

Dr. Laura Roberts (00:09):

Hi, I'm Dr. Laura Roberts, editor-in-chief for the Books Portfolio of the American Psychiatric Association. And welcome to the APA Books Podcast. I'm so delighted to talk with Dr. Altha Stewart today, wonderful psychiatrist, and she's the associate professor, chief of public and community psychiatry, and the director of the Center for Health in Justice Involved Youth at the University of Tennessee Health Sciences Center that's located in Memphis, Tennessee. Her newest additional title is senior associate dean for community health engagement in the college of medicine. Altha is the past president of the American Psychiatric Association. She served from 2018 to 2019. She's the association's first African American president. She's amazing. She also served as the president of the Association of Women Psychiatrists and the president of Black Psychiatrists of America.

Dr. Laura Roberts (01:07):

We're going to talk a little bit about a book that she and Ezra Griffith and Billy Jones, also psychiatrists, wrote on *Black Mental Health: Patients, Providers and Systems*, which is truly a wonderful, wonderful book. So welcome, and Altha, thank you so much for joining us.

Dr. Altha Stewart (01:25):

Well, thank you, Laura, for having me.

Dr. Laura Roberts (01:27):

I have to say this really is a wonderful book, and I was reflecting on when we first received the book proposal, and just what a great project it was, just jumped off the page.

Dr. Altha Stewart (01:40):

Well, thank you, Laura, again, for the opportunity. I've had a year now since my presidency ended to really reflect back. And the way it unfolded is actually a great story, and I should tell you that as a black person in America, I come from a family of storytellers. And so I love the story of how this book came to be. And I think it reflects in large measure some of the things that made it so important that we tell the story that we wanted to tell. It started with a very casual conversation in a hallway in a convention center at an APA annual meeting, where I met up with Dr. Ezra Griffith from Yale and Dr. Billy Jones from New York, both of whom had been mentors and role models and teachers.

Dr. Altha Stewart (02:33):

While not formally trained under them, certainly I'd learned at their knee how really to be both a great psychiatrist and a great community psychiatrist, but also what it meant to be a psychiatrist who was black, African American. And so we met in the hallway outside one of those big lecture rooms and started to chat. And I believe it was Ezra who actually started the discussion, "We should write a book." If you know Ezra, you know he is not easily deterred once an idea comes into his mind, and so we stood there maybe 15, 20 minutes. I try walking away, they walk with me. And he's just not going to let it go. And he lays out the reasons why now is the perfect time to write this particular book. "It's been a while," he says, "Since there's been something this comprehensive as I'm thinking, that tells a real story about both the history of American psychiatry and the role that black people have played."

Dr. Altha Stewart (03:33):

But also, lays out the framework for clinical care, for education and training, and for the necessary research that needs to happen to really improve the quality of care for black patients. It would also be a wonderful volume for black psychiatrists and other psychiatrist colleagues to have on their shelf as a good reference material. And so I'm not really enamored of this idea at that point, but it's Ezra, and it's hard to say no, so we leave it there and go on and finish the meeting. And he sends an email some time later saying, "I've been thinking about the book idea," and before you know it, we're crafting the book proposal that was sent in with that very ambitious timeline. So it was really, it turned out to be a labor of love, but it was a labor.

Dr. Altha Stewart ([04:24](#)):

And in order to meet that ambitious timeline, someone like Ezra, who is as talented and organized as anyone I know, to really crack the whip. He turned out to be the best teacher I could've had on writing, just writing in general, but also on how to write the book you want to read. And I think ultimately, that's what we came up with, a book that we wanted to read as much as the people who hope will read it or have read it will enjoy reading.

Dr. Laura Roberts ([04:58](#)):

Yeah. I would just comment, it really is beautifully structured, and the prose is beautiful. And that's kind of through an editor's sort of eye. But I will tell you, as a reader, it was hard to put down because the way you structured it immediately was with the stories of your own journeys. It was really a hard book to put down because it was so, so, as you say, comprehensive. But it was more compelling. It was so compelling, really nice. Do you mind just starting with your own journey? Chapter three of the book is your story, and it's really, I think it'll be very, very interesting to the readers. But do you mind just starting with that, your reflections on your own journey that led you to this moment?

Dr. Altha Stewart ([05:45](#)):

Well, not at all. And I have to admit that I hesitated. When we set up the structure for the book and we talked about the first part being reflections, and clearly, a part of the compelling reason for doing it in Ezra's mind was that for the first time in 175 years, there would be a black president of the American Psychiatric Association, and that was something both to celebrate and to note as an event worth remembering over time. Because of the past history of psychiatry not being all that comfortable and positive for many in the black community, because of the existing and still ongoing today challenges for both patients who are black receiving mental health care, but also for the people who enter the field who are black and have to be trained and mentored and role modeled into their full professional identity, that there was a larger purpose than just the fact that there was a black president, and that it meant that we would all be in the position of disclosing things that for me at least, I had never talked about.

Dr. Altha Stewart ([07:01](#)):

For example, as a Southerner, most people didn't even know I was a Southerner until I mentioned being from Memphis. Most people assumed I was from the North because that's where, professionally, that's where everybody knew me from. I trained in Philly. I worked in New York. I worked in Detroit. I worked in Philly again. So for the most of my professional life, I was the Northerner as far as anyone was concerned. And that whole Southern identity and sensibility that I had to share was really, it was a bit

troubling in the beginning because I'm generally a private person and didn't want people to know all about my life.

Dr. Altha Stewart (07:38):

But as I began to reflect on how I came to be the person I grew into and the person who became president of the American Psychiatric Association, I mean, we're talking about 39,000, almost 39,000 member psychiatrists, largest psychiatric society in the world, oldest in the nation, that for a little black girl from the South, from the most economically depressed part of the city of Memphis, that was quite an accomplishment. And telling that story really opened me up to talking in more clear detail anyway, about the price that people pay to get to where they want to get, to do the things they want to do.

Dr. Altha Stewart (08:25):

So talking about growing up in the town where Martin Luther King was assassinated and the impact that had on me from a race relation standpoint, mentioning that the first time I heard the N word was really very jarring. Letting people know what it was like to be a black trainee, even in a program, a community psychiatry program, headed by someone who really was in today's words, an ally, but who was also bound by a structure that structurally perpetuated racism and racist tendencies and practices when it came to the practice of psychiatry. So for me, that was very much a lot of opening up about things that I had never planned to share, but I'm glad now that I have because I can't tell you the number of young, particularly black women residents, who have shared with me their own similar story and realized that it takes a lot to make it, but it's worth it in the end.

Dr. Altha Stewart (09:29):

So I'm glad I did it, but setting the book up that way I think was just genius because it does draw the reader in. When you hear the story of my road to the top of the APA, of Billy's road to being a gay black man in the armed forces, who comes out to a spectacular career, to Ezra being an immigrant from the West Indies, who comes and has to find his way and find his place in his chosen profession.

Dr. Altha Stewart (09:58):

And then the final story about the '69, 1969, I like to call them the walk out group, I mean the walk in group because these are the people who led the way within the APA organization that has resulted in all of the work that has come since, all of the minority and underrepresented caucuses, all of the positions in governance that have anything to do with an identified, designated place for that voice within the organization, that started with a small group of black psychiatrists, mostly men, but a few women, who demanded an audience with the then board of trustees and said, "Enough. We have had enough. We are full fledged members in this profession, and we demand to be recognized and represented."

Dr. Laura Roberts (10:45):

Wow. Just even that illustrates so much. But I do want to comment on the generosity of telling your story. And it is genius too. I totally agree that it was very generous. And I totally understand what you're saying about being a private person, but the demands of leadership and the use of yourself in your own story in leadership, so that was extraordinary. There was a sentence in your chapter about how you observed as a young person that they were killing good black people who were speaking out. That's the phrase you used. I think about that walk in to the APA, and the courage that those black psychiatrists showed in insisting that things change.

Dr. Laura Roberts ([11:29](#)):

And when I look at the world right now, the courage, and also generosity as people take on the risk to help others, to help bring about social change. You also, in your notes to me, made a mention about parable. But it was such a great image about how the importance of telling the story, but also understanding and appreciating not everyone's going to hear the story. Is that what you meant?

Dr. Altha Stewart ([11:55](#)):

It has actually two meanings, both of which I'm fond of. I grew up in a family where all of the, what we then called the old folks, all of them could never just directly say anything. You had to sit through the story that was to teach you what the lesson was that they were trying to give you. And so I grew up in this environment, where my dad, who was a great storyteller, told some of the best, shared some of the best parables I've ever heard in sort of just general social settings, and also the kind that stuck with me as I grew older. As a child, you don't really appreciate the significance of the story. You just want to get to the end, and just tell me what you want me to do.

Dr. Altha Stewart ([12:40](#)):

And so for me, it was a reflection on how important that was to me culturally, and in general, how important it is to the black community that people hear the story, that people listen. People want to be heard, and that's how we educate. In the absence of formal education for hundreds of years, people learned what to do, how to survive, how to escape, how to be free, through these stories that were told. Sometimes they were put to music, and we sing those songs today. And sometimes they are the things that are handed down in families and communities about what so and so did that allowed them to get to this point that everyone ought to try to model if you want to get to that point.

Dr. Altha Stewart ([13:25](#)):

The Parable of the Sower though is out of respect to Octavia Butler. I'm a big science fiction fan. And I grew up reading science fiction never knowing there was actually a very accomplished black science fiction writer until I ran across Octavia Butler's books. And one of her books was The Parable of the Sower. And so every chance I get to be mindful of ... And this is part of the things that weren't actually spoken, but that were part of the narrative that we tried to craft. Within American society, people like me, black people who are professional and who have ascended to a certain level of status and power and influence, we have had by very, by the virtue of wanting to be successful, we have had to exist as bi-cultural beings.

Dr. Altha Stewart ([14:23](#)):

I can quote Shakespeare, but I also quote Maya Angelou. I reflect often on the words of W.E.B. Du Bois as indicators of how to frame a discussion. But I also recognize that I need to also understand in certain circumstances the reflections in the works of certain white authors. I'm a Southerner, so I know Tennessee Williams, I know William Faulkner. I know Eudora Welty. But I know Zora Neale Hurston. I know Toni Morrison. They are part of the fabric of who I am, and their stories resonate with me.

Dr. Altha Stewart ([15:02](#)):

What I have learned over the years of working in these mostly white institutional or organizational settings is that I am by my very nature, bi-cultural. My white colleagues have very little understanding or appreciation for things that are the full composition of black culture, everything from the language and

linguistics and sort of cadence that we speak with in general, the fact that I can talk in a similar fashion right now in this setting, and that I may sound a little different when I'm talking with an interviewer who is black and asking me some things from the black perspective. There are words and phrases and little idioms that just escape from me when I am in a comfortable setting where I recognize that my blackness may not be as much of a threat, or as much of a fearful thing for someone who's sitting across from me.

Dr. Altha Stewart ([16:01](#)):

And I think it's playing out now because we're having to have different kinds of conversations that I hear from my white colleagues are difficult, but that I hear from my black colleagues are necessary. And I sit I think in many ways, and in part, this was what was part of the comfort of being the president of the APA, because I became comfortable, thanks to people like Billy and Ezra, with my dual identity, with that duality where I have this perspective that reflects both sides of the coin, if you will. And I am equally comfortable on either side of that.

Dr. Laura Roberts ([16:40](#)):

So let's do talk about a hard, really hard thing, which is the idea of racist practices in psychiatry. I think that is a hard reality that I think people acknowledge, but often don't know kind of how to respond to and what to do because it seems so sewn into structures and larger structures. So do you have guidance for the field on this issue?

Dr. Altha Stewart ([17:05](#)):

Yeah. I do. And to date, it has not been well received. I will start out by admitting that because I'm from that generation. I'm old enough and trained at a time when my teachers, when the faculty that taught me basics of psychotherapy and a basic understanding of the brain as we knew it in the '70s, and the role that it played in mental illness, and all of those things. I can remember being assigned readings that said, "Black people are not appropriate for psychotherapy. They don't have the cognitive ability. They don't have the appropriate affect and other things, and will not participate in a meaningful way, so don't waste your time." I mean, they weren't that concrete, but that was the message that was delivered to those of us who were in training.

Dr. Altha Stewart ([17:54](#)):

And I was fortunate, I specifically was fortunate that I trained at Temple for medical school, and then went Hahnemann, now Drexel, for my residency. And I chose Hahnemann specifically because after the experience in medical school of being one of very few blacks, and have a neuroanatomy professor insist on calling a part of the brain that we all know as the substantia nigra, he insisted in lectures on calling it substantial negra, in a very small way. It could've been the inflection, it could've been his accent. But for a little black girl from the South in her first trip up North, to go to medical school, all I kept hearing was the N word over and over in my brain.

Dr. Altha Stewart ([18:44](#)):

And so I needed a bit of the comfortable environment that Hahnemann turns out, could provide me. That had at least a dozen black faculty, some part-time, some volunteer, but they were there. They were a presence. They had a chairman, Israel Zwerling, who is probably my favorite chair of ever. He was four foot nothing, but he commanded the room. I remember watching Is in a faculty meeting as a resident on the periphery, when you were allowed to still be in those meetings. And it was as if in my mind, he was

seated at the head of the table, but in my mind, the picture was him standing on the table marching back and forth, and having all of the men in the room, and forgive this image, but all of the men in the room grabbing their crotches to protect themselves when Is decided to let loose on you.

Dr. Altha Stewart (19:40):

So my image of what a leader was, was you instill fear. You assure them that it will happen as they think it happens. And if they run afoul of you, or don't do something that you want, there will be something in your stocking at Christmas that is not a lump of coal. And so in the early part of my training, I had an exposure to a lot of black people who were comfortable in their own skins and accomplished in their psychiatric skill. I had a chairman who understood the importance of demonstrating and modeling leadership for people who feel marginalized and disenfranchised. And remember, this is a little short Jewish guy from the Bronx, so he had his share of challenges.

Dr. Altha Stewart (20:25):

And then I had a class of residents that I trained with. It started with me as the only black, but another guy joined in my second year. But I had a class of residents who were very forward thinking in the social justice area, and where we bonded, to this day, one of them is like a brother to me. We are as close as family, and would do anything for each other. And that goes back to the mid '70s, late '70s, early '80s. So for me, having that starting point led me to a place where I can think and do things without hesitation. And that built that confidence that my family gave me early on with the unconditional love and all of that stuff growing up in the South as a little black girl, that continued through my training years, and then got amplified as I became a full fledged member of the profession working as a post training, in my post training period, running a unit, working for the city of Philadelphia as the medical director of the Office of Mental Health.

Dr. Altha Stewart (21:34):

And then being hired by Billy to be his senior deputy for clinical work when he was mental health commissioner in New York, and him giving me free rein to learn and grow and develop as a professional, such that when he was promoted to work at Health and Hospitals Corporation, he recommended that I remain in the department as the commissioner of mental health in New York City, and I was not yet 50 years old.

Dr. Laura Roberts (22:01):

Wow.

Dr. Altha Stewart (22:02):

I was still relatively young professionally and chronologically at that point. So these are the experiences I think that make for someone like me being able to do some of the things that I've been able to do, but also to be able to share that experience so that others can see how they can model their lives, not to be like me, but to use the things that I've learned and I'm willing to share to make it happen for them.

Dr. Laura Roberts (22:31):

Yeah. As you're speaking, and I was noting this when I looked up your biography, you have worked in some very hard hit communities. I mean, the tragedy of the Hahnemann closure I think is just a profound injury to the community, and it's just such a rupture on so many levels, that particular closure.

But also, with your work in Detroit and New York, I mean, you have worked in communities that have been extraordinarily hard hit historically, and are very, very hard hit right now.

Dr. Altha Stewart (23:04):

Yeah. I like to describe my career trajectory as if you do a background check on me, the elementary school I went to is no longer in existence. The high school I went to was closed. I transferred to an all girls Catholic high school, which also closed. My college became a university, so it does not carry the same name. And now my training program, my residency training program is gone, and has evolved into the Drexel Hospital program, but even that is not existing as a psychiatry residency. So a background check on me would lead people to believe that I'm just nowhere. I evolved out of thin air.

Dr. Laura Roberts (23:46):

Reflect on that for just one minute. Why is that?

Dr. Altha Stewart (23:53):

My original theory was because I had worked at these places or been to these places, they could not survive without me. Of course, that's a [inaudible 00:24:01].

Dr. Laura Roberts (24:02):

Well, I'm positive that's right.

Dr. Altha Stewart (24:03):

I have a flair for the dramatic. I actually wanted to be an actress, and my mother snookered me into becoming a doctor, but that's a story for another day. But I think in some measure, I reflect back on my career as I've been in places, and not just the training programs, but my jobs, I've been in places where when I was hired, it was to perform some transitional, transformational act. And I got used to, after the first couple of jobs in Philly, and then moving on to New York, I got used to being what I would describe as the consummate transitional object in an organization, that my job was to come in and shake things up, create a new path, develop a new strategy for moving forward, and then be comfortable leaving before it actually became actualized.

Dr. Altha Stewart (24:54):

It was as if I didn't need to be there to relish in what I created. I just needed to be part of creating it. And in our profession, being a good transitional object in times that need good change agents was one of those, if I had to say my secret power, it is that I have that ability to move in and out without caring, I need to be there to relish in the glory of it, as a part of my own need and mentality. Although I do think there is something to be said for the fact that when I've worked in government jobs and been appointed, everyone who appointed me lost their reelection, so there may be something to the fact that if you hire me in an appointed position, you may lose your next election, so I don't know if that's real or not, but it does seem to have happened in Philly and New York and Detroit. So I may be the bad penny, I don't know.

Dr. Laura Roberts (25:56):

I don't think so. But I do think it's a time where change, I've been reflecting on how little has changed in the last 50 years. And I welcome, I welcome the discomfort that we're experiencing, and the unveiling of the anguish and pain that has existed in so many communities. And I think if we can move with this, there is an opportunity for at least a little bit more accelerated change. I don't know if you have thoughts on that, or reflections that you hope we'll embrace as a field.

Dr. Altha Stewart (26:38):

Well, I am at the same time disappointed with some lack of progress in our profession, and anticipate with hope some change. What I mean by that is we have known for over 50 years the significant amount of misdiagnosis that occurs in black patients who present for treatment. We have enough data to support the fact that the same symptom set presenting to the same person will be determined to represent a different diagnostic category based on one person being black and one person being white. So we have known this, we didn't have the language of implicit bias and structural racism perhaps, but we have known this to be true.

Dr. Altha Stewart (27:31):

We don't need any more studies about how to move away from misdiagnosing people because they are black. In the same way that your zip code should not determine what healthcare you can get, your skin color should never determine what kind of service you receive. And it enrages me. And again, here's the perfect example. I'm reminded of James Baldwin quote about to be black in America and be relatively conscious is to be in a state of rage all of the time. And we have to protect ourselves continually against that by practicing some kind of self care, otherwise, we'd walk around all the time being angry and furious and in a rage because I have seen this play out in treatment team meetings, where a presentation of a case that starts off traditionally with 30 year old black woman, blah, blah, blah, blah, blah.

Dr. Altha Stewart (28:30):

And every sign and symptom that I recognize in the bones, every time I would sit in a treatment team meeting and I would hear the presentation, typical starting presentation, 30 year old black woman presents with blah, blah, blah, blah, blah, as a black psychiatrist who understands the reflective culture in the case presentation, I hear angry, I hear black female. I hear a litany of issues that she is dealing with that are very likely very stressful. I hear very little family support, or estrangement from family. I hear challenges in the workplace and other things. And I begin to think depression. My white colleague hears what they believe to be violent, psychotic like acting out behaviors, and they begin to think more serious psychotic disorder, as opposed to depression with psychotic features perhaps.

Dr. Altha Stewart (29:30):

I mean, there is no need in these days, in this period of time, there is no need for there to be a continuing misdiagnosis. Of what is a clear presentation when you factor in the cultural variations and understanding of those variations, which we clearly are not teaching well enough because it still happens. And I'm not actively involved in the training of the next generation of psychiatrists. I don't train residents and that sort of thing at this point in my career. But I do understand from talking with residents. I spent a year in my president elect year, I spent a year traveling to do grand rounds because everybody wants the president of the APA to come to their program.

Dr. Altha Stewart (30:17):

And at each stop along the way, they would assure that I met with the residents in their programs. And to a program, if there was a black resident, I got the same story. This is what my experience is. This is how I feel when I'm in these settings. I don't think I should speak up because it will be held against me. I don't think people will understand. If I recommend a reading, people say, "Oh, that's not relevant." This marginalizing and minimizing of the black trainee is as bad as the marginalizing and inadequate training for their non black counterparts in the training because they're not getting a chance to add value to the training through their experience and understanding of being black in America. And the other group is not gaining useful, important, helpful knowledge in providing the best possible care to everyone they work with.

Dr. Altha Stewart (31:15):

And in today's patient population, which is becoming increasingly diverse, increasingly black and brown, and increasingly reliant on public systems where many of our trainees wind up doing their training, increasingly we're sending people who are ill prepared to deal with the folks they're working with, and lacking in the understanding that would help them work with them better. That's a travesty in the 21st century. It is a travesty and we have to stop it. The book was our effort to add something to the discussion, to have a reference available for anyone who wanted to use it, and to encourage training programs to make it their go-to text if they really want to train top notch, ready to go to work with whoever walks through the door, residents and fellows.

Dr. Laura Roberts (32:08):

That's great. Well, Altha, I could talk with you all day. And I find your insights just to be so, so valuable, and this book is beautiful. And I want to thank you and Dr. Griffith and Dr. Jones for developing it for us and for our readers, for the profession. I do think it was a milestone, certainly your leadership of our APA, but also the book is itself a milestone, and I want to thank you so much for developing it for us.

Dr. Altha Stewart (32:38):

If I could, I'd like to end with something that I think is going to be important. We're in the midst now of a major social justice transforming period. And I think as we move forward, I think it's going to be really important that we look at all of the structures, including how we discuss and write about these experiences. And our book was an effort to begin the next 50 year dialogue, for example, of what it means to be black in psychiatry, how we treat patients who are black in the mental health system, how we craft our systems to better welcome, accommodate, and serve people of color. And I think there's some structural things that were highlighted for me as a part of the learning to write process that I would share with the audience.

Dr. Altha Stewart (33:34):

And one that stands out now perhaps more than ever is the guides that we use and how we determine and how we describe who will do the writing and what they will say when they write. The particular example that comes to mind has to do with the style guide for the use of the term black. I had never been exposed to the official publishing world, to their being a guide to how you actually spell things and how you identify what these things are. And so I remember writing my entire chapter capitalizing the word black when referring to people. And it was Ezra who taught me that the style guide is such that

when you are referring to the race of people, it is always lowercase. And I said, "But Ezra, doesn't that convey a different sort of value and mindset? I mean, this is the written scholarly word."

Dr. Altha Stewart (34:34):

And he said, "It is the guide. It is the style guide." And so as we are looking at systems that reflect things that impact how people feel and what they think about themselves and others, I'm hoping that one of the changes structurally that comes out of this is a rethinking of how we master those things because I think for me, it was a watershed moment that my personal belief is that you minimize and disrespect people by the way you describe them. I am on a campaign, for example, I work in the juvenile justice system. But children must be called children with me and not juveniles because of the message it conveys. Similar tone in the style guides. And I just want to reflect on that. I've been thinking a lot about it. But I want to reflect on that with someone at your level, as to how we go about making sure that, that designation does not translate into some indiction, or illustration, or definition that could be very confusing.

Dr. Altha Stewart (35:43):

At the same time, and we're pushing for more of this kind of work because I think there is an inherent conflict there. And I'm very interested in making sure that we leave no stone unturned in the work that we're about to embark on. So I just want to add that as part of my closing.

Dr. Laura Roberts (36:02):

No, I think that's wonderful point. I mean, these style guides are not truth. They're adopted practices that are influenced and can be influenced, is the point. And so I think it's fantastic that you're elevating that. And it also gives me the opportunity to talk about how we do have a few more books that I think you will find to be of value. Ruth Shim and colleagues just put together a beautiful book on social injustice and mental health. Really, it's just a gift to the field too.

Dr. Altha Stewart (36:34):

Is it out yet? Is it out yet? I'm ready for it.

Dr. Laura Roberts (36:36):

Yeah. I know. We're all waiting for it. No, no. Ruth and her colleagues sent it to us. And again, it's the same thing, where you just cannot put it down. But I'm waiting, I want these next books. I want us to shape and change and influence things. And again, I love that you're raising, just it's just a great example of how a style guide itself is so socially bound and culture bound, more importantly historically bound, can be influenced and changed. And so by raising issues everywhere, we can at least bring into greater awareness these issues that are so important. But it will take this almost universal comprehensive effort, but it's good to bring it. Bring it is what I say.

Dr. Altha Stewart (37:23):

Thank you for this opportunity to reflect on that book that made such an impact on my life, and I hope will be impactful for others.

Dr. Laura Roberts (37:31):

Thank you so much.

Speaker 3 (37:36):

Our host is Dr. Laura Roberts. She is the Katharine Dexter McCormick and Stanley McCormick memorial professor and chairman of the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine. She is also editor-in-chief of the Books Program at American Psychiatric Association Publishing. Our original music is by Willa Roberts, our executive producer, [inaudible 00:38:03]. This podcast is made possible by the generous support of Stanford University. We are a production of American Psychiatric Association Publishing, John McDuffy, publisher. To purchase copies of this book or other books by our guest or host, please visit www.appi.org. That's A-P-P-I.org. We hope you enjoyed this podcast, and thank you for listening.