I f you have not yet seen the 2017 movie Get Out,¹ I urge you to get out and see it. The horror movie, written and directed by Jordan Peele, brilliantly highlights and satirizes racism in America by taking certain tropes to their exaggerated sci-fi/horror conclusions. It’s about black bodies and who owns them. It’s about white privilege and power. It’s about white people doing horrible things to black people and, at first, the perceived “helplessness” of black people and, then, their ability to fight back to overcome terrible odds. It’s a great and disturbing movie on many levels. But one aspect frequently overlooked in reviews troubled me. An important member of an evil family that conspires to control and take over black people’s bodies (to help rich white people achieve a type of immortality) is an evil psychiatrist. Deceivingly pleasant and pretending to want to only help the protagonist, Chris (played by actor Daniel Kaluuya), quit smoking, the psychiatrist hypnotizes him against his will (and had done this previously with other victims). Chris overcomes the evil psychiatrist’s hypnotic spell by stuffing his ears (ironically) with cotton and then fights back.

Yes, the Get Out character is another evil psychiatrist in the mold of Hannibal Lecter and evil psychiatry in the mold of One Flew Over the Cuckoo’s Nest.² But here the dynamic between a white psychiatrist and a black man made me worry about several issues: the power dynamic between psychiatrists and people of color; the paucity of psychiatrists of color; the negative impact of Get Out on people of color’s willingness to seek psychiatric help when needed; and the possibility of exacerbating the stigma of psychiatric disorders within communities of color.³ I met recently with representatives of the Black Ministries Alliance in Boston to find out if we could partner by providing opportunities for their community to participate in collaborative research. They told me that the top priority of the Alliance is mental health in the community. Depression, suicide, and substance use disorders cause great suffering, but the stigma prevents many from seeking timely help.

What can we do together to decrease stigma in communities of people of color? The late African American psychiatrist, Dr. Chester Pierce, coined the term microaggression, and Get Out satirizes this by turning it into a horror level of macroaggression. We need to become aware of our assumptions about race and our own implicit biases,⁴ lest we inadvertently perpetuate microaggressions and macroaggressions. Then, at least there is the possibility of working together to reduce stigma and improve the psychiatric health of communities of color.

REFERENCES