

# Robert T. M. Phillips, MD, PhD: Artistry in Leadership

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Forensic psychiatry has long emphasized the intellectual content of the field. For example, we have introduced examinations to detect whether forensic specialists know the difference between the cognitive and volitional arms of the insanity defense. However, we have paid less attention to what it takes to explicate that difference effectively in court. Our very physical appearance and how we use our voice, arms, and face add to or subtract from the success of what we say. In other words, performance is an important dimension of our work. It is an element that deserves more serious consideration in the discussion of factors that make up the complete forensic psychiatrist.

This brings to mind the reaction I observed one day at a conference in New York City. I was sharing the podium that day with Robert Phillips. At the end of the symposium, a number of people crowded around him, posing questions and offering congratulations. A lone person, a female lawyer, came over to me. I assume she did not like the idea of competing with so many others for space and time interacting with Dr. Phillips, or perhaps she felt shy about treating him like a star so publicly. Without waiting to reach me so that our exchange might be said to be confidential, she launched into her own soliloquy about what a marvelous speaker he was and how he enunciated so very clearly. She spoke about the lucidity of his ideas and the precision of his thinking, but it was evident that she was most captivated by his unique mechanisms of communication and by his



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general deportment. I was amused, too, by the fact that she was telling me, a complete stranger, all this about Robert Phillips. It also didn't seem to dawn on her that it would have been tactful for her to praise my performance. I stood quietly and accepted the role of father-confessor to a Phillips admirer I did not even know. I also never determined why I was chosen to bear witness to all this admiration when Dr. Phillips was only a few arms' lengths away. At the end of it all, I was struck by her concentrated attention to the detail of a performance style that she had found so unusual.

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I was not surprised by the woman's emphasis on the way Dr. Phillips carried himself. This was not the first time I had heard commentary about his fastidiousness, about the attention he paid to his wardrobe, and that in another century some might have called him a dandy. As something of an insider, I know that he takes seriously the blocking of the felt hats he sometimes wears. He doesn't send these hats just anywhere to make sure that they keep their original shape. I have it on good authority that he was not amused recently when his dog chewed up a favorite Borsalino fedora. My source could not authenticate what correction the dog received. But we know that the distinctive headwear has been restored by a master craftsman. I also have been a participant on more than one occasion in the famous Phillips excursions to purchase a necktie or two. The doctor does not just pull a tie off the rack, match its color to the hue of a shirt, and then walk off to a nearby checkout counter to deal with the bill. Such an economic use of time would do injury to a task that demands sartorial insight and an appreciation of the history and tradition that accompanies the cravate in Western culture. Besides that, Dr. Phillips visualizes how a particular tie will be put into service. The tie has to be just right, has to be able to play the role it will be assigned on the team, has to fit into the collection of apparel hanging in the Phillips armoire. A tie is a tie is a tie is not a maxim that enjoys any currency in the arenas frequented by Dr. Phillips. Consequently, I understood why the lawyer was impressed by the good doctor's bearing. What she could not have known, of course, was that Dr. Phillips's father was himself a classy dresser, a man who took seriously the business of using attire to make a point.

There are other factors lost to this anonymous bystander. Robert Phillips had given up football in high school, with his father's encouragement, to become a serious debater. At his high school, his debating skill was celebrated. By the end of his senior year, he had placed third in the entire country in the category of original oratory. As would be said by others later, and in a more popular vein, "The man could talk." This facility with language and the recognition that the ability to turn a phrase was as important as constructing its content were increasingly important as the young man developed. Later at Boston College, he became a spokesperson for the black students and also attained the post of vice president of the student government. This was between 1969 and

1972, a time when college campuses in the United States were making use of speeches and speakers, and black leadership was in demand.

In retrospect, I recognize that the topic we were considering at the symposium in New York was focused on racism in the practice of forensic psychiatry. The salience of race had long been a theme in the life of Robert Phillips. His father was not born in the United States, making the move with his Barbadian parents when he was just a boy. His father, a black man from a Caribbean family, turned more than a few heads when he started courting and finally married the daughter of Italian immigrants who had come over from Sicily and were living in Brooklyn. Their marriage at the end of the Second World War came at a time when the country was getting tired of equality demands from returning black soldiers who, misguidedly to many, thought that the country owed them something for having fought in a bloody international conflict on behalf of their native land. The Italian family disowned their daughter for her unforgivable perfidy, and young Robert would learn the early painful lessons of racism in this country.

He would learn, too, from his mother and father and from the black nuns in his Harlem elementary school, that pursuing an education seriously was one way to fight the discrimination that he was sure to encounter in the ensuing years. The lessons were reinforced after he moved to Long Island and enrolled in a predominantly white parochial school. When all his white classmates were invited to a birthday party, which he heard about only after it had taken place, his mother tried to rally him by once again encouraging him to concentrate on his schoolwork. Things didn't change much when he enrolled at a military academy for his high school years, but he managed to keep his father's admonitions in mind and performed with distinction. His reward was winning a coveted presidential scholarship that covered his tuition at the prestigious Boston College. After graduation, he matriculated at the Harvard Graduate School of Education, where he met Chester Pierce, the renowned African-American psychiatrist-philosopher who would serve as a mentor over the next 30 years.

Robert Phillips completed medical school at the Mayo Clinic and simultaneously earned a doctor of philosophy degree in science education from the University of Iowa. His dissertation focused on comparing the pedagogical techniques of problem-based

and traditional teaching. On the way, he displayed once again his penchant for organizational politics and administration by reaching the presidency of the Student National Medical Association. And as often happens to those who occupy these positions, Robert Phillips was brought to the attention of a potential mentor—Jeanne Spurlock, a distinguished psychoanalyst and child psychiatrist, who encouraged him to study psychiatry. It was she who also introduced him to Howard Rome, another leader in American psychiatry. Between Rome and Spurlock, the die was cast and the pathway cleared for Phillips's entrance into psychiatry. After completing a year in psychiatry at the Mayo Clinic, he went off to the Yale University School of Medicine, where he fell under the influence of Boris Astrachan, at the time a professor of psychiatry at Yale and director of the Connecticut Mental Health Center.

Astrachan was one of Yale's experts in organizational theory and management. But he was a rare amalgam of theory and practice, because he was in charge of a large hospital with inpatient and outpatient services and a host of specialty clinics. In addition, substantial research was carried out at his institution, supported by research funds obtained from state and federal purses. Astrachan therefore had a wealth of actual case histories to draw on, pushing his students to offer solutions to real-life dilemmas that he articulated for them. Robert Phillips became a veritable disciple of Astrachan, taking to the discussions as though he had grown up in the midst of such discourse, and as though he had heard it at the dining-room table because his father had been the leader of some Fortune-500 company. Astrachan made him the administrative chief resident in his final year of training. And to no one's surprise, Phillips was offered a major management post in Connecticut as Director of Forensic Services and CEO of the Whiting Forensic Institute, the state's forensic facility, just as he was completing his residency training in 1986. However this job offer was arranged, and Astrachan took especial delight in constructing complicated jobs for those he thought adept at administration, it was a feather in the inexperienced cap of Robert Phillips. It also launched his career as a forensic psychiatrist. He took seriously the mandate to turn the forensic facility around and, four years later, the institution was accredited by the Joint Commission. He also began to make a name through his participation, mostly in the South, in death-penalty cases.

He was often called upon by Stephen Bright of the Southern Center for Human Rights, Richard Burr of the NAACP Legal Defense Fund, and Billy Nolas of Florida's Capital Collateral Representative to evaluate death row inmates whose mental illnesses were ignored or overlooked at trial. It was then he realized that the desire to achieve a capital murder conviction at any cost frequently resulted in proceedings where a reliable determination of guilt or innocence was not likely and was often aided by incompetent if not unethical clinical practice.

I met Robert Phillips in his early years at Yale and watched him develop his persona as a forensic specialist with a reputation for thoughtful, objective, carefully reasoned work. Eventually, he had to run into difficulty with his superiors. Indeed, it came in the classic context of an assignment that posed an ethics conflict. He was asked to write an investigative report of a death that had occurred in one of the state's hospitals. Pressure was put on him to bend the report in a certain direction. He refused, provoking the ire of his superiors. From then on, life got harder for him. So in the summer of 1993, he joined the central office of the American Psychiatric Association as a deputy medical director. In that position, he increased the organization's visibility and became an advisor to the President of the United States on media violence and orchestrated the APA's involvement in developing a television rating system.

Since 1997 he has been practicing forensic psychiatry on a full-time basis. He serves the U. S. Secret Service in their Mental Health Liaison Program and contributes to their evaluation of dangerous individuals. He has been involved in the high-profile cases concerning John Hinckley, Francisco Duran, and Russell Weston. He has also been a regular consultant to the U. S. Justice Department, the Federal Public Defender Service, and is frequently appointed as an independent court expert. These markers are, of course, testimony to his success in the professional context. But that success flows from a reputation honed by tenacious connection to a moral view of his work. All of this has in turn been reinforced by his wife, Ana Maria, a social worker, who insists that one's work should always reflect a commitment to integrity and to justice.

In October, 2004, Robert Phillips made his debut as the 31st president of this country's premier association of forensic psychiatrists. It is the culmination of national achievements for a clinician-executive

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and scholar who has been a long time “in formation,” as his Catholic colleagues would say about his preparation for taking on such a major task. He will represent different values for the multiple constituencies that make up the American Academy of Psychiatry and the Law. For clinicians, he is the exemplar of how to do work of the highest order. Others will look to his capacity to perform effectively in the courtroom. Minority forensic psychiatrists will seek to follow his

pathway to excellence, trying to understand how best to circumnavigate the perils engendered by racial discrimination. Some will try to imitate his style, so as to be seen simply as a classy professional. And I will stand dutifully nearby, willing to listen to the confessions of the admirers or even the detractors—as they wonder how Robert Phillips could have made the trip all the way from Harlem with such poise and equanimity.