

Donna Marie Norris, MD: Improving Landscapes for Children and Families in Forensic Psychiatry

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J Am Acad Psychiatry Law 49:22–7, 2021. DOI:10.29158/JAAPL.200125-20

Key words: biography; forensic child psychiatry; home landscapes

A major part of forensic psychiatry's work is focused on framing stories about individuals who find their lives, for one reason or another, suddenly linked to the legal system. How did the story's subject come to terms with the choice offered by the poet Robert Frost in his early 20th-century poem, "The Road Not Taken"? Contemplating the choice of diverging pathways, how did the evaluatee choose one direction over another? Telling stories about these choices is an intriguing task. As the years have passed, I find there is also something to be said about reflecting on the lives of psychiatrists who have decided to practice their discipline at its intersection with the law. I believe time will make plain the literary, historical, and cultural significance of this type of narrativity in our work.

In this essay, I write about Donna Marie Norris, an African-American forensic child psychiatrist. The current agitation in the United States attached to the unavoidable interaction of race, health matters, and injustice make her a natural subject for biographical inquiry. She is a highly visible psychiatrist, partly through her political activities in the American Psychiatric Association (APA). She has spent decades in that and other organizations influencing policy regarding the public's mental health. Remarkably, too, the frankly political dimension of her career has not obliterated her activities in forensic psychiatry. I cannot help but think of Dr. Norris in the light of Senator Kamala Harris. They are



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black women whose achievements stand out against the harsh forces that have opposed forward and upward movement of black women for a long time in this country.

After graduating from the Ohio State University School of Medicine in 1969, Donna Norris completed a one-year rotating internship in 1970. She recalled the medical school experience of caring for a depressed patient following the patient's suicide

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attempt by gunshot to the head, which had left the patient blind. The outcome affected the patient's work as a graphic designer. She followed the patient daily for a semester, and the experience persuaded her to head for psychiatry. This was in the face of a childhood encounter with her black pediatrician, Dr. Fox. She met him when he made a house-call one day to the family residence. That first love did not last forever, although one must note that she did become a child psychiatrist. She spent two years in adult psychiatry residency at Boston University Medical School before proceeding to two years of child psychiatry training at Children's Hospital Medical Center in Boston.

Recounting the story of the patient's use of a firearm in the attempted suicide prompted Dr. Norris to tell of other events that demonstrated her concern about the brutal effects of guns. There was a striking permanence about this way of righting a wrong. Dr. Norris noted that in the black community of Ohio where she grew up, people at that time made use of knives more often than firearms. This gun violence began to intrigue her: its effect on victims, of course, but also the way in which this kind of interpersonal violence grows out of the perpetrators' inability to contend with the profound psychosocial disarray and chaos in their lives.

Her early years in psychiatry had a wonderful uniqueness about them. Charles Pinderhughes, a renowned black psychoanalyst and professor of psychiatry at Boston University, was a supervisor during her residency. It turned out that he was also a member of a collective of black psychiatrists who met at regular intervals to engage in all sorts of intellectual discourse. Among them were Frances Bonner, Felton Earls, Chester Pierce, Anne Bell, Alvin Poussaint, Orlando Lightfoot, Don Palmer, and Dorothea Simmons.

This was a unique cohort of professionals who served as beacons for a generation of specialists in the field. Interacting with these black psychiatrists must have set up a natural reference point. Their function was to facilitate the weighing and mulling over of daily interactions in the formal medical workspace where life was dominated by non-black professionals. The black psychiatrists, distributed throughout the Boston area and its prestigious institutions, contributed to the solidifying of Dr. Norris's professional identity and helped her think about the possibilities in her new career.

She acknowledged that the professional task of improving care for minorities at the individual and community levels was more readily discussed among black colleagues. The black group seemed a safer place to seek solutions for personal consideration. There was also the need to maintain a sense of unity among blacks that brought back memories of her home life in Ohio. She brought up another intriguing point, which concerned the necessity for black health professionals to acquire ease in interacting with whites. This was complementary to the important activity she envisaged for the major professional organizations in which she became active. It was to promote cross-cultural fertilization among members and thereby achieve diversity and inclusion within the group.

In her first year of child psychiatry training at Boston Children's Hospital, Dr. Norris was assigned to the juvenile court, which was integrated into the training program. The court and other state agencies introduced her to children and families who were trying to make sense of their involvement in the justice system that so affected their lives. The juvenile court dealt with youth who were involved in delinquency such as shoplifting and truancy. It also attended to legal concerns that included guardianship, adoptions, child abuse, and termination of parental rights. This was a special world. What happened affected children at unexpected early points in their lives. Then too, young Dr. Norris noticed that black and white children were treated differently in the interventions controlled by these governmental agencies. If out-of-home placements were recommended, black children were placed in foster care or group homes in significantly greater numbers than non-black children.

The forensic work concerned matters like the sexual abuse of children. The evaluation of risk to them was a repeated and forceful imperative, with a collateral activity linked to the ability of their parents to keep the children safe. A frightening related concern was that removal of the affected children from their problem parents often complicated the established social service treatment plans. As she tried to make sense of these new clinical observations, Dr. Norris decided she had to get involved with the community and with black families to understand better the role that the black community leaders had in developing the solutions being presented by the professionals who controlled the therapeutics.

Dr. Norris was bothered as she recognized that significant numbers of minority families were caught in these courts. She noted the influence of social factors on the situations of these families, which in turn demanded flexibility from caregivers in devising treatment plans. She praised the juvenile court, where there were black personnel in key leadership positions. They seemed genuinely interested in the subject of mitigating factors and their influence on the psychosocial evaluations of the children. While the judges did not believe that all child abuse cases arose from poverty, they did not wish to overlook cases where the financial situation of the family clearly had a significant effect on the decision-making of the parents. This constituted attempts to refashion the home landscapes of these families. She pointed out that these sensitive discussions with the judges and other professionals in the system took place even during their occasional social gatherings.

They seemed tuned in to the broad psychosocial dimensions as well as the biomedical aspects of what was happening to these minority children and families. In addition, they were trying to contend with these matters even though the locus for their activity was a court of law. Hearing Donna Norris talk of her ruminations all those years ago rekindled for me the central question now being considered by professionals working at the humanistic borders of psychiatry and the law: Can the ordinary practice of law and psychiatry be a religious calling? Or can their quests be spiritual in some sense?^{1,2}

I also take note of these questions as I comment on another aspect of Dr. Norris's foray into forensic psychiatry. She was progressively formulating ideas related to the home landscape of children and families. She was seeking a robust narrative of how the family and child were coping with the problems encountered in their collective family development. I have argued that posing narrowly designed questions and encouraging truncated answers do not lead us to expansive stories of a family's rituals and memories.³ Devika Chawla insists that we understand home's habits and its affective rhythms.⁴

Donna Norris had deep empathic concern about understanding the home space and its effect on decisions made by minority group members about their daily lives. This challenging thinking often seems more complicated than the clinician's experience of carefully developing a treatment plan for a patient. In the forensic context, there is the

matter of responsibility for how one gets caught up in the criminal justice system. How much control do we have over what transpires at home? How can we assure that all has been done so that everyone in the space ultimately develops a sense of belonging to that special home space? I suspect that Dr. Norris's forensic interest in the home landscape coincided with her budding responsibility for constructing a space to assure the successful development of her own children, a cocoon that enhanced the family's flourishing.

In a connected digression, she reminded me that the Children's Hospital, where she spent hours of hospital work, was located across the street from the Massachusetts Mental Health Center. That was the longtime workplace of Thomas Gutheil, a college classmate of mine who became a professor of psychiatry at Harvard. He and several colleagues established the Program in Psychiatry and the Law at what was then commonly known as "Mass Mental." It earned a distinguished reputation for the work of its forensic interdisciplinary experts and trainees. Participants met weekly for years, discussing a variety of subjects and promoting scholarship that has long gained international recognition. Donna Norris joined the group in the late 1970s and remains an active member. She enjoyed its diversity: lawyers, psychiatrists, psychologists, medical students, residents. The discourse was free-flowing, provocative, argumentative, and philosophical. Its mood was always supportive and respectful, directed to refining the forensic knowledge and skills of the members. The group helped nourish Dr. Norris's intellectual curiosity, enhanced her identity as a forensic specialist, and certainly contributed to her sense of belonging to one of the premier forensic programs in the country.

Her roughly 40 years of membership embellished her academic productivity. She presented at numerous professional meetings and published her written work on several topics. During this period, she served as an early-career psychiatrist on the Ethics Committee of her APA district branch, and then on the Massachusetts Board of Registration of Medicine. It was this work that generated her interest in writing directly about forensic matters in which she was involved. As examples, I point here to three distinctive articles. In the first example, she authored a 2003 article with Gutheil and Larry Strasburger on the problem of boundary crossings and boundary violations, accentuating

the responsibility of therapists to maintain boundaries.⁵ Second is a 2006 piece intended to educate clinicians about firearm laws and their potential restrictions on the ownership of firearms by psychiatric patients.⁶ In a 2011 article, she and colleagues⁷ examined job satisfaction of Massachusetts judges and described the factors that the subjects stated would increase their contentment at work. In her extensive publication and presentation record, I note one other work: a 2012 text that she edited with Jayaram and Primm on women in psychiatry.⁸ This book discussed leadership development of women physicians who were on a career path in psychiatry. Thoughts about the place of women in administrative positions in the work force preoccupied her as much as the ideas about minorities and their place as physician-executives.

It is remarkable how Dr. Norris benefited from two supportive networks: the black psychiatrists in the Boston area and the group headed by Thomas Gutheil. The socialization impact of the two collectives created a model that deserves further examination by colleagues interested in training and mentorship. This model also recalls debates about the value of historically black educational institutions; of whether whites can mentor blacks; and whether blacks ought to work in non-diverse health institutions. A special strength of this concept is its demonstration that recruiting black physicians to work in predominantly white institutions is only one step. There are other phases of retention related to building community within the workspace, such as welcoming the outsider into a clear team structure that increases the group's productivity. As we shall see, Dr. Norris's success was of benefit to many organizations locally and nationally.

Certainly, organizations made use of her experience in forensic psychiatry. She served as a member of the Medical Malpractice Tribunal of the Massachusetts Superior Court and on the Board of Directors of the Medical Professional Mutual Insurance Company. She was appointed to the Research Committee on Human Subjects of the Judge Baker Guidance Center and chaired the APA Ethics Appeals Board. In 2002 she was named to the Cardinal of Boston's Commission for the Protection of Children and participated in handling the allegations of clergy sexual abuse. Indeed, she developed specialized consultation experience related to the clergy sexual abuse crisis. From 2006 to 2008,

she was Chair of the APA Board Task Force to Establish Criteria for Conflicts of Interest for those members working on the development of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Donna Norris contributed extensively to professional medical organizations of different types. Julius Richmond, a former Surgeon General of the United States and one of her devoted mentors, encouraged her participation in such groups. She did so in subspecialty organizations like the American Academy of Child and Adolescent Psychiatry and the American Academy of Psychiatry and the Law. She also joined the Black Psychiatrists of America, the National Medical Association, the American College of Psychiatrists, and the American Medical Association. This distinctive form of citizenship was obviously recognized. The result was her achieving leadership positions in several of the professional groups. I believe her most visible and sustained activity took place in the APA, which was likely second only to the American Medical Association in size of membership and reach of political and economic clout. She was elected as the first black and woman Speaker of the APA Assembly, President of the Norfolk District Medical Society, and President of the Massachusetts Psychiatric Society.

It is to the APA that one could point most easily to demonstrate Donna Norris's commitment to the organizational life of her profession. She joined the APA early in her career, as was evident in her being selected to be a Falk Fellow of the association in 1973. This was an honor sought by psychiatrists-in-training who wished to understand organizational history and politics in their health care organization. She moved from one committee to another over the next 40 years or so, progressively acquiring seniority and experience and filling senior leadership posts. In 2002, 2008, and 2019 she was recognized with a Special Presidential Commendation. In 2010, the APA named her its Solomon Carter Fuller awardee. She was nominated to be a candidate for president of the association and did not win the election. There were profoundly disappointed constituencies in the APA, including its black members. They wondered quite openly, and belligerently in some cases, what it would take for an obviously qualified candidate like Dr. Norris to become the organization's president. Suffice it to say that a few years later, the APA did elect its first black president. Still, it was in

part the work done by Donna Norris that shed light once again on the problem of race in American medical organizations.

Dr. Norris did not arrive at that election in a naïve frame of mind. She had talked to both black and white psychiatrists in earlier years about this pervasive difficulty in organized medicine. She knew the long evolving history of the American Medical Association. She had seen up close how certain groups dominated politics at the state level in district branches. In addition, Boston had had its share of struggles over discrimination in housing, employment, and local schools. Despite the sour taste of her election loss, she also felt good about the leadership roles she had played in the APA. She had a mature sense of the importance of her presence in the organizational landscape of American psychiatry. She sat at the welcome table and leaned in to debate what she felt was worth her effort. She had been a model for her colleagues and patients, and she knew it was a job that had to be done. She also felt that peculiar experience of self-assessment forced by the passing of close colleagues. That's when you ask yourself whether you've done enough to make the world around you better. In her case, the self-searching would have been catalyzed by people like Chester Pierce, Jeanne Spurlock, Carl Bell, Patricia Newton, and Frederick Hickling.

The preparation for her work within professional medical organizations started during her interactions with her mother and close relatives years ago. She grew up in a culturally black home in Columbus, Ohio, surrounded by a generous and nurturing extended family who knew what principles they wanted to instill in her. The culture had some influential imprints from the relatives who were black and Native American. The absent and unknown father was replaced by a village of responsible substitutes. There was a piano in the house, and young Donna had piano lessons that morphed into organ lessons. So, she played the organ at the Baptist church the family attended. Columbus was rife with racial separation, especially in housing. Schools were often mixed, and young Donna performed well in them. She particularly leaned toward music, excelling at clarinet in the high school band and the state-wide orchestra. She was also a girl scout and played competitive sports. She remembered the black teacher who told her that becoming a doctor was not a

realistic idea. That memory is as vivid as that of the white teacher who arranged for her to have access to her personal weekly copy of the New York Times and membership in the nearby public library.

In 1960, following discussions with family about college, its benefits, and its costs, she went off to Fisk University, a historically black school recognized for its success in producing black professionals who went on to impressive careers throughout the nation. Dr. Norris pointed out that she graduated from high school in 1960 when affirmative action in education was not yet popular. At that time, the historically black colleges were at the height of their popularity among blacks in the South. As expected, she found Fisk to be a serious place. The students walked around with the airs of being on a mission. They were going places and had careers and futures to look after. The university also encouraged educational experiences elsewhere, and she spent a sophomore semester at the University of Redlands in California. Fisk provided traditions through Wednesday morning chapel, sororities and fraternities, and other extracurricular activities that promoted the solidifying of identity and group support. Graduation from college in 1964 with a bachelor's degree in chemistry had set her up well for her medical studies at Ohio State University and her future career plans.

In a retrospective glance, I can see the important supports from which she benefited: strong family ties; values of hard work and even her commitment to perfect attendance at school; the presence of mentors of all cultural persuasions at key points along the way; sensitivity to helping others; a devoted loyalty to justice, fairness, and dignity. Donna Marie Norris built a unique life pathway in forensic child psychiatry. I forgot to ask her whether she had ever longed for the roads not taken when the paths diverged along the way.

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