Too Busy in the Residency Race to Think About Race

Jerome H. Taylor, MD

. . .Institutions allow inequities to continue without successfully addressing them, in turn making resentment build.

~Meghan O'Rourke, "Yale's Unsafe Spaces,"
The New Yorker, November 13, 2015

Emails with the subject line "We need your help!!!!" flooded my inbox. It was an email thread initiated by a black friend and sent to some of the racial, ethnic, and sexual minorities in Yale's Psychiatry Residency Training Program. The email was related to the recent race-related events on Yale's campus—a debate about wearing racial/ethnic Halloween costumes and an alleged "White Girls Only" frat party. After skimming the email, I clicked back to the patient note I was typing.

Trayvon Martin's shooting on February 26, 2012 and the subsequent trial were emotionally draining. Trayvon was an unarmed teenager who was shot and killed by a man who said he was defending himself; ultimately, a jury acquitted the shooter. Since then, I have been mostly successful at avoiding dialogue and too much thought about the Black Lives Matter movement, Michael Brown and Ferguson, Stop and Frisk, the removal of the Confederate flag from the South Carolina statehouse, Freddie Gray and the Baltimore protests, and Sandra Bland. I filter out race-related news and social media. I type patient notes and study psychopharmacology. At times I feel I am shirking my duties as an African-American man, but I do not have the time to emotionally process the recurrent tragedies. I have socioeconomic privilege and am protected from some of the most pernicious racial and ethnic inequities. Relative to blacks with lower incomes and fewer educational degrees, I have access to more legal resources, am less likely to be unemployed due to discrimination, and am less likely to be a victim of predatory lending. I have less at stake, so I keep up with the news superficially and mostly disengage.

And then on November 11, 2015, I got the "We need your help!!!!" email. It invited me to a forum on recent racial events on Yale's campus and issues affecting women of color. The Yale students called the forum a "teach-in." Friends texted me requesting that I go, and I acquiesced. Yale's Battell Chapel was packed to capacity for the teach-in, and the press was interviewing attendees outside. During the teach-in, students read moving spoken word poems. Panels of professors and students spoke about race and intersectionality. The students emphasized their protest was not about an email or party; rather, their discontent was with what they perceived as a culture of indifference toward minority issues on campus. The emotions were raw, and it was imperfect and brilliant. Most of the attendees were white, they listened, and I felt encouraged. I went home eager to read more about recent race issues at Yale. I became angry and disappointed when I came across overly simplistic articles calling the students "hypersensitive." The media skewered a student who wrote in *The Yale Herald,* "I don't want to debate, I want to talk about my pain" (the letter has since been taken down).[1] The student's statement made sense to me.

Later that week, I asked a friend who is a white co-resident, "What am I missing?" She hesitated and then cautiously said, "I honestly could not understand why the ethnic Halloween costumes issue was a big deal at first. It took me a while…but really, what was so bad about it?" It was a great discussion that lasted over an hour. She listened to me, and I hope she feels I listened to her. I felt heard and unburdened. I could finally begin to empathize with the faculty members at the center of the Halloween costume controversy. Emotions had likely been intense on all sides as the events unfolded, a completely understandable reaction. My friend joked,

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"Now I've got you feeling bad for white people. Isn't that the typical white person response?" After our conversation, my co-resident rushed to pick up her daughter from daycare, and I finished my patient note. Later that evening, my co-resident emailed me a link to an article about the race-related events at Yale that echoed my sentiments. She cared and had valued the time we spent talking. I drafted this piece the following weekend. Since then, my co-resident and I have both returned to patient notes and psychopharmacology as we train to become curious and empathetic listeners.

Yale Halloween Controversy 101

A few days before Halloween of 2015, the Yale Intercultural Affairs Counsel (a collaborative of the University's student-led cultural organizations) sent an email to undergraduates encouraging students to consider the feelings of others when choosing a costume. Among other recommendations, it discouraged redface, blackface, skin tone alteration, headdresses, and turbans. The email asked students to consider whether the costume was based on stereotypes, propagated historical inaccuracies, implied a joke about human traits, or made light of a group's heritage or faith. As a counterpoint, a Yale lecturer sent an email to students that discussed the perils of censorship and how institutional suppression of student rights (even if it is the right to wear "offensive" Halloween costumes) may negatively impact child and young adult development. She viewed the Halloween recommendations as another way in which adults try to control children/youth. Many minority students expressed concerns about the Yale lecturer's email and felt the subsequent faculty and university responses to student concerns were invalidating and emblematic of a culturally callous environment. Yale students protested, which garnered national media attention. Videos of highly emotional minority students yelling were widely circulated. The events culminated in a list of student demands that included the creation of an "Ethnicity, Race and Migration" Department, establishment of mental health professional positions in each of the four cultural centers, increased funding for the cultural centers, and removal of the two faculty members at the nucleus of the email controversy from their roles as "Master" and "Associate Master" (student-related positions distinct from their academic positions). Similar protests related to various racial issues also occurred at the University of Missouri, Virginia Commonwealth University, and Ithaca College and sparked a national conversation about race on college campuses.

Much of the controversy at Yale involved different views on the Yale lecturer's role. In her email to the residents of her affiliated "college" (a dormitory that students are assigned to be affiliated with throughout their undergraduate experience at Yale), the Yale lecturer explicitly stated her views were from the perspective of an educator interested in child development, and she made many thoughtful points in that context. She is also a college associate master, and one of her responsibilities is to foster a safe, cohesive, and culturally enriching dormitory living environment for students. Instances of dual roles are woven throughout this story: students are naughty and limit-testing but also obedient and learning; Halloween is another day but also a time for adventure and tricks; and Yale University is a place for education and also a place of inclusion. As for me, I continue to navigate my roles as a resident trainee learning to listen better and also as a physician learning to become an advocate.

Conclusion

With all of these roles and costumes, I began to think about what this will mean for the children and families I will work with. They too have roles and wear costumes. Race, ethnicity, religion, sex, and sexual orientation often influence how we see patients and how they see us.[2,3] Asking patients and families to explain how their cultural background affects how they interact with the world and validating their experiences can be therapeutic. Reflecting on how the roles we play influence our perspective on day-to-day events may help us to identify our own cultural biases.

Take Home Summary

Clinicians should initiate conversations with their patients about how race, ethnicity, religion, sexual orientation, gender, and other cultural factors may affect the patient–clinician dynamic. The American Academy of Child and Adolescent Psychiatry Practice Parameter on Culture Competence[2] and the *DSM-5* Cultural Formulation Interview[1] are great guides for how to start identity and culture conversations with patients. Finally, when a colleague or friend from a different background initiates a conversation about cultural issues, reciprocal listening with empathy and curiosity can be eye-opening for both parties (with the caveat that there may not be time for such discussions).

References

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About the Author

Jerome Taylor, MD, is a chief resident and post-graduate year 5 in the Albert J. Solnit Integrated Training Program in Child and Adult Psychiatry and Research at the Yale Child Study Center and Department of Psychiatry at the Yale School of Medicine, New Haven, CT.

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The purpose of *JAACAP*'s Here & There – the first pages in each issue – is two-fold: to highlight trends and important findings in the current issue, and to pick up the thread of something significant happening outside our pages and explore its relevance to child and adolescent psychiatry on a broader scale. This month, in his Here & There, "Wielding Weapons: The Intersection Between Firearms and Child Psychiatry," Contributing Editor Dr. David S. Hong tackles one of the most contentious issues facing the field in 2016: guns. Citing scientific studies linking access to firearms with increased risk of suicide, homicide, and history of alcohol or drug abuse, and reviewing recent legislative actions, Dr. Hong argues not for one side or the other, but simply that child and adolescent psychiatrists have a responsibility to remain aware of the role firearms can play in the lives of their patients, both at the bedside and in policy discussions across the country.