White Memory and Melancholia

Oral presentation, September 2018: response to paper by Roger Frie on “Remembering and responsibility in the wake of the Holocaust.”

**White Memory and Melancholia: the resisted responsibility of American whiteness**
(or, whiteness as inevitable perpetration)

I have been invited to use Roger’s ideas to address race in our country, and to provide some ideas for how white therapists might engage in our work as a white therapist.

I wish we had the time for me to engage in a dialogue with Roger, one in which we could go through his papers paragraph by paragraph, stopping to speak with each other about what has been evoked for me. His passionate and thoughtful musings are worthy of such a discussion. Obviously, I cannot do that. Unfortunately, I must narrow my focus and do violence to his paper by pulling on only one thread. So, I shall expand on a challenge that Roger has put before us. Here is what he asks of us:

“As North Americans today we face related questions about the history and widespread presence of racism in our societies. How much do we know about these histories or their effects into the present? And how do we respond?”

I narrow that question even more: How do these questions matter to us as psychoanalysts?
Knowing history matters, Roger says. I can't agree more. He says, “Historical knowledge is vitally important. It enables us to see contemporary suffering for what it is: the result of a society that struggles to confront its racial and violent history, choosing instead to shape political memory in ways that benefit the majority.”

Unpacking the myths that pass for “American history,” enriches our political, AND our clinical empathy. Without history, empathy will not be enough, especially for people like myself: a privilege carrier. Whites like me can be described as operating from a position of “ontological expansiveness,” (a term developed by philosopher, Shannon Sullivan). Ontological expansive is the sense that all spaces are open to me, to use as I will. This means talking spaces, resources (including people), physical spaces, etc.

More to the point regarding history, a commitment to knowing history matters. As psychoanalysts, we may treasure the notion that empathy is our access point for meeting our patients, but empathy can be relatively superficial, or it can be dense and complexly textured. The density comes from knowing history—a certain kind of history, which is what I want to explore. But before I do, I want to emphasize something else. Frie addresses quite pointedly in the book from which this talk is drawn: there is something that is more fundamental than empathy, and that is morality. Morality is the duty we have towards another person. Without knowing the history that I shall soon address, we cannot fulfill that duty and thus our capacity for empathy is constrained.
I love the distinction Roger makes between lived history and learned history. Roger describes Learned history as our factual knowledge of the past. Lived history is “inherited by way of family narratives, memories, images, and sensation.” Lived history is also the cultural/historical myths we are bathed in from a very early age. Since lived history is directly experienced, it is known intimately, fully embodied, whereas learned history is at a distance. He points to “German lived memories of suffering, and how they are usually associated with strong emotion, whereas knowledge of the Holocaust is based on a kind of learned, cognitive awareness.”

The distinction is invaluable for us today in at least two ways I can conceive. The first—one that Roger emphasizes—involves our more intimately embodied, lived histories. Unlike our lived histories, memory as an ethical practice demands opening ourselves to all aspects of history with an open heart, particularly those histories that we may wish to avoid or would rather not know. The first step in that process may require us to recognize just how much we cling to our lived histories, the histories that give us our primary orientation, our “home base.” Such recognition might allow us to hold our lived histories more lightly, with a humbler sense of its perspectival limits. Then we can turn to learning the histories that challenge our lived histories, and in so doing, to start to deconstruct our lived histories, and reclaim some of what we vaguely “know,” but tend to relegate to the background.
A brief example of my own, which demonstrates also how my lived history involves *learning* how to be white, is this:

When I was in my first years of school, my siblings and I were cared for by a housekeeper while my mother was at work. I knew this person as, “Bess.” She was the only adult with whom I would use her first name. Every other adult was, Dr, Mr., or Mrs., or Miss. Looking back on it now, referring to the housekeeper, who was a black woman, was an early lesson in being white.

The second value of understanding the difference between lived and learned history is to use that same commitment of deconstruction to break-down, fragment, our lived histories, such that new lived histories can be built. Allowing the vertigo, the rupture, changes our lived history. What starts as learned history insinuates itself into the embodied, felt sense of our lived history. We lose our innocence. The “not-known” shadows that lay behind our lived history become a powerful part of a newly reconfigured lived history.

For instance, I was never taught that the first public reading of the Declaration of Independence happened on a site from which Native Americans had been chased. This knowledge has changed how I feel when July 4 celebrations occur. Thus, lived and learned histories can become more synchronized, and a resource for our ethical practice.
As psychoanalysts we have been raised with some gaps and shadows in our understanding of what it means to be inheritors of the European enlightenment. Psychoanalysis is one of the inheritors, as well as are the founding documents and ideals of the United States. White supremacy lives in the shadows of the enlightenment, exerting its effects in ways that difficult to grasp.

First, let me show what I mean:

We stand on the shoulders of people like Kant, Hume and others who were—and are—considered to be thinkers about universal truths. They are not positioned as educated white men (writing at times in which educated was afforded to very few, and mostly white men). They were writing in times when, as colonial expansions brought European into extended contact with others, they were trying to sort out what it meant to be a European and a person. What was the ‘person”, or self, of a European? Kant, -- considered The major moral theorist of the western world -in an essay on different races, demarcated a color-coded racial hierarchy of Europeans, Asians, Africans, and Native Americans. For Kant, the color of the person dictated his ideas about that person’s essential talents and capacities. He rendered non-Europeans sub-human, which made it easier to lose empathy and to “look way” (as Thomas Kohut describes) as colonialists (including the US) subjugated, exploited, enslaved and murdered non-Europeans).

This gap in our understanding of Kant is significant. As moral philosopher Charles Mills writes:
The embarrassing fact for the white West . . . is that their most important moral theorist of the past three hundred years is also the foundational theorist in the modern period of the division between Herrenvolk and Untermenschen, persons and subpersons, upon which Nazi theory would later draw. Modern moral theory and modern racial theory have the same father.

In fact, Mills points out that in describing his Lebensborn project in a 1932 speech, Hitler justified the later eradication of Jews by noting that it was no different than how the English destroyed South Asian Indians, and how the Americans attempted to annihilate the Native Americans. Thus, Hitler was blatantly using this noxious blending of moral and racial theory to render Jews as subpersons unworthy of the respect due civilized people. Mills goes on to suggest that, while Whites, especially Europeans, consider the Jewish Holocaust unique and inexplicable, for him and other Black intellectuals, the Jewish holocaust is a continuation of the slow-moving holocaust of American slavery and other examples of the blended racial/moral white supremacy. (My immigrant grandparents, Irish and Polish Jewish, were ultimately more welcome on our streets than are my black friends and colleagues).

How is psychoanalysis an inheritor of the racism that inheres in our enlightenment history? One major answer is simply that we live in, and are acculturated within, the racist, white supremacist structure and cultural habits that perpetuate white supremacy.
But more specifically, Celia Brickman, an anthropologist and psychoanalytically-trained psychotherapist, in her book, Race in Psychoanalysis, shows how Freud’s theorizing, not unlike our US constitution, has racism baked into his foundational thinking. Unfortunately, I cannot go into detail this morning, but suffice it to say that Freud drew on the anthropology of the day (which was an entirely Euro-centered and deeply racist “science” that provided intellectual support for the exploitation of people and resources of non-European areas of the world) to develop his ideas about so-called, "primitivity." Embracing an epigenetic orientation, he linked the psyches of cultures that the anthropologists considered primitive, with the universal unconscious, and then, through complicated machinations, he linked women’s unconscious with what Europeans considered the primitivity of Native Americans and Africans. The first generations of analysts, including women, continued in the vein of linking primitivity, women and “blackness,” with dire results for women and for black people, especially in our country with its potently racialized culture. (For more, see also Jean Walton on the English faculty as Rhode Island U. “Re-Placing Race in (White) Psychoanalytic Discourse: Founding Narratives of Feminism”).

Brickman points out the word itself, “primitive,” given its usage to denote people who were considered “pre-historic,” conjures a subhuman other. In her analytic training, she heard that word often. (It is not a word that is commonly used here at ICP, because the relational theories have developed a different understanding of UCS process, based on ideas such as “emergence,” rather than regression. Emergence is an opening to kinds
of experience that our conscious orientations have excluded, but are nonetheless, coequal with conscious experience.)

Given its long history and its connection with racist thinking, is it any wonder that the black people Neil Altman advocates for (in Analyst in the Inner City) have not been seen as legitimate candidates for a psychoanalytic therapeutic endeavor?

Brickman’s book and Walton’s article are two avenues through which we can learn racialized history.

**The existential beauty of melancholia**

(I mean by “melancholia,” is grief or mourning that cannot be resolved).

Swinging back to Roger’s initial question about our commitment to knowing a different history than the one we have lived, it should be clear by now that since history is a motivated story, not a simple collection of facts, the question becomes why would we be motivated to open ourselves to actually embrace—not “look away” from, à la Thomas Kohut—such a disruptive history?

The more I learn, the more convinced I am that the consequences of racism in our society are only partly reparable. I must be responsible to what Erna Perlman calls, an “unprocessable history,” and now also to an unreparable present. So why do I keep learning the resisted history? Why not just turn away (something my white privilege
allows me to do)? Well, in part there is no doubt that I have an ethical commitment to social justice.

But also, the more I learn the richer my own sense of life becomes. My sense of what it means to be human has become denser, more three-dimensional, more complex. There is something about whiteness that leaves me feeling flat and two-dimensional. I am reminded of the movie “GET OUT,” and its portrayal of whiteness. My loss of innocence, the loss of the sense of being a good white person, turns out to be an enrichment of my sense of belonging to a wider world.

To me this is equated with helping my patients to be able to live with their own guilt, remorse and regret about things they have done in their own lives. It is akin to Freud's sadder but wiser, or Melanie Klein's depressive position. My empathic grasp of their suffering is denser, more existential, even if my words may not have changed. I don't need to try to help my patients regain a sense of innocence, but rather to gain a sense of fullness, richness, with all its messiness. We US Americans love our innocence, but it is constricting and it cannot help but reduce our capacity for empathic engagement with the world around us. The more innocent we are or need to be, the easier it is to look away, to not see, in the sense that Tom Kohut described.

I would rather live with my melancholia.

The nitty-gritty
So what does all this mean for psychoanalytic dialogue? Empathy, emotional attunement, or whatever your particular touchstones are, we cannot do without.

However, in its moment-by-moment sense, I think it is not enough. What I need to do as a white therapist, is to live with the double-consciousness that DuBois had foisted on him. What does this require of me? Here is a partial list of what I try to do.

Bracket my wish to be seen as an individual, and remember that I am also always a member of a group that lives racistly-situated in a dominant position. We whites are used to being seen as individuals, and it is humbling to surrender to our group identity, but terribly important. Many of our patients are often seen as members of a group first, and only secondarily as the individuals that they are.

Not carry myself as an innocent. Embrace the idea that as a white person, YOU ARE a problem. (based on the famous Du Bois essay about as a black problem) Be aware of yourself for how you are being seen, not as an individual, but as a white person. Keeping a double-consciousness close to awareness when working as a therapist refines dialogue. It adds more depth, honesty and complexity to what it means to sit with someone. One is now engaged in dialogue as a white therapist, not a raceless therapist.

Lean into emotional courage to embrace shame and guilt.

I do not believe that guilt and shame per se are a problem. We need our guilt and our shame. I refer here, not to the toxic shame with which clinicians are so familiar, but to
the existential shame that reminds us we are all more alike, vulnerable, and fallible, than
different. If we cannot acknowledge our guilt, we cannot recognize our privilege. If we
disavow shame we lose access to humility, compassion, and moral inspiration.

Problems arise when we try to avoid the guilt and shame. I want to have these
conversations with my white colleagues. I can well understand that my black colleagues
want no part of a discussion of white guilt and shame. I know that we whites have often
turned to black conversational partners to expiate guilt and have compassion for our
shame. I am interested in neither. I want to lean into the guilt and shame in order to
learn and grow.

Emotional courage. includes the fact that sometimes we must initiate conversations
about race because we can sense our patients are avoiding it. And we certainly must
listen with an open heart and mind when we are being made aware of our racist lives
and our ignorance. I use my courage to suffer my hurt and defensiveness without
needing recognition from the other.

Pay attention to my whitely cultural style, my conflict-avoiding orientation, and my
optimism. These common whiteness traits spring from the confident belonging that feels
as sure as a birthright. But it is a white birthright. And patients of color are often accused
of being too sensitive. Resentment and anger are reaches for dignity. Resentment is a
necessary protest against our own unwillingness to acknowledge that racism is a central
to our founding as is the bill or rights.
Resist the temptation to use my own experiences of marginalization to establish a connection with the patient who endures more frequent and pervasive marginalization. Equalizing suffering minimizes the patient’s suffering, and is insensitive (perhaps even offensive), given that as a white therapist, the fact of my whiteness generally matters much more to a marginalized patient than any identification I might wish to make with my own experiences of marginalization.

All of the examples I have given above are just pieces of the puzzle of working as a white therapist in a racist and racially divided country.