

Dr. Laura Roberts:

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.

Well, welcome everybody to another episode of Psychiatry Unbound. Today, we are here to talk about a new publication from APA Publishing. It's a book called, "Race and Excellence: My Dialogue with Chester Pierce." This is an amazing book. It's a collection of interactive discussions between Ezra Griffith, who's our guest today, and Chester Pierce, and it takes the reader on a journey through different stages of Pierce's life.

What emerges is more than just a portrait of one remarkable, determined, and talented man's path to achievement in the face of incredible institutional and individual obstacles. We find lots of ways of living with stress and specifically stress of racial discrimination. It's also a new way to talk about narratives in Black life. So the person responsible for bringing these conversations to light is my very, very dear friend, Ezra Griffith, who I just have so much admiration for. I'm going to be gushy, Ezra.

Ezra Griffith is Professor Emeritus of Psychiatry and African American Studies at Yale University. He also received an honorary degree, the Doctor of Science, from Morehouse School of Medicine. He published a book called *Belonging: Therapeutic Landscapes and Networks* in 2018. I called you up, and I think we talked for an hour and a half that day, Ezra. It was such a wonderful, wonderful book. From 1989 to 1996, he was the Director of the Connecticut Mental Health Center at Yale, was the Deputy Chairman of Yale's department of psychiatry for many years, 1996 to 2016.

He's the editor emeritus of the *Journal of the American Academy of Psychiatry and the Law*, and did a beautiful book with Altha Stewart and Billy Jones for us entitled, "Black Mental Health." I hope readers and listeners will look for that.

His service to the APA is tremendous, Distinguished Life Fellow of the American Psychiatric Association, served in the APA Assembly, the APA Council and Psychiatry and the Law, the APA Ethics Committee. I think that might be where you and I first met APA Committee on Judicial Action and now retired a committee on Misuse and Abuse of Psychiatry. Ezra has been a columnist for *Psychiatric News* and serves on the editorial advisory board for *Psychiatric News*.

And congratulations, Ezra is going to be receiving the Chester Pierce Award at the upcoming APA meeting just in a week or so in San Francisco. So Ezra, I'm so happy to talk with you today and thank you so much for joining us.

Ezra Griffith:

Thank you for inviting me.

Dr. Laura Roberts:

Let's start with your book and your focus on Chester Pierce. You said in your preface you said, "It's evident I never just wanted to tell Chet's story. I wanted to work the story out, to measure it, to try it on, to figure out which parts are good for me and for other Blacks so earnestly seeking heroes." So eloquent. Why is this the book that you needed to put together at this time?

Ezra Griffith:

Well, on thinking back I realized that it came together in a sense, in an accidental way. I was in residency at the time when Chester Pierce came to give a talk. I was in the program at the Albert Einstein College

of Medicine, and I must have been, I think I must have been in second year or third year. And for some reason my program chief, the training director, insisted that I meet Chester Pierce.

And so after the lecture I chatted with Chester Pierce for at least a half or if not an hour. And then people started talking to me about him and I realized who he was and what he represented, and he carried himself in a way also that was particularly impressive. The way he gave the lecture was just incredible because I had encountered that way of lecturing in medical school in Europe, but I hadn't seen it much in this country where he gave a lecture without ever saying, "Uh, ah." he was just concentrated-ly fluent.

And he had it in paragraphs in his head and he went through each paragraph with points for each paragraph and then he ended on time, which is a characteristic of European lecturers in medical school. So he left a mark on me. He left a mark on me.

And then of course I got to know him gradually and met him at meetings and so on, and people would talk to me about him and I was struck by him and I wanted to think about him some more. Now, at the same time, I was teaching in African American studies in the Department of African American Studies at Yale, and I was concentrating on narrative in Black lives. Both in this country, and then I developed a second course thinking about Black lives in the Caribbean.

And so the issue of methodology and how you talk about somebody came together with a particular interest in this man whom I wanted to think about. And now of course there are other points that catalyze this interaction. I must have met him sometime in the seventies. And he, as everybody knows, was an architect of this, what should I call it? A slight uprising in the history of the American Psychiatric Association.

And so he was seen as a leader in these areas, someone who was thinking about how to go about making change and bringing about change, affecting change. And so I brought together technique with a chance to talk to someone I felt was clearly one of the Black psychiatric leaders in the country.

Dr. Laura Roberts:

You said that it became clear to you who he was, kind of in those early phase. But who was he for our listeners? When you say it became clear who he was, what do you mean?

Ezra Griffith:

What I mean is that he was a presence in the Black experience in this country. There were other people in other pathways of life leading things, politically, socially, economics and so on. But in the context of psychiatry, his name was distinguished and it stood out.

And there were others, of course, who participated in the same pathway he was taking in terms of leadership on Black matters. But clearly he was among the leaders. And I had had a chance to talk to him and found him particularly intriguing, very respectful. He carried himself with a distinctive dignity and so on that it was just difficult to miss it. He was striking. I don't know if you met him.

Dr. Laura Roberts:

No.

Ezra Griffith:

He's physically imposing. I'm not exaggerating, he was every centimeter of six foot four inches tall. He just filled my vision. And I wanted to know what he thought of X and what he thought of Y. And at that

time when I first met him, as I say, I was in training. So I was thinking through things in my mind of, I knew I wanted to be an academic, but what kind of academic and how would I best fulfill the things I was thinking about? Because I wanted to meld administration, for example, with clinical work and so on. So he fitted also this role of being an advisor/mentor and intrigued me, entranced me. Then as we started to talk with the breadth of his experience and the things that he'd done exploring, this whole notion of the relationship between Black and White people in this hemisphere

Dr. Laura Roberts:

And for some of our early career listeners who might feel a little intimidated when they meet such an extraordinary person, tell us just a little bit more detail about how is it that you came to speak frequently from this initial meeting, kind of designed by your training director, very smart person... How did you then build a relationship from just that one encounter?

Ezra Griffith:

Well, some of it was accidental. Some of it we structurally did. I can't even remember all the details of... I know one of them was that, my first research area was the Black church and psychiatry. And I had a project that where I was attending the Wednesday night church service in a Black Baptist church in New Haven and doing observations. In other words, my work was sort of anthropological and so on.

And I submitted a paper, I can't even remember exactly which journal it was. And I found out later because we started, so I met him at some meeting and we started to talk about the article and he told me that he had reviewed it. And so we had a grounding connection right there in terms of scholarship. And then as we talked more, his being an academic permitted me and facilitated his interactions.

And then I met him at one or two other meetings. And I remember there was a meeting in Boston. There was... Actually more specifically in Cambridge. And I can't remember who chaired the meeting, but I remember there were people like Hugh Butts who was a very distinguished Black psychoanalyst and so on.

And Chet was there and it hit me, it would be nice if he'd let me interview him and build a book around his life.

Dr. Laura Roberts:

Yeah.

Ezra Griffith:

And if you can imagine, I was a young faculty member at the time and he said yes. And so I took him up on it. And then the relationship reflected how he thought of things like this. So I would drive up to Cambridge every Friday for many months, I think at least two years.

Dr. Laura Roberts:

Wow.

Ezra Griffith:

And we would spend the whole day talking. And the way this relationship developed sort of characterized him and made it more interesting, more and more interesting for me to really follow this man and think about how he did things. So he met me in front of the, what they call in Cambridge at

Harvard, the Coop, which is a store that sells a lot of Harvard stuff and so on. And he was there on time. He was there on time, and we had these meetings and he was never, ever late.

These characteristics of this particular individual, extremely polite, extremely gracious. We always had lunch together. Never at the same restaurant in Cambridge. Turns out Cambridge has all kinds of ethnic restaurants. And he would take me to a different restaurant each time, and I had to go in front of him. And so he followed these rules and he reflected what has since become a very important point for me in my own writing now. And that is the notion of dignity.

But, and I haven't given it up, it's very interesting because it struck me at the time we talked, I remember very well, we talked about the necessity of washing your hands before you examine a patient. He stood up when women walked into the room. These kinds of things, and his personality sort of filled out, and I'm just trying to reconstruct what it felt for me at the time.

But Chester Pierce filled out in my own mind a man who was thinking about what he did. It was structured, he thought about it, he reflected on it, and he had his own individual sort of political sense about both social and other interactive measures. And he represented... Yes, people write all the time about representation, especially for minority group members. He represented. He stood for something in all that he did.

And I thought it was an incredible chance that I had the chance to meet him. Now, this doesn't mean that... And I think the book reflects that, doesn't mean that he and I agreed on everything that came up. Philosophically, we were different on a number of things.

A simple example is his concept of anonymity. He would do things and not want any recognition for it. And sometimes I would say, because I was very much into administrative psychiatry, and I'd say, it might give you a certain administrative power or advantage in something that you wanted to carry out and succeed in.

And he was unable to... No, I shouldn't say unable, because obviously it was not an inability, it's just that he closed his mind that he had a... "I don't do things like that and I don't want my name in lights because I've accomplished X. X is important to me. I want to execute it, I want to carry it off, but it doesn't need to be associated to me, with me or anything else."

And so that's how things went on and I found it just so, it was really a wonderful experience. An unusual chance to spend time with someone. And I know there are lots of writers who, especially of television purposes, who love to do these exercises. And I was able to carry it off without spending any money or anything of the sort. It was just great.

Dr. Laura Roberts:

Yeah, it's extraordinary as you're kind of painting a picture of what it was like to be with him, I'm thinking of certain terms, as you've said, dignity and self-effacement and just kind of a remarkable set of virtues that he had, right?

Ezra Griffith:

Yes.

Dr. Laura Roberts:

And lived.

Ezra Griffith:

In fact, he talked about those. I can't remember exactly... I remember his characterization to me one time, he said... Then he repeated it from time to time. He had these virtues set up in his mind. And he thought that the lesser virtues surpassed the greater virtues.

He was talking about the greater virtues in terms of antiquity because he was, well, that was another part of his personality. Turns out he was a classic scholar. He was a classic scholar. So he was talking about, he had in his mind these greater virtues, and I know they're specific greater virtues. I can never remember them. But he was interested in the lesser virtues and he thought that they had tremendous importance in people's lives. And we talked about that. So the word virtue had special meaning for him, and he actually employed it in our discourse.

Dr. Laura Roberts:

Yeah. Now I resonate with this because I think a lot about leadership, and I know you do too. And I think at least early in my career, I thought leadership related to, I don't know, the quality of excellent thoughts and strategy and all that sort of thing. But the longer I'm in these roles, I think a lot about simple kindness, the fundamental values, you're never going to know enough. You can't be the smartest person in the room on everything, but will you listen? Will you be attentive?

So I don't know if they qualify as lesser virtues, but I really appreciate the point that you're making. And it sounds like that he valued very much too.

Ezra Griffith:

Yes.

Dr. Laura Roberts:

Yeah.

Ezra Griffith:

Yes, I can say that I have even extended that 20 years later into my own work because I'm now reabsorbed in this idea of the relationship between physicians and the patient. It's very interesting because we started out talking about that stuff. I moved away from it and then came back totally independently of recognizing how much in talking about it, he had an impact on me.

So he was very much into the notion of being respectful to people. And saw it as an important part of political maneuvering, but also just playing social interaction. And especially of course in the context of medical interactions between patients and physicians.

So for him, this was a simply tremendously important. And I've come back to it now and my own thinking and my writing about the whole notion of dignity, because he capitalized on it and lived it.

Dr. Laura Roberts:

So I think this idea of microaggressions is certainly in the national conversation, and was really something, an idea that was rooted in his kind of way of thinking about the world. Can you comment a little bit about microaggressions? And am I making the right attribution there? And how do you think that conversation has evolved about microaggressions?

Ezra Griffith:

I have to start a few feet before...

Dr. Laura Roberts:

Yeah, yeah, please.

Ezra Griffith:

The current use.

Dr. Laura Roberts:

Yeah.

Ezra Griffith:

He and I started talking about the notion of living in a space. In fact, that's why that other book you mentioned was a preoccupation with spaces. And that came out of my thinking with him. The notion of spaces sounds abstract, but he actually started working, or at least for me, he started working because he introduced it to me and I had never heard it from anybody else.

And he was interested in this space because he was very much a physiologist, also. And so he was studying life in this extreme environment, in the polar regions. The polar regions of the world, and he characterized that ultimately, and taught it to me, the vocabulary.

So this was an extreme environment. And then he had his own categorization of the extreme environment, not only in these polar regions, but then coming back closer to home. So that they were mundane, extreme environments, exotic extreme environments and so on and so forth. And then he made the connection between the extreme environment, but in an exotic sense, to the extreme environment in a much more mundane situation. And the mundane situation, the par excellence laws was of course the Black community.

He talked about then what characterize this extremeness. And in it is this repetition of things, of events in your life, in the environment that you have no control over. And some of them are macro, and some of them are these repeated micro events.

Now, the events, for example, in the polar regions, things I... As usual, you would expect, I had never thought of. So you didn't have flowing water in polar regions. And so you didn't want fires. That's the first time I'd heard that notion. I mean, it's probably the most basic notion is you're going to live in these regions, or spend time. I'd never contemplated such. And the cold of the extreme climatic conditions, of course did things that you had no control over. So there's this notion that you don't have any control over these things. And some of it is simply macro. And he gave me interesting examples.

So you could fly into the polar region for example, but you never knew when you were going to fly out, because the plane, they couldn't come to pick you up in any predictable way. The notion of predictability became a very important theme for him.

So then he extrapolates and he compares, and in the mundane environment, the ghetto, there are all these things going on. It doesn't have to be a major thing every day, but nevertheless, because the way in which the community is set up, and given the relationships between the Black people and the extrapolates from the ghetto itself then to institutions like the university or the hospital, these institutions are run, it's a structured environment, but the people who are on the bottom have no big input into the running of it and so on.

And so people are always doing things to you on the bottom. And some of these things that they're doing, first of all, some people don't even understand what they're doing. They don't even think about

it. They just treat you this casual way and so on, and it turns out to be a negative. And that's the concept of micro.

Now, I've heard recently a thing, a situation... I was sitting in a conversation, somebody came up and said, "This idea of microaggression doesn't make any sense because all the aggressions are..." And that's absolutely wrong from Chester Pierce's thing, because the recurrent microaggression in everyday life is not the same thing as stepping on the subway and being confronted by someone with a knife. But that doesn't happen to you every day repeatedly in the area you are living in. So that's the big distinction between the micro and the macro.

The characteristics of it. It starts with one definition that I memorized from him and is that you don't control your time, you don't control your energy, you don't control your space. And that's why I became interested in this notion of space. You don't control the recurrence, for example, of micro things like noise.

And so prison is a wonderful example of an extreme environment and everybody who's worked in it, as I have forensically to go in to do an interviews, you're struck immediately by the extremeness of the noise. Which you do not control. Or it might become quiet all of a sudden, but then unpredictably, something happens. And so this idea of a lack of control also over the predictability and the recurrence of an experience is part of what characterizes this terrible, repetitive, uncontrollable, but micro.

Then of course as a physiologist, he's very interested in the notion of, so what happens to you? And he postulates in a very important fashion, it's not only a psychological or for that matter, not only physical, both. And it puts you in a position of a dis-ease in the environment in which you're living so that you're constantly anxious because you don't control mathematic...He talked about mathematical predictability of the experience and so on.

Absolutely fascinating when you think about it, this notion of microaggression. So I'm telling you why it's not macro. The micro is an important part of it, and the non-control of the recurrence of it and so on. It's become important, of course. And it's become important with the extrapolation out to the use of the word trauma.

I quickly make the association that. Because I just finished a commentary on this that Hugh Butts pointed out, that the APA came up with the idea of PTSD, and then refused to accept this repetitive experience that chap is talking about as a stressor that would qualify you for the diagnosis of PTSD.

Now, why is all this coming together in my head? Because after the Vietnam War and so on, people came up with the idea of the PTSD in a forensic sense. So my forensic work, this was coming up. But the experience had to be a near-death experience related to the Vietnam War stuff and so on and so forth. Meanwhile, people like Hugh Butts, who was a Black psychoanalyst, as I've mentioned before, he was postulating that that was really an unfortunate and ultimately a conclusion coming from bias and a lack of exposure to the thinking of what Chester Pierce had been contributing. Because Chester Pierce is saying, "You guys got to be kidding. You think the worst thing in the world is going to war?"

And sometimes he could be in his comments... Blunt, let us say. "So you're going to war for the White man." And so on, and so... And then therefore white psychiatrists would love to credit it in, say, "Well, it's a wonderful thing and it causes X and Y and Z."

And then Hugh Butts is contributing to the discussion and saying, "But I see every day in my clinical work, people who are talking about this repetitive unfortunate experience that you don't control, which of course is Chet Pierce's work. And how that can tremendously affect then your psychological condition.

And because he's always a physiologist, just appears to say, "Oh, yeah, but don't say that too much without thinking because that repetitive psychological stuff that it causes can also manifest itself in somatic disease."

And so that's the continuity in the argument. And I think I'm doing a fair job in saying the contributions of others. But where that thinking comes from, from the exploratory notions that Chet Pierce developed in his work in the polar regions extreme environments, and how he brought it back to the mundane, repetitive presence in the environments that Blacks experience every day.

Dr. Laura Roberts:

Really extraordinary. We're going to have a second podcast where we're going to focus a little bit more on you. So I'm signaling to our listeners that there'll be another episode with you. But before we come to a close for this particular podcast, is there more that you would like to share about the legacy or the importance of Chester Pierce? And why you hope, I believe, for people to read this book,

Ezra Griffith:

I think at least in certain quarters, his contributions now are fairly well known. And particularly for those who are interested in the history of modern psychiatry in the United States. People understand that the history of modern psychiatry is taken up significantly by this interrelationship. Not only between Blacks and Whites in the social context outside of medicine, but also importantly within medicine. And he was clearly a leader in that. So I would reemphasize that.

But what of much of his thinking my reemphasis would be of thinking not... It's a applicable and relevant not only to the social context. So the #MeToo movement and so on outside. That's important to understand. But it's also important to understand how he staked out a space that has to do with organizational life. And in his situation, particularly American Psychiatric Association becomes the exemplar after all, of the stuff that he's thinking about, because he's very concerned about the way in which the White psychiatrists are treating the Black psychiatrist within the organizational context, and that's tremendously important.

Then I would say the other thing, which a lot of people are ignoring and being casual about, is that when you reemphasize... Because I think this whole notion of bringing more attention back to the Black/White relationship in the social context, that then ends up bringing us back, if you sit and think long enough to the relationship between the physician and the patient.

And that's something that has struck me, how we don't stop enough to think about what it means and how our behavior contributes to, I think, less than an excellent care in the clinical context. The example I'm giving these days all the time is just COVID current rules. At least in Connecticut, the rules keep being changed and moved around that have to do with whether you can take a third-party in with you to see the doctor. And it's fascinating me because it's really relatively simple.

The leadership can sit and think about when they change the rule and explain it, the rationale for stopping you from bringing in a third-party. But that's not what happens. That's not what happens. And I don't even have to get into a sophisticated discussion of ethics and so on and respect for the person. I am actually willing to keep it simple. I'm willing to keep it simple and underline this notion that indirectly came out of Chester Pierce's work.

And you've got to consider what it means for the dignity of the person who is seeking care from you. And I don't think this is being contemplated. So I can't tell in my visit to the doctor now if the rule is enforced or whether they've changed it because the thing of, they've come out with some rule based on public health principles of whether you can bring in a third-party with you or not.

So a simple thing like that shows you the lack of consideration of the impact on the patient's dignity. And people just don't think casually. They say, "This is a pandemic, this is an epidemic. We have the right to make changes." And they give up, the other part, which is really important. And that is that, yes, on a public health basis, you may make the change, but on the basis of dignity, you're required to explain the change. Make it clear to the individual that it is now in this week, that's what we are doing this week, and why we are doing it.

If the person wants an explanation, the worst explanation... And sometimes I do it because I'm interested in keeping my finger on the pulse of this issue, and the nurse just says to me, "The rule just came out last night and that is the rule."

And I said, "That's all you want to tell me about it?" And she said, "Yes, that's all I knew about it. So that's what I'm telling you. You're not getting in here with your wife." Anyhow, that's rooted in the Chester Pierce philosophy of trying to understand the basis of it. And it is much more basic and less sophisticated than the whole notion of the Black/White stuff and so on. But you can see easily once you think about it, what the impact of that would be on the Black/White relationship.

Because the people, when it comes to these discriminatory acts, the people are the poor and the people on the lower aspects of the ladder in society are the ones who are going to suffer. So all that for me is a legacy of Chester Pierce's contributions, and obviously he's contributed to my hypersensitivity about it.

Dr. Laura Roberts:

At the beginning of the pandemic when so many people died alone, often in institutional places, right?

Ezra Griffith:

Yes.

Dr. Laura Roberts:

Without their loved ones. And maybe some technology mediated, FaceTime as your loved one is dying... I think, anyways, I guess I'm thinking that we could elevate this issue and not have it be casual, because I think people were affected by that awareness that people were dying alone in institutions in the context of a pandemic, and that we couldn't find a way to restore that sense of connection, and as you say, dignity.

Ezra Griffith:

Yeah.

Dr. Laura Roberts:

I think we could elevate it. I think people will remember that. I think there's still a moment where we could talk about this exact issue.

Thank you so much, Ezra, for this wonderful conversation, and especially for bringing forward multiple books that I treasure, but this Chester book, Chester Pierce book is really [inaudible 00:36:34] and I very much hope that our listeners will read it and get a little bit of a window into the relationship that you had and into the character of this remarkable man. Thank you so much.

Ezra Griffith:

Thank you.

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Speaker 3:

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