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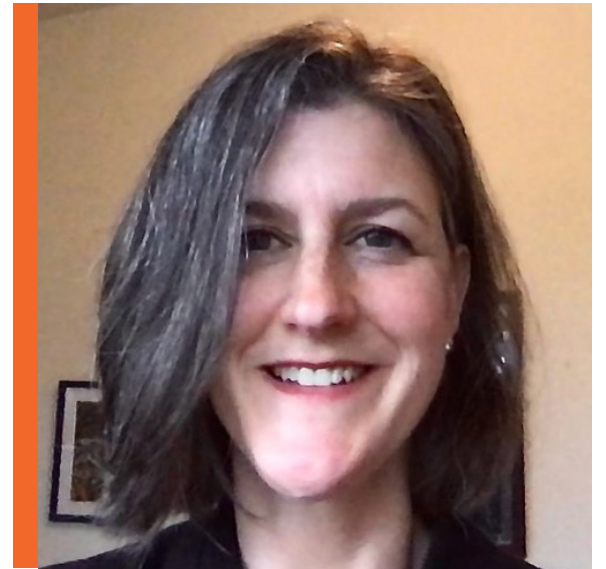


An Unexpected Education in Hope, Truth and Humanity In the Midst of Systemic Racism and Social Injustice

Elizabeth Ford, MD

Edited by D. Thomas Stone, Jr., PhD, ABPP, CGP, FAGPA, AGPA Connect Co-Chair

EDITOR'S NOTE: Elizabeth Ford, MD, is the Chief Medical Officer at CASES (Center for Alternative Sentencing and Employment Services), a New York City-based community organization focused on the needs of individuals with mental health issues and criminal justice involvement. Her prior positions have included the Chief of Psychiatry for NYC Health + Hospitals' Correctional Health Services, the Director of the Division of Forensic Psychiatry at Bellevue Hospital in New York City, and the Training Director for New York University's (NYU) School of Medicine's Forensic Psychiatry Fellowship. Dr. Ford is an Adjunct Associate Professor of Psychiatry at NYU and teaches about topics related to the interface of mental health, law, and correctional settings, including the mental health impact of incarceration. She has authored and co-authored numerous academic articles and books, including a textbook about significant U.S. legal cases related to psychiatry and the law, the latest edition of the American Psychiatric Association's guidelines regarding psychiatric services in jails and prisons, and a memoir entitled *Sometimes Amazing Things Happen: Heartbreak and Hope on the Bellevue Hospital Psychiatric Prison Ward*. She will deliver the Mitchell Hochberg Memorial Public Education Event, sponsored by the Group Foundation for Advancing Mental Health, at AGPA Connect 2021.



Of all the places I have worked in New York City as a psychiatrist, most have been covered in barbed wire or plexiglass, as well as thick, callous insults. They are either too hot or too cold, never just right. Built of concrete and steel, they have become temporary homes for those whom police, judges, elected lawmakers, and doctors have decided should not be free. A psychiatric emergency room crowded with people in various states of intoxication and desperation shackled to gurneys or wheelchairs and watched over by cops; hospital units filled with patients committed against their will for psychosis, only made worse by homelessness and unemployment; and, jails overflowing with Black and Brown sons and daughters who cannot afford to buy their way out.

The two decades I spent at Bellevue Hospital and then on Rikers Island prepared me for my new role as a de-institutionalized psychiatrist tackling the challenges that the patients I treated inside face when on the outside. I began to study the disease of incarceration,

whose symptoms of mistrust, apathy, and sleep disturbance can be malignant, sometimes fatal, and too frequently mislabeled as mental illness. I learned that the authority and racism of medicine is too easily accepted, silencing the voices of patients when what they say is not what doctors want to hear. I felt in my tense muscles and weary heart the helplessness that accompanies chronic isolation and fear, with no sense that there is anyone around who is willing to protect you. The hundreds of thousands of people with serious mental illness in U.S. jails and prisons were no longer a statistic.

Despite this education, which has sometimes been so painful that it has brought me to my knees, the most persistent and unexpected themes are those shown to me by countless patients and colleagues: hope and resilience. A former warden, schooled in the style of brute force, came out of retirement to mentor new recruits about non-violent de-escalation. A patient with a history of violent assaults and horrific childhood abuse,

who was known to spit and punch at the slightest provocation, escorted me through the hallways when I was pregnant. The protection and care that patients of all ages and backgrounds gave to that 78-year-old man with dementia arrested for wandering too close to the United Nations was heartening.

Nowhere did these lessons seem more compelling than when learned in a group, when strangers, locked up together for different reasons but as a result of the same broken systems, shared their insights and emotional stories. I listened as men who had lost so much to schizophrenia, addiction, and trauma support each other in the debate about whether the shame of incarceration was worse than the shame of poverty. There is no reward quite like witnessing the applause of 12 people in jumpsuits raucously cheering a peer who has just recited original poetry, or watching a young man lift his head high for the first time after being told by a group member that he is good enough.

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Treating Racial Trauma: Science, Art, and Spirituality

D. Thomas Stone, Jr., PhD, ABPP, CGP, FAGPA, AGPA Connect Co-Chair

The Anne and Ramon Alonso Plenary Address, sponsored by the Group Foundation for Advancing Mental Health, at AGPA Connect 2021 to be given by Thema Bryant Davis, PhD, will focus on racial trauma. Dr. Thema, as most people call her, brings a uniquely integrated presence to her work as a psychologist, an artist, and a pastor. I do not use the word integrated casually, but very intentionally to capture what seems to be the essence of Dr. Thema's passion personally and professionally. Social justice is a central starting point in her teaching, research, and psychotherapeutic work; she stylishly integrates her three roles as a professor, researcher, and clinician. When examining the body of her work, she has accomplished this task and is well ahead of most of us, who are still grappling with how to incorporate social justice activism into our work as group psychotherapists. This article focuses on three aspects of her work—racial trauma, creativity and the arts, and spirituality and religion.

Racial Trauma

The assessment, diagnosis, and treatment of Post-Traumatic Stress Disorder (PTSD) has historically focused on the individual's symptoms of trauma and its effects. In most practice guidelines for PTSD treatment, it is apparent that the influence of race and culture, especially in marginalized communities, is woefully neglected. Dr. Thema, however, emphasizes that one's understanding of the process of recovery must "acknowledge and integrate the social-political and the sociocultural realities and resources of the survivor" (Bryant-Davis, 2019, p.400). This is in addition to the focus on the survivor's individual thoughts, feelings, and behaviors.

Her approach creates a broader context of the actual experience of marginalized peoples who suffer oppression in multiple ways. As trauma treatment has evolved over the years, the narrative of the traumatized self needs to be both historically and culturally grounded to include the transgenerational nature of trauma in survivors' families and communities. The socio-political and socio-cultural context also speaks to the limitations of access to treatment that is experienced by many marginalized communities. These limitations also extend into the difficulties faced by researchers to conduct studies in these communities.

Dr. Thema argues for culturally modified treatments that incorporate ethnic and racial realities, such as: socioeconomic status; migration status; accessibility to and cost of services; spirituality or religion; literacy; and level of neighborhood safety from violence (Bryant-Davis, 2019). These factors in aggregate are contributory to the complexity of racial trauma that is often transgenerational. Finally, she calls for the clinician to be aware of how intersectionality is woven into the fabric of trauma survivor's psyche and is articulated in themes of "discrimination, migration, language, skin color, gender, sexual orientation, religion, spirituality, age, identity, roles, responsibilities, stigma, and cultural strengths" (Bryant-Davis, 2019).

Creativity and the Arts

As an artist and dancer, Dr. Thema values and facilitates artistic expressions that have historical and cultural meaning to the marginalized people whom she sees in treatment. As a victim of racial and sexual trauma herself, she knows the value of finding one's

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voice in embodied and symbolic ways that capture and grounds one's experience. This works because the experience of trauma often eludes usual parlance and can best be expressed in metaphor, symbol, and ritual. Racial trauma has always found a way to express itself in music, spiritual dance, and storytelling. Black American communities have a rich history of these creative expressions. Such artistic expressions, as Dr. Thema and other writers point out, were ways that slaves retained their own identity, as well as over the course of time, were a way to challenge and assert their questioning of the dominant White ideology (Drake-Burnette et al., 2016). Dr. Thema, working from a womanist perspective, focuses on the empowerment of Black women from around the world who are subjected to systemic abuse based on gender and race. Empowerment comes from within the culture utilizing the traditional artistic expressions, such as singing, dancing, drumming, and storytelling.

Spirituality and Religion

Dr. Thema is the daughter of a pastor, and her religious upbringing has shaped and informed not just her interest in conducting research on the role that religion and spirituality play in survivor's recovery, but also how being a pastor is integrated into her healing work with communities and individuals who suffer from racial trauma. The literature indicates that trauma survivors who have religious or spiritual beliefs that encompass a belief in a higher being, a meaning-making function, and, for some, a support community of believers have better outcomes in regard to recovery, healing, resiliency, and well-being (Bryant-Davis

& Wong, 2013). In church services, Dr. Thema combines creative ritual expressions with spiritual/religious practices that are designed to empower her audience. She has a mantra that she frequently shouts out to her groups and her audience: "Survive, Thrive, Rise!"

This one article cannot do justice to the depth and breadth of Dr. Thema's energy and contributions to the psychology and treatment of racial trauma. Her work encompasses intersectionality in all its forms, as well as the many arenas in which trauma occurs for marginalized people. I hope this article wets your interest enough so that you cannot imagine missing out on her Plenary speech at AGPA Connect 2021. There is no doubt that she will speak passionately and authoritatively.

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True respect comes when we push aside our assumptions of who another person is, what they may have done, or what they need. With humble, kind curiosity about experiences that many of us will never and cannot have, healing can begin. I have been trusted with countless stories and experiences, all of which have shaped the kind of psychiatrist, leader, and person who I want to be. When I asked a patient how he felt going to court in an orange jumpsuit over his hospital pajamas, he was quiet. "Ashamed," he eventually told me, "Like I don't even matter." After a few calls, a borrowed van, and very coordinated teamwork, the clothing lockers in the hospital jail units were overflowing with dress shirts and tailored suits.

The rate of suicides in the New York City jail system dropped to almost zero not just because of the incredible dedication of everyone involved, but because we learned from our patients what should seem intuitive—that offering human

connection and support in as therapeutic an environment as possible saves more lives than stripping someone and putting them in an isolation cell.

If more people, including mental health professionals, are willing to venture into places of forced confinement and expand their empathic scope outside of what is comfortable, I believe they will find that those they fear the most may as easily be those who surprise and teach them the most. I believe that it is in the breaking down of "us" and "them"—categories that have been highlighted further by the COVID-19 pandemic and the increasing public awareness of police brutality—where we will find fair and person-centered solutions to the profoundly unjust problems that our criminal justice and mental health systems have created.

I am humbled and grateful to have been asked to share some of my experiences with you at AGPA Connect 2021 and look forward to learning from your collective wisdom.

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