc.) while simultaneously showing the denial of stated dependence with the reversal of attribution; that it is the slave purportedly in their inferiority that is dependent on their masters. This societal projection, presumed Black inferiority and dependence on Whites, has reverberations in modern society and is the outgrowth of denial and splitting. Gay makes clear:

For example, many—if not most—cultured Christians of the prewar South could affirm both Jesus’ teaching of equality and, at the same time, defend their ownership of persons. What they affirmed on Sunday, they contradicted Monday through Saturday. They managed to live within this contradiction by splitting their minds into separate regions, and their religion and its preachers helped them maintain these splits. [2016, p. 57]

To assuage this contradiction, Whites would emphasize Blacks familial dependence on Whites as justifying continuing servitude; or as Georgina (Betty Gabriel), the maid and cook, who has part of the Armitage grandmother’s brain implanted in hers, states: “they treat us like family.” Being a part of society, while prevented from experiencing those advantages that are normative for most Whites (fair housing, quality public education, quality health care, equal justice under the law, and access to jobs based on merit) is the history of the African in America.

With the above in mind, the importance of Jeremy Armitage (Caleb Landry Jones), Rose’s brother, symbolically represents the overt hostility and envious rage beneath the liberal White façade that the Armitages seek to project. He is the violent wing, the trigger finger, of the Order of the Coagula, willing to destroy what they are attempting to inhabit and

possess. Jeremy is the psychic Mason-Dixon Line, the racialized Corpus callosum to the fantasy that the problem with racism in America is a Southern one. One of the fictions that Peele challenges is the “innocent bystander” quality of White liberals to acts of White supremacists’ violence, a form of complicity that remains muted. In this Peele is starkly emphasizing the ubiquity of racism in society, and for Blacks and other people of color not to be fooled that this is only a Trump administration or red state problem.

If racialized institutions and structures created racism, the psychological justification to White America’s continued desire to both possess Blacks and maintain them in a dependent position is attributable to centuries of identifications with Whiteness as a construct. This would include the enfolding assimilation of recent immigrants who benefit from the privilege of Whiteness while simultaneously defending themselves against claims of racism because their ancestors were not in the United States during slavery and its traumatic aftermath.

Slavery, race, and racism have made indelible marks on the American unconscious and constantly seek a narrative platform for racial hierarchy and superiority. This is no less true in the clinical psychoanalytic setting, although most often denied and minimized, regardless of the racial or cultural make up of the treatment pair. One can legitimately ask: why should race, racism, the traumatizing effects of 250 years of chattel slavery and the political and state sanctioned tyranny, murder, institutional racism, and discrimination that followed have a place in American psychoanalysis? My clinical and supervisory experiences have shown the traumatizing effects of race and racism within childhood regardless of the race of the other. Racial differences are signified in childhood, often as a traumatizing or confusing moments of development. Inevitable intergenerational racial and ethnic stereotyping occurs. Who we fear and why we fear are imprinted through our care givers, and typically not from a negative experience with the other. Or stated another way, by using Joseph Sandler’s 1962 paper, “Background of safety” as a model, our safety tone is built from what comes to us constitutionally, and how that is shaped by our environment especially our caregivers. Whites are the most homogeneous group in America in terms of not having friendships or relationships with people of color, thus the other by definition falls outside of most Whites’ sense of safety

(Chang 2018). Most people of color have more cultural and ethnic diversity and are more fluid in their mobility between racial groups. As a society we have not actively nor systematically attempted to repair this ongoing divisive societal and intra-psychic wound that corresponds with the enslavement and systematic discrimination and torture of brown and Black people. As Martin Luther King Jr., articulates in *Where Do We Go from Here: Chaos or Community?* in his chapter “Racism and White Backlash”:

It is time for all of us to tell each other the truth about who and what have brought the Negro to the condition of deprivation against which he struggles today. In human relations the truth is harder to come by, because most groups are deceived about themselves. Rationalization and the incessant search for scapegoats are the psychological cataracts that blind us to our individual and collective sins. But the day has passed for bland euphemisms. He who lives with untruth lives in *spiritual slavery*. Freedom is still the bonus we receive for knowing the truth. [1967 p. 67, italics added]

In “Thoughts for the time of war and death,” Freud explored the factors leading to the dissolution of civilizations and speaks to man’s unique development that primitive instinctual needs and pressures can co-exist with more advanced levels of thinking. Freud states:

. . . in reality, there is no such thing as “eradicating” evil. . . the deepest essence of human nature consists of instinctual impulses which are of an elementary nature, which are similar in all men and which aim in the satisfaction of certain primal needs. . . These primitive impulses undergo a “lengthy” process of development before they are allowed to become active in the adult. [1915, p. 281]

Therefore, humankind is dependent on the renunciation of these instinctual needs, the development of ambivalence, and the cultural environment as the components that influence these transformations or renunciations to occur. Freud continues: “So the human being is subject not only to the pressure of his immediate cultural environment, but also to the influence of the cultural history of his ancestors” (pp. 282-283). Active discrimination and enslavement within America’s recent past,

along with the inherent gratifications of possessing people, continues to be the influencing cultural benchmark of American society; as ongoing racist practices become hard baked into American minds and institutional practices.

As new citizens, immigrants in the past 100 years, especially those not of color, escaping their own traumas, are unconsciously pulled to enter the racist stew based on one's ethnicity and religion as attempts to belong, to "become" an American. That process without any opposing counter argument (i.e., the truth regarding the treatment of native people, former slaves, Latinx) promotes the adoption of racist beliefs and, more often than not, corresponding behaviors. This also requires for those who immigrate to bury or silence their own personal traumas from their home country. Thus, the un-metabolized or un-mentalized trauma of the past becomes enforced by the un-metabolized and un-mentalized trauma of present America that has occurred to its darker brethren. One quickly discovers that there is a "hierarchy of feelings" based on your closeness to Whiteness with attribution on whose truth, whose right to protest, and whose claims of injustices are most valued.

And what of our participation as psychoanalysts in maintaining racist structures that exclude the other? Our analytic understandings are formed within a racist system that privileges certain people and excludes others. We hide behind maintenance of an "analytic stance" and yet are blinded and mute to how that precludes inclusiveness and diversity. In the end our stance becomes defensive armor that is rarely challenged. Some of these notions are within my paper "Race, African Americans, and psychoanalysis: collective silence in the therapeutic situation" as it attempts to put the analyst back within the bathwater of a racist society that has impacted our therapeutic capacities, for better or worse. Struggling within that space where racism, bias, privilege, and prejudice dwells within us and between us, instead of attempting to exist beyond this milieu, brings us closer to our patients' experiences regardless of their race. This allows for possible transformation and reparative processes for both patient and analyst. . .one dyad at a time. This leads us from spiritual slavery that Dr. King refers to and towards psychological emancipation.

For analysts and psychotherapists this would require working from an anti-racist perspective with our patients, but more importantly this requires exploration of the clinicians' racist state of mind. Or as stated by Roy Schafer:

Psychoanalysts have not always been sufficiently self-conscious about the fact that they look at their material from only certain points of view and perhaps only on certain levels of abstraction: consequently, they sometimes mistakenly consider their mode of understanding to be the only possible or true psychology-and a complete one at that! [1973, p. 178]

This means going beyond an academic pursuit or curiosity about the other toward an internal working through where racism and privilege dwell in our working functions. In this Freud cautioned:

. . . we are mistaken in regarding our intelligence as an independent force and in over looking its dependence on emotional life. Our intellect. . . can function reliably only when it is removed from the influences of strong emotional impulses; otherwise it behaves merely as an instrument of the will and delivers the inference which the will requires. [1915, p. 287]

Racism and privilege in American society, in how one views the other, is the "strong emotional influence" that shapes us all and makes race and the effects of racism, prejudice and privilege unique and important whether in our personal lives or the consulting room.

And for the person of color in White spaces there is a constant negotiation between assimilation and identity. Increasingly with the Civil Rights Era, during and after the presidency of Barack Obama, and the Black Lives Matter movement, the ability to define Blackness within the culture has reduced the urge to abandon the racial self for outward acceptance within the larger society. By being unapologetically Black in every psychic space younger African Americans actively strive against those who demand allegiance to Whiteness as the sole pathway to full acceptance as citizens. The film *Get Out* allows us to viscerally experience the trauma and terror of racism when left unexamined and unchallenged.

**THE CLINICAL AND THE PERSONAL:
MOVING TOWARDS PSYCHIC
EMANCIPATION; WORKING THROUGH
WHITE LIBERAL GUILT AND PRIVILEGE**

Back to Kay and Dr. Shah: Kay's work with Dr. Shah attempts to reconcile and psychically adjust her humbling and harrowing circumstances in the South (father was an abusive philanderer, squandered their finances, which contributed to his early death), with her husband's Northeastern, upper class, highly regarded Republican upbringing. Although phenotypically fitting the White liberal suburban mom and wife stereotype Kay internally feels like the other. Kay describes the tensions in her marriage that she redirects towards her husband's commute and ultimately Dr. Shah. The following is the exchange between Dr. Shah and Kay that followed Dr. Shah's racist roadside encounter described earlier:

Kay: I think we are both just exhausted. I know I pick fights with him (husband) that are unfair, we've gone over this before. He's got this long commute on that disgusting Northeast corridor line. It's gross, and he hates it. It makes all these stops and these people get on the train and crowd in making it so tight and smelly. You know, those. . . (*Kay suddenly looks visibly uncomfortable and grimaces*).

DS: You made a face there.

Kay: I don't want to say it, okay. . . How did I end up talking about this? *Those Indians*. . . I was going to say, but you're Indian! I shouldn't have said anything. Now I feel stupid. I hate this. You tell me to say whatever is on my mind, and not to censor myself, and now I'm saying this and you're going to say I'm a racist. Fuck!

DS: I can tell what you just said made you uncomfortable.

Kay: Of course it did. (*She sighs, is visibly upset*). Now I'm the racist, the Trump supporting racist in your office. And I know you hate me for that. How can I say these things to you without you hating me? I can tell by the look on your face you are annoyed.

DS: You don't feel I can tolerate your feelings and thoughts about this? Like you said, this is the place to say whatever is on your mind.

Kay: Say what's on my mind? God, how can I really? All you therapy types are liberals. And I'm the *shitty racist*.

DS: First it was the Indian guys on the train that were dirty, and then it seemed to be me, now you're the "shitty one?" All of this dirt and shitiness sounds like the words you've used about your father.

Kay: Yeah, that's true. He was gross. (*She sighs*). I don't know. I feel lost in all of this. I just wish I didn't say any of it. (*Kay becomes silent for about a minute*).

DS: That was a long pause.

Kay: I was just thinking about how strange this is. I feel out there, exposed. I don't know what you're going to say or how you are going to react to what I said. Are you going to fire me?

DS: You could see on my face I was a bit rattled by it, but it seems we are on this dirty New Jersey train together! Let's stay with what you're feeling and see where it goes.

Kay: So you were rattled! I knew it. Ok, ok, I think I get what you mean. It's just awkward as hell to do this.

Racial moments both in our routine lives and within our consulting room as illustrated by Dr. Shah capture the shock, incredulity, the short-circuiting of thought that occur at moments of projected rage and hate. ". . . *Now I'm saying this and you're going to say I'm a racist. Fuck!*" Dr. Shah's patient, Kay, states after linking Dr. Shah to the dirty Indians that accompany her husband on his daily commute to New York City. Something is internally in conflict within Kay and interpersonally disturbing between Kay and her husband. Uncomfortable to sit with, the tension builds within Kay. We discover there are earlier antecedents to Kay's discomfort. As these feelings increase they must be expelled due to the degree of internal discomfort. For me, in these moments a Kleinian framework best addresses these phenomena as the patient, in a paranoid schizoid position, has to extract the hurt and pain for the "shitty" situation she and her husband find themselves in and hurl it into the analyst to relieve her anxiety (Klein 1946, 1948). Kay is correct. We do encourage our patient's "*to say whatever is on their minds*." But when it comes to race, is this too much for us to stand? Is Kay similar to Catherine Keener as the psychiatrist

in *Get Out*: “fucking” with Dr. Shah’s mind? And with Dr. Shah’s recent personal racist encounter, where the bucolic surrounds of the Princeton area are transformed into a nightmarish dystopia similar to *Get Out*, is this his moment to seek revenge through displaced action? Does the Bionian function of thinking become derailed by racism or racist defenses that severely handicap our analytic capabilities (Bion 1959)? Is race the psychological equivalent of the border wall . . . a signal to retreat, disengage or deflect from the here and now (Dr. Shah and his patient) to the there and then, (Kay and her father)? Donald Moss states: “Implicit in hate speech is its claim to function as a reminder of what is already known about its target. Its working assumption is that the proper place of the targeted object has long ago been mapped out: anywhere but here. . . it aims to separate and segregate” (Moss 2019). This type of mapping the self and the other is the racist state of mind with its unconscious prejudices and bias that we are all subject to (Moss 2006). How as clinicians do we handle hate speech in our consulting rooms?

Dr. Shah picks up on the patient’s emotional discomfort, and like any analyst who is openly curious to where racist thought dwells, does what most society would tend to: ignore, minimize, attack, or retreat from the racist fire—the underbelly of American society that has been present but unarticulated from its inception—speaking to our racist minds, both present and past. Dr. Shah approaches Kay knowing that he may get burned and asks about her pause, and pained expression. Kay experiences Dr. Shah’s observation (“you made a face there”) as an attack due to her racist fantasy on the verge of conscious articulation. Dr. Shah and Kay feel the impact and sting of Kay’s words. Neutrality and anonymity evaporates as Dr. Shah’s face registers the pain. Kay later hurls another salvo of hate: “say what’s on my mind? God, how can I really? All you therapy types are liberals. And I’m the shitty racist.” There’s “shit” and dirt everywhere: the South East Asian American commuters, the analyst’s office, Dr. Shah and now Kay. These are “shitty” thoughts to have and contain, it’s an enslavement of “shit.” Dr. Shah’s question that he poses for all of us to consider is whether we can dwell, and even play in the “shit,” the racist stew that we all carry within. I would venture this is the place we want and need to be as analysts and therapists with our patients for full engagement with these ideas and

affects. This engagement is not about whether we're good or bad people; it is the universal acknowledgment that we are all byproducts of a racist system and are therefore capable of regression, envy, hate, and murderous rage. Where except within the confidential confines of a therapist's office are these feelings allowed expression and perhaps remediation?

However, the human tendency when caught in a racist moment, even as analysts or therapists, is to redirect the interpersonal for an easier target outside the room. Thus Dr. Shah coming face to face with a racist attack seeks safety from his counter-transference through displacement. In Kay's narrative the father becomes the identified subject for the therapeutic couple's psychic lynching. His "shitty" behavior destroyed Kay's family, with possible allusions to sexual involvement with the Black nanny (a familiar narrative from slavery, as the nanny has to suddenly flee from her employer, due to the lingering sexual vestiges of ownership and possession), with Kay sadistically provoking Dr. Shah to flee, as well. To act out thus reconfirming her internal "shittiness" (Shah, see this issue).

Underneath these abject attacks is the American psychic conundrum of race, class, prejudice, and childhood racial trauma (Clark 1963; Holmes 2006; Sandler 1960).

This type of racial diversion within the analytic literary body is not new, but what is recently more in our awareness is the psychic experience of the Other that is the target of the libidinal or aggressive urges, and thus allowing attempts at psychic reparation. Joan Riviere in her 1929 paper, "Womanliness as a masquerade" demonstrates in relaying the dreams and recurring fantasies of a White American southern female patient the degree of displacement, similar to Kay, of her sexualized and aggressive sadistic wishes onto the Other (Riviere 1929). In racialized displacement, it is the Negro (less than 50 years post emancipation) who is the sexual and aggressive predator, deserving of punishment (aka lynching), while the patient in fantasy remains innocent and chaste. These fantasies and displacements have too often been the perceived rationale for the assault and murder of Black and brown people, and continue to serve as sources of hate (El Paso, TX; Dayton, OH 8/3/2019).

And yet in the American experiment there continues to be a search for reparation, recognition of pain inflicted, and an acknowledgment of

guilt; recognition that our racist destructiveness also depletes the self (“spiritual slavery” that King refers to), with the knowledge that our racial self is so entwined in the other whether the Other is lower or upper case. Therefore Kay later sighs: “I don’t know. I feel lost in all of this. I just wish I didn’t say any of it.” Kay becomes silent, the uncomfortable silence of 400 years of slavery, lynching, Jim Crow, racial misattunements, being reared in a society that is structurally formed to degrade and devalue the racial other, and therefore the self.

Moss contends that the aim of hate speech “is a violation rather than communication” (2019). I would suggest it is both, meaning that in my clinical experience hate speech is associated with early experiences of introjections and identifications; what is signified within the earliest years of life and remains a vulnerable area due to its libidinal and destructive origins that are repressed to varying degrees but subject to volatile eruptions (Clark 1963). Kay communicates and involves Dr. Shah in the here and now experience of the othering that occurred in her youth rooted in loss, infidelity, disease, social class, isolation, and humiliation. Understanding and engaging in hate speech within the therapeutic setting can, I’m suggesting, lead to a multitude of therapeutic rewards including a mitigation of hate if subjected to analytic exploration in a similar manner as our treatment of the derivatives of the sexual and aggressive drives.

While we’re speaking here of racial encounters between the dyad there remains the libidinal overtones of both the fear and lure of the other. In choosing Dr. Shah as her therapist, does Kay desire a reconciliation of her own otherness, as a Southern White woman, from a lower socioeconomic class, with a complicated “dark” past that belies her current environs? Also, is part of her reconciliation through treatment her attempt to return to an authentic sensual self, with both the attraction and repulsion from the father’s gaze? This aspect of Kay may have been more sexually alluring to her husband that Kay may have attempted to sanitize and erase to embrace a “purer, cleaner. . . less shitty” form of Whiteness that may be a source of her marital conflict, as she attempts through treatment to work through this potentially inauthentic self. Her choice of Dr. Shah, a “dirty” Indian may come from Kay’s desire for internal acceptance and intrapsychic emancipation. As therapists we are

allowed entry into these multiply determined meanings if we're capable of working through our racist states of mind in the exploration.

A recent clinical example of mine illustrates this further:

"Were your ancestors slaves?" A White patient in total sincerity asked me once. Our work together had shown that these questions would reflect his internal struggles with autonomy and agency. As the barometric pressure dropped in the room, becoming "hot behind the ears," I replied: "Before answering can you say some more about why you're asking the question?"

Patient: "Because, you seem so free!"

On the surface this exchange captures the potential for psychic emancipation of the therapeutic endeavor. To free one from internal conflicts, miss-attunements in relationships, a traumatic childhood, and suspended psychic development are the goals of dynamic treatment. My patient was alluding to an ongoing psychic enslavement that may benefit from psychodynamic exploration. While these are universal themes there are particular residues for those whom historically have had a legacy of enslavement or been the beneficiaries of a racist society. In this seminal moment my patient was coveting something in me that he lacked and wanted for himself. Once fully elaborated his desire and envy of my psychic freedom was embedded in his question that if my ancestors were slaves I should feel and act from a position of enslavement. In other words, how can I possess something that he lacks? His desire to possess me in fantasy and subsequent shame with attempts to repair, evident in his slave-master masturbatory fantasies and dreams, became fully available for exploration within the dyad as the treatment deepened. The possibility that both of us could be psychically free as a therapeutic pair without depriving the other, initially a theory held only in my mind, became manifest for my patient through the work of staying within his racist, destructive mind.

Ms. A, another clinical example, acutely felt that I identified her with the jurors who acquitted George Zimmerman for the death of Trayvon Martin, and would therefore now terminate her treatment, articulates most clearly how race, shame, and guilt can reveal itself in the complexity of the clinical dyad (Powell 2018). Ms. A was convinced that

I would terminate her treatment, linking her to the jurors that to her mind, and possibly mine, acquitted a murderer, and that I hated her due to this identification (Irving 2014). By actively working through the transference we were able to link our enactment surrounding murderous rage, guilt and responsibility to her traumatic history of family members being both members of and resisters to the Nazi party. Thus by embracing instead of avoiding race as an important signifier we worked through her feelings of guilt and shame, hatred and aggression, staying within the here and now, especially as regards to race, Ms. A benefited from an ongoing dynamic and containing therapeutic process.

This example highlights, similar to Dr. Shah's work with Kay, that confronting racial issues is not only salient for those oppressed racial groups but can impact in subtle and overt ways the mental health of an entire "silenced" nation. This requires that the therapist explore and acknowledge their racist states of mind: areas of bias, prejudice, and privilege that impacts unconsciously what arises consciously and what is ignored when it comes to race in the therapeutic setting (Keval 2016).

Working clinically with people of color to achieve psychic liberation, or "getting out" from a psychic racial stranglehold, embodies my next clinical vignette.

Ms. C a 32 year old African American woman in twice weekly psychotherapy was raised in a solidly middle class Northeastern home, within a racially diverse town and educational system, filled with intellectual rigor and standards of decorum. In her position as an executive at an advertising firm Ms. C was known as a thoughtful contributor able to provide innovative ideas that would frequently lead to successful ad campaigns. During Ms. C's third year at the firm, her husband, a White man, found a lower level position within the same agency. Simultaneously and inexplicably the advancements that Ms. C previously anticipated and achieved, supported by consistent positive year-end reviews, became more tenuous. Ms. C worried that her co-workers and superiors, the majority of whom were White, single, and female were jealous of her marriage to a White man. Tensions arose in her marriage as her husband's career advanced while Ms. C's felt increasingly stagnant.

In sessions, Ms. C found herself unable to assert herself when others would seize on her ideas and make them their own. She began to question whether these ideas had originated from her own mind. Ms. C

spoke of rising shame, feeling undeserving of the career that she had arduously built. Areas of previous confidence quickly dissipated. Unable to speak to her husband, while before they were able to talk openly about racial matters, she felt increasingly reliant on the treatment as her only sounding board. Her worse fears were that she would be labeled “an angry Black woman” with any attempts at assertion on the job. Calls to her parents emphasized the need to not rock the boat, that she still had a job, and therefore to tow the line.

A younger less experienced White woman was promoted to the position that Ms. C had more than qualified for and aspired to. Later she described her devastation at the promotion party that everyone, including her husband who had been promoted, attended. What was most disturbing was her sense of unreality as she was expected to smile and show “gratitude” in front of her co-workers, while her husband was jovially chatting-it-up with colleagues. Ms. C felt increasingly abandoned, marginalized, and embarrassed, fearing that she would lose her mind. She had fallen into the “sunken place,” replicating the pre-auction *Get Out* garden party scene of humiliating degradation. Ms. C’s sense of her value plummeted as she increasingly felt meaningless at her firm, in her marriage, with friends, and colleagues.

This example highlights the multiple tensions that confront African Americans, especially the younger generation who became adults during the Obama presidency. Raised with an abiding faith in meritocracy, Ms. C was blindsided by the racial discrimination suddenly arising at her job. The advice from her parents confused her more as they were always proponents of speaking out against injustice. While in our work she reported how her parents were passed over by less qualified Whites in their professional lives. Despite these sacrifices Ms. C’s parents were able to reach a modicum of success that they attempted to instill in their children. Less obvious but implied was the hidden message to work twice as hard for half of what Whites will achieve with half the effort, and to remain passively satisfied with this outcome. Working through her defenses, often with verbal attacks accusing me of wanting her to betray her parents, Ms. C was beginning to recognize that her parents had promoted a type of passivity when it came to confrontations with Whites regarding her professional worth, thus sacrificing basic human and civil rights. Thus her parents’ admonition to settle for her current position

felt like a betrayal to their teachings and her upbringing. My drawing Ms. C's attention to the difference between her parents' words and their behavior, resulted in a direct verbal attack on me as she felt I was attempting to have her betray her parents, leaving her feeling more alone and abandoned. Ms. C's parents' current advice did not match the way they had raised her. These intersectional tensions of race, gender, the romantic, and the familial tore at the fabric of her perception, leaving her bereft.

DeGruy has written about the intergenerational transmission of trauma for African Americans as a direct byproduct of slavery (2005). Safety within a hostile racist environment is privileged over psychic freedom. Thus accordingly, many African Americans are reared to metaphorically stay within the racialized lines of society—sacrificing one's agency to survive. Ms. C's parents' request along with Ms. C's discomfort at expressing appropriate anger at being marginalized continued to undermine her professional success. This was intimately connected to her parents' behavioral cautiousness, including settling for a position that would not match Ms. C's inherent value to the firm. Focusing on these dynamic tensions, especially as revealed in the transference and her fear of stating her needs and qualifications that would allow for an accurate assessment for promotion, allowed Ms. C to individuate from her parents' traumatic inhibitions, and begin to take risks increasing her agency (Holmes 2006; Powell 2019). Significantly, Ms. C tentatively began to speak to her anger, previously sequestered, permitting needed expression. This anger was directly focused on Ms. C's fear and anger that my explorations of her shifting agency and confidence was as if I were a White person attempting to betray her parents' teachings:

Ms. C: Do you realize what you're suggesting I do! My parents were successful... but they were also in a lot of pain. . . never able to achieve professionally what they had earned academically! But at least they had a job. I need to not make any waves to keep my job! It's different for us.

A: You've described yourself as someone who made waves and was rewarded for those efforts. We have seen that in our years of working together. But now you're moving away from that position, as if your recent accomplishments were not authentically achieved?

Ms. C: There's only so much available to us you know?

A: Us being Black people? (*Ms. C tearfully nods affirmatively*).

A: And I as a fellow African American should know that, right? . . . But to go along with that thinking contradicts your professional success that we have both witnessed and is a source of internal confusion in that it leads you to question your own mind.

Similar to Dr. Shah's response to the personal racist attack, or Chris' response to Rose in the film *Get Out*, the ability to be in touch with rage reduces the effects of its sequestration. Ultimately, for Ms. C, this included securing a new position at a different firm that emphasized advertizing for diverse populations, a burgeoning market.

Ms. C's relationship with her husband was another focus of treatment. She became more attuned to how her husband can occupy the work related space freely, including abruptly leaving events without "appropriate" goodbyes that felt mandatory for her. With the rise of biracial partnering across America and the "browning of America" these tensions will accelerate as increasingly Whites and Blacks come together in love relationships.⁵ Therefore the oddity of the romantic couple in *Guess Who's Coming to Dinner* to the commonplace of Rose and Chris in *Get Out* marks this change in societal norms and expectations. Nevertheless, the psychic reconciliation between the biracial couple and the larger society will by necessity of our racist past have a slower, potentially thornier rate of change and psychic repair (Tummala-Narra 2007). As Ms. C became more assertive in articulating her feelings, with decreasing fear of her anger, her husband was able to recognize his privilege and the race based assumptions he had generalized to the entire society, including towards his wife. He was able to acknowledge that the playing field was far from even, and their sexual life that had drastically declined during this period of estrangement resumed with tenderness and mutual affection.

⁵ US Census bureau statistics found that in 2010: A record 15.1% of all new marriages in the United States were between spouses of a different race or ethnicity from one another. This compares to 8.4% of all current marriages regardless of when they occurred.

It is in the area of intimate racial relations that potential conflicts and reparative steps seem at moments most elusive. Clinically, African American patients have described feeling “Rosed” by their White romantic partners: being placed in predominantly White spaces and expected to abrogate significant Black cultural identifiers. At its extreme, very light skinned African Americans have described being “mistaken” for White by their White romantic partners. In some instances, expecting a type of shared bigotry and privilege regarding racial issues that negatively portray Blacks. At other moments, as shown in *Get Out* when the police officer confronts Rose, my patients who are at the moment perceived as “White” report the leniency and camaraderie with White police officers including: shedding tears, or laughing with a group of presumed young White men with statements from the police such as “boys will be boys,” when they have clearly violated the law (speeding, possession of drugs). These are not the experiences of my more easily identifiable African American patients that raise the question how is psychic freedom attained when growing up in a racist society perceives you as a law breaking threat (Stevenson, 2014). The ability to articulate and work through these racial strangle holds within treatment towards psychic freedom becomes increasingly significant.

Particularly with my younger Black patients, there is an active engagement and embrace of their African heritage that maintains their agency as a racial and cultural self, regardless of their environment.⁶ This corresponds to an insistence that the Other, now White, meet Blacks where they are. Being Black in all spaces promotes psychic freedom and covets agency and self esteem, thus loosening the lingering effects of slavery.

As psychoanalysts, White liberal guilt and shame continues as an ongoing obstacle with our patients who are culturally and racially different. Unarticulated within this guilt is an unstated awareness of White

⁶ The notion of what is “appropriate” or allowed for African American hair has recently received attention with law suits against the use of natural hair as a means to discriminate; whether in the class room, at sporting events or with employment. Acknowledging the discriminatory intent by implying that only a Euro-centric standard is acceptable within society was recently challenged in New York City that banned discrimination based on hairstyle (“The decriminalization of Black Hair” by Ginia Bellafante, *New York Times* February 21, 2019).

privilege and the withholding of similar opportunities for people of color, along with White awareness of not approximating an ideal self when it comes to race. Or as Cushman writes:

It's not so much the behavior of their ancestors that should make Whites feel guilty today, but their own actions today—the socioeconomic conditions we allow, the overt racism we avoid facing, the corruption we do not really challenge, the covert racism (in ourselves and in others) that we do not comment on, the personal paralysis we tolerate in ourselves and in our communities. *I know most of us don't know what to do about institutional racism today, but it is that very not knowing that must be challenged, in ourselves and in our communities.* Until we break through that inaction, and live in the world in ways we approve, we will continue to feel guilty, and guilt will paralyze us and freeze us and keep us from genuinely meeting our patients of color, and all our patients. [2000, p. 616, italics added]

FINAL REMARKS

In the 1967 film *Guess Who's Coming to Dinner*, White liberal guilt emerges following Matt Drayton's (Spencer Tracey) background check of John Prentice (Sydney Poitier) and the discovery of his robust professional pedigree. Drayton's doubts and suspicions are not dampened by the facts; his racism lingers. He becomes discombobulated. Fast forward 50 years and guilt is absent, replaced by overt appropriation of the Black body in the movie *Get Out*. In this film the desire to acquire and inhabit the Black body and mind for its athletic abilities or its vision is no longer disguised. It is this level of sociopathy, the absence of guilt, shame, or empathy that makes *Get Out* a true horror story. For many African Americans and other people of color the current sociopolitical climate appears uncomfortably parallel to the themes of this film.

However, it is important to acknowledge that while *Get Out* is concurrent with the Trump presidency, to focus on race relations since his election is to undercut the preceding and ongoing deaths of Black people. Or as Kamil Oshundara, the cultural executive of Monkey Paw Productions that created *Get Out*, notes: an “inability to ignore how

integral Black death is to the foundation and lifespan of this nation as we know it..." (2019). We as clinicians and as Americans need to integrate this truth into our dynamic thinking for any attempts to repair. The knowledge that in 2012 an unarmed Black teenager (Trayvon Martin) visiting his father looking forward to the NBA all star game can be murdered, with his assailant (George Zimmerman), who had a gun, be acquitted using the defense of "standing your ground" is as probable as the opening scenes of *Get Out* when another Black man walking at night in suburbia is knocked unconscious by a White assailant and stuffed in the trunk of his car and vanishes.⁷ How can Black parents allow their sons and daughters the freedom that the rest of society takes for granted if these incidents are warped into narrative distortions that cloaks the truth. When truth is defined with such mutability a society becomes susceptible to losing its moral center as a humanitarian democratic nation. The vital question for analysts and therapists, who are sought-out to help untangle difficult questions of racism, otherness, love, betrayal, kinship, and conflict, is whether we will be tribalistic in our working function at this moment of un-enlightenment? Will disavowal of race and difference rule the day?

Reclamation of one's cultural heritage away from simplistic notions of Blackness and Whiteness are essential to reduce tribalism and embrace the rich cultural and racial heritage that has made America great and a beacon of democracy and humanity around the world. However, this would include on a societal level acknowledging our warts as well as our successes: the destruction of Native American people, internment of Japanese Americans, our racist immigration policies, Americans who carry the trauma of former colonization, slavery and its ongoing legacy, homophobia, and religious intolerance. Many of the ongoing ills of society are an outgrowth of denial of our shortcomings that perpetuate our individual psychic enslavement as we consciously and unconsciously deny these complicated truths.

The phenomenon of locating one's ancestral heritage through DNA ancestry testing has revealed the multiplicity of our genetic connections,

⁷ Although George Zimmerman identifies as Hispanic, his mixed Peruvian, African and German ancestry, raises the question of internalized self-hatred as the racial-self projected outward toward Trayvon Martin; the hated Other loathed within the self.

bringing the notion that we are the Other into sharper focus. The dynamic question is whether we, as therapists and analysts, can become curious and less defensive to our racist states of mind. Or as Monsignor Ryan (Cecil Kellaway) says to Matt Drayton (Spencer Tracy), in *Guess Who's Coming to Dinner*, when Drayton faces his own racism: "you're angry with yourself; you've been thrown off balance." Can we allow ourselves, as analysts and therapists to be thrown off balance, "dislocated" as Dr. Shah poignantly describes, by discovering our inner racist? Can we lean into the discomfort of race as experienced internally? Settling into those uncomfortable, "shitty" places as we construct meaning out of what seems meaningless? Having a sense of humor, as Monsignor Ryan demonstrates so well, eases these often-painful acknowledgments. For instance, at a moment of unabashed defensiveness I accused my analyst of "talking like a White woman," with overt claims that she couldn't ever understand me due to her Whiteness. She responded with an ounce of humor: "Well I am a White woman." I came to appreciate that my accusations in the mid phase of my analysis were easier to tolerate than to confront and work through my rage and destructiveness, and—on a deeper level—to speak of my fears and anxieties, or my dependence and need of her. These were much harder for me to acknowledge and accept, but thankfully, not too uncomfortable to prevent my analyst from leaning into to this moment, similar to Dr. Shah with Kay, and continue to pursue further. This requires cultural humility, the recognition and willingness to embrace the discomfort ... the unknown ... even if it removes the analyst from the idealized position that is often defensively turned to in moments of heated racial exchange (Watkins and Hook 2016). And it often requires an ability to play providing necessary psychic space to entertain these overly determined challenging moments.

Back to Monsignor Ryan, in describing his pleasure in witnessing Drayton's discomfort: "To see a broken down, phony liberal come face to face with his principles—of course I always believed that within that biting liberal façade there must be a reactionary bigot trying to get out!" Monsignor speaks to the psychic cost in defensively denying our bigotry and racism that can have disastrous consequences as reflected in our current societal abyss. However, there is a vital center that beckons for our realistic return; a desire to get out of our own racist ways.

During a period of stark racial divisiveness, the soft bigotry of liberal Whites with covert insistence that Blacks neutralize their cultural selves in order to be accepted within White liberal circles is an ongoing adaptive challenge for Whites as African Americans insist on being acknowledged fully on their own terms with their own minds (Leary 2007, 2012). Put another way from the poet and author Claudia Rankine “Blackness in the White imagination has nothing to do with Black people” (Kellaway 2015). Jordon Peele has provided us through *Get Out* a searing expose, a psychological deep dive, into the difference between the real and the imagined (LaFarge 2004).⁸ Or as stated by Albert Einstein: “No problem can be solved from the same consciousness that created it.” For Whites this consciousness requires the recognition that growing up in a racist society where institutional racism is a societal reality makes all Whites privileged and, to a lesser and greater degree, racist. The fantasy to acquire Blackness, whether obtaining someone’s eyes in *Get Out*, or putting on Black Face to be Kurtis Blow or Michael Jackson (as the recent incidents of the Virginia governor attest) does not put one within the Black experience. Unless and until Whites challenge themselves on what’s imagined, to experience a different consciousness, to be less entrenched in fantasy, less blind to their own minds, can Whites begin to engage in the real, especially in consideration of the racial other (Coates 2015; DiAngelo 2018). Jordan Peele in *Get Out* and Dr. Shah in his work with Kay deliver us collectively to this place of enlightenment.

As therapists we are charged to understand our inner racism to the same degree that we understand our sexual and aggressive impulses. Only when we’re able to take that exploration can we help our patients explore these aspects of themselves. I am actually pleased that we are developmentally at this point in our theoretical conceptualization when it comes to race, racism, and culture as it forces us to re-examine notions of aggression, hatred, and murderous projected rage. Our ability as

⁸ In highlighting LaFarge’s work I am specifically referencing the developmental signifiers from parent to child, especially White parents, that structures the racial Other with numerous negative connotations that creates a racial mindset, regardless of actual experiences with the racial Other. This primitive fantasy of the racial other, accrued over time frequently without experience, can become the default image that the imager, Whites, have toward African Americans and other people of color.

analysts and therapists to reclaim conversation, lean into uncomfortable truths, play, and dwell in the “shitty” places that we all inhabit, in order to seek psychic reconciliation and psychic emancipation from sunken unconscious non-dynamic states in the face of racial trauma can be beneficial for all our patients as our young country struggles with its past, present and future as a multi-cultured, multi-racial, and multi-determined society.

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