

Dignity and Transcultural Forensic Consultation

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We analyze and comment on a legal case (*Edward Gatherer v. Drexel Gomez*, 1989) from Barbados. We theorize that in this kind of case a forensic psychiatrist consultant could helpfully advise the principals regarding pitfalls to avoid in resolving their conflict. Use of the consultant has certain advantages over taking such disputes to courts of law. In this case the rector of an Anglican Church in Barbados sued the bishop of his diocese. At question was whether the mandatory retirement age of 65 years applied to the rector. The case was eventually appealed to the United Kingdom's Judicial Committee of the Privy Council, and their decision was rendered in June 1992 in favor of the plaintiff. We describe a reference framework of techniques and methods that we think would be useful in this hypothetical forensic consultation. One important aspect of the analysis and case commentary is that going to court circumvents the obligation of those having disputes in this unique space to safeguard each other's dignity. The court system ignores reconciliation of the disputants to each other and to the Church body. We explore the complexity that attaches to transcultural forensic consultation.

J Am Acad Psychiatry Law 48(4) online, 2020. DOI:10.29158/JAAPL.200021-20

Key words: human dignity; forensic consultation; transcultural context; healing community

Faith-based organizations generally acknowledge responsibility for their members' spiritual lives. We believe this view has expanded from a concentrated focus on spiritual matters to include caring in more holistic terms. Examples include programs now extant among many religious groups that address problems of drug abuse, unemployment, food insecurity, domestic violence, social isolation, and homelessness. The spectrum of services addressing these needs has popularized the understanding of "healing communities." Donald Sullins¹ referred to such entities as using professional disciplines to ensure the wholeness of persons in community groups. That effort at wholeness is more than caring for a disease or ailment. In Sullins' Catholic terms,¹ it should embrace the physical, psychological, social, and spiritual dimensions of the human person. We encountered decades ago the form described by Richard

Almond² in *The Healing Community*: "the possible redemptive, restorative role healing communities may play . . ." (Ref. 2, p xxii). Almond² applied the term to psychiatric hospital wards, while remarking that the general concept was relevant to different social organizations outside of formal mental health settings, such as places of employment and schools. He found healing communities both in the United States and abroad. Almond² stated that healing communities included distinctive patterns of internal organization, roles played by staff and patients, authority management, interpersonal relationships among those in the community, and the subjective experience of participation.² A variety of faith-based and other groups now strive to construct a therapeutic milieu within and outside architectural spaces.

One consequence of this development is that individuals from varied professions are being asked to extend their usual specialized work and engage in caregiving. Sullins¹ argued that the core of such care is the protection of individuals as subjects, not objects, i.e., as members of a community. Writing from a Catholic social justice perspective, he insisted that the highest standard of such care is love. We believe that a more secular vantage point leads to

Published online July 16, 2020.

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Disclosures of financial or other potential conflicts of interest: None.

framing the fundamental aspect of these activities as preserving the dignity of those in need of the care. This dignity is what Donna Hicks labeled the “hallmark of our shared humanity” (Ref. 3, p 1). Anthony Allen⁴ described an example of this model that was developed in a Baptist Church in Jamaica. With the church as a base, activities included services that were whole-person in nature and represented health promotion, prevention, community development, curative services, vocational and social rehabilitation, and spiritual healing.

In this article, we examine a legal dispute that took place in the unique context of a Barbados faith community, the Anglican Church. The dispute started around January 1987 with an exchange of letters between the Anglican Bishop of the country and one of the priests operating in the diocese. We wondered why the case reached the law courts in January 1989 instead of being settled within the diocese. In fact, it went all the way to the highest appeals court possible, which at that time was the United Kingdom’s Privy Council. We questioned whether help from a forensic psychiatry specialist, one practiced in providing consultation in these contexts, might have increased the likelihood of avoiding the courts. We suggest that such a consultation would rest on helping the disputants reach a solution to their differences while maintaining each other’s dignity. In addition, some consultants may find helpful the aspect of dignity that relies in part on what some commentators call dignity’s “irreducibly religious” character (Ref. 5, p 387). The emphasis on dignity facilitates reconciliation of the disputants to each other and to their Church body. The legal pathway to problem resolution offers little chance of this reconciliation.^{6,7}

Contributions of the Forensic Consultant

This form of consultation cannot be new to forensic psychiatrists. John Young⁸ recently reviewed some of the established consultations that forensic psychiatrists carry out in the religious context. The clergy sexual abuse scandal has demanded the expertise of forensic psychiatrists, as has the work of Catholic annulment courts. The recent example of the handling of an internal complaint about alleged sexual abuse at an institution of higher learning illustrates the need for this form of consultation in different types of organizations.⁹

The form of consultation we espouse in our case example is based on principles of cultural and forensic psychiatry, on understanding of organizational function, and on familiarity with the concept of healing communities. We also note that involvement in this type of forensic psychiatry consultation is consistent with the “culture of engagement” recommended by Cathleen Kaveny.¹⁰ Thus, the forensic specialist could make a unique contribution by working, as Anna Abram¹¹ makes clear in her review of Kaveny’s book, in this space between the personal-community and the political.

We do not suggest here that this intriguing form of consultation can or should be carried out exclusively by forensic psychiatrists. Our position is that forensic psychiatrists have or can develop the skills necessary for this work. At play here is a context, the healing community, where disputes arise from time to time. Forensic psychiatrists understand the adversarial approach to problem-solving. They should also appreciate the problems of overemphasizing winning at all costs in the typical legal process. The legal scholar Carrie Menkel-Meadow¹² has discussed an important aspect of this winning mentality and called for a reestablishment of the balance between winning (as adversaries pursue justice in the legal context) and extending empathy toward others involved in the contest. Menkel-Meadow suggested an “ethic of care to balance the ethic of justice” (Ref. 12, p 410).

Michael Norko¹³ took note of this idea from Menkel-Meadow, pointing out that this legal scholar was introducing the element of care into the traditional activities of the legal profession. We thus return to the point made at the beginning of this essay, that caregiving is being added to the customary activities of several professions. It is a prominent element and need in healing communities. This need reinforces our claim that the forensic psychiatrist is suited to this form of work. Further, Norko¹³ maintained that others have recommended the possible conceptualizing of the law as a healing ministry and lawyers as healers of conflicts.^{14,15} Robert Cochran¹⁶ pushed the point further, arguing that lawyers may serve the law, but also the very human needs of people. In this way, there is connection to the community and thus to God, which restates our point about the extension of traditional disciplinary missions in a different way.¹⁶ In Cochran’s terms, the work resembles the constructing of a cathedral, all to the glory of God.¹⁶ A more secular view suggests that this need is

suiting to the skills and understanding of forensic psychiatrists, even if they may not be deeply spiritual.

Philip Candilis and colleagues¹⁷ presented the forensic case of Ms. George, a woman from a Greek-American family who, after years of paralysis because of a serious stroke, reported she no longer wished to have her life prolonged. A forensic psychiatrist was assigned the task of assessing her psychological functioning and its relevance to the woman's wish to stop further prolongation of her life. The forensic objective turned out to be more complex because of the woman's family and their multicultural religious beliefs and ideas about dying. The psychiatrist ended up mediating between the woman and her family members, which transformed the original parameters of the forensic work. Thus, Candilis *et al.*¹⁷ advocated in this case a "broader understanding of professional obligations and responsibilities that examine the larger moral aspects involved in human dramas" (Ref. 17, p 170). The actual work demanded expansion of the relevant ethics principles beyond consideration of Ms. George's autonomy or respect for person; it included theorizing about a commitment to the family. The case study also illustrated how forensic consultation may include "elements of counseling, education, conflict resolution, and referral for spiritual guidance" (Ref. 17, p 173).

In the formulation of the mission in our case, we conceptualized what psychiatrists may do as part of the work. They should first appreciate that there is a dispute in the context of a healing community. In our example, the healing community is unique because it is also a faith-based community. Further, it is located in a culture that may not be familiar to some. These days, this challenge is commonly encountered by those who work in unfamiliar geography and may be based on ethnicity, language, gender, age, sexuality, religion, language, and so on. The point is to be attentive to the problems that unfamiliarity with the context may evoke. Conversely, mechanisms that facilitate understanding of the surrounding culture and its impact on stakeholders in the consultation deserve attention. In our case, we found press reports and literature addressing the dispute and a public that was well informed. Collateral sources would be useful to educate the consultant about cultural meanings of events, special rituals, and unusual relationships between and among members of the community.

The disputants need help with a process of mediation that is based on clarifying their different

objectives. Care is required in forging an outcome that they can see as fair. Obviously, this will not always be possible. In the end, however, respect for the dignity of the disputants is essential because it will facilitate their future reconciliation one to the other and to their organization. Loss of face should be avoided. The consultant should be mindful of the legal implications of the dispute and should not hesitate to seek help from other experts, especially when needed expertise is available in the organization or community. At times, it will be important for the consultant to determine whether there are psychological elements contributing to the dispute. For example, some psychological problems may impair a disputant's ability to function effectively within the organization and even in the mediation process. Handling those will be important and may require the involvement of other health professionals. When the conflict seems at an impasse, it may be helpful to remind the disputants that securing their relationship is important. Its fracture may cause problems for the wider community by wounding it and affecting its function as a healing community.

Brief Conceptual Review of Human Dignity

We recognize that "human dignity" has not been consistently viewed as a useful concept. Ruth Macklin¹⁸ set the tone by describing it as vague and as a slogan that refers to respect for persons or to autonomy. Macklin¹⁸ stated that references to dignity gained currency in 1970s medical ethics discussions about the concept of dying with dignity, which she maintained was nothing more than talking about respect for autonomy. In addition, the conversations employed the term in such conflicting ways that the meaning of dignity became obfuscated. Macklin did note that dignity had been taken up in the 1948 United Nations' declaration of human rights, but with little linkage to medical matters.¹⁸

In 2008, the President's Council on Bioethics undertook a thoughtful exploration of human dignity and its connection to bioethics in a collected volume of essays.¹⁹ In the first chapter of that volume, Adam Schulman²⁰ described some of the problems with the concept of dignity and its historic antecedents before concluding that dignity had an important role to play in bioethics. Schulman²⁰ acknowledged that there is unavoidable ambiguity that makes dignity unworkable in the eyes of some colleagues because the concept does not provide

absolute clarity for every ethics dilemma. Still, for him and others, the ambiguity did not justify getting rid of the concept. He reviewed several historical sources of human dignity and their accompanying difficulties. Greek and Roman antiquity suggested that dignity was linked to honor and esteem and implied excellence and distinction, such as in the military or other professions. But this immediately conjured up images of one person's superiority over another. Schulman pointed out, in addition, that the Stoics (a school of philosophy in ancient Greece and Rome) argued for the availability of dignity to all, so long as one possessed reason and chose to live life in a thoughtful and reflective way.²⁰ Schulman felt that this Stoic standard was too difficult for most of us.²⁰

Schulman next considered the Biblical source of dignity, from both Christian and Jewish accounts.²⁰ He described the notion of our possessing an inherent dignity that flowed from our being created in the image of God. This belief is not to be taken to mean that we are ourselves divine, but Schulman suggested that this ethos offers some comfort to those with disabilities, for example.²⁰ Further, Schulman acknowledged the objections from secular sources about the injection of religious dogma into bioethics.

Schulman appeared sympathetic toward the appearance of dignity in national constitutions and international declarations since the end of World War II.²⁰ He pointed out, however, that its use in these documents suggested a "floor of decency" below which none of us should descend in our treatment of each other. Schulman argued that this idea of a standard of decentness is conceptually different from Macklin's argument that respect for persons is sufficient for bioethics. Respect for persons, according to Schulman, is not the same as arguing for equal dignity of all human beings, a dignity that is essential and inviolable.²⁰

Alec Buchanan has contributed to clarifying this distinction between respect for persons and respect for dignity, and he has done so in addressing forensic psychiatrists specifically.²¹ He raised an important question for forensic psychiatrists: "... whether there is any single aspect of respecting someone that should govern the behavior of forensic psychiatrists at all times and in all circumstances" (Ref. 21, p 12). He concluded that it was respecting human dignity. Buchanan used the illustration of the enslaved, who might well live in conditions where their autonomy and welfare were respected as much as those of free

persons.²¹ In that situation, the condition of the enslaved is still an affront to their human dignity because their human worth is being denied. Here again, enslaving someone is behavior that falls below Schulman's floor of decency.

Rebecca Dresser²² argued for maintaining the concept of dignity while agreeing that it deserved more serious study. She demonstrated that patients may be beneficiaries of respect for person and autonomy and still experience a loss of human dignity. Examples of this occur in the context of patient care where privacy rules are often ignored even though autonomy and other rules are respected.

Scholars also generally agree that there are two strands to human dignity: the first refers to rank, wisdom, or position; the second suggests the decentness of us all, no matter what. Jeannette Pols²³ described the former as "dignitas" (i.e., esthetic dignity or dignity of rank) and the latter as "humanitas" (i.e., the floor of decency in our treatment of others). Both forms of dignity come into play as groups and individuals interact with each other. We are more interested here in *humanitas*.

Edmund Pellegrino²⁴ emphasized reflecting on our lived experience of human dignity, what he saw as our response to the valuations of our worth carried out by others or ourselves. He insisted that neither the concept of dignity nor the lived experience may stand independently. They come together in the context of interactions between us and others, which accounts for the concept of dignity being an intersubjective phenomenon. It is the other's reaction to us that enhances or undermines our perception of our dignity. This aspect of dignity's use in community life is, in our view, appealing. Pellegrino dismissed the struggle between religion and secularism. He asserted that neither one is likely to triumph over the other. Both are important and will exist side by side for a long time.

It is our hope that this brief review of the concept of human dignity states a case for its inclusion as an important aspect of forensic consultation, either generally or in the specific context of healing communities. We do not intend any suggestion that human dignity is a mechanism that will serve us by itself or that it necessarily provides the best fit for all forensic specialists. We return here to Norko¹³ and his view of forensic psychiatry as a spiritual quest that includes a sensitivity to the persons we serve with care. He reviewed the scholarship of forensic psychiatrists who

had joined him in discussions of empathy and compassion in the work, and even a special kind of professionalism that would make them thoughtful about the needs and suffering of their charges.^{25–28} Further review of this scholarship is not possible here because of space limitations. Suffice it to say that this literature emphasizes a necessary reconceptualization of the forensic psychiatrist's work and pushes it in a direction that harmonizes with the specialized tasks we are discussing here.

Background

The Caribbean island-nation of Barbados was the location for this work. It has a population of about 270,000 and is the birthplace of both authors. We are familiar with the island and have both been students of its cultural practices over many years. Prior to 1966, Barbados was a colonial possession of Great Britain, and the island's Anglican Church was designated as the established and endowed church group of the island. Sylvan Catwell²⁹ described the Anglican Church's status as the established religious entity in the island: "With establishment, the church also enjoyed the status of being endowed as the state provided funding, grants, contributions, and other largesse for its maintenance and support of its staff and mission. Indeed, establishment and endowment constituted a marriage that bequeathed significant benefits to the church and its appointed leaders and staff" (Ref. 29, p 97). The island was divided into 11 parishes with a parish church as a central feature. The Rector of the parish church was a visible and powerful voice in the political and secular activities of the parish.

Things began to change when Barbados became independent from Britain on November 30, 1966. Catwell²⁹ described how the new government, a short three years later, utilized the Anglican Church Act of 1969³⁰ to give the Anglican Church "full control over its affairs under the Barbados Diocesan Synod . . . , while church property and funds would be vested in the Barbadian Diocesan Trustees . . ." (Ref. 29, p 103). Thus, the Church was disestablished and disendowed. It "became responsible for managing its own affairs, paying its clergy, and maintaining its buildings" (Ref. 29, p 103). This political change augmented the power of the local Bishop and the Synod's Trustees, as well as the stress on them to manage the economic future of the institution. As we shall see, it played at least some part in the emergence

of the dispute between the Rev. Edward Gatherer, Rector of St. Andrew's Parish Church, and Bishop Drexel Gomez, Head of the Barbados Diocese.³¹

This disagreement was eventually the talk of the island. It was covered extensively by the local press, and it became a matter of intense partisanship in political and ecclesiastical circles. We learned of it through contacts with members of the public, reviews of lay press reports, and discussions at social events. Once we decided to study the dispute, we explored the matter through judicial accounts of the case, relevant academic and journalistic literature, and conversations with clergy and lay members of the Barbados Church and other Anglican dioceses. Although we utilized our conversations in appreciating the context of the dispute, we quote no information from those discussions in this article. Our focus was on the conflict, embodied in the legal and ecclesiastical dispute, and in its potential resolution.

The Yale University Institutional Review Board deemed the study to be exempt from its review because it did not meet the criteria for human subject research.

Report of the Case

The Rev. Edward Gatherer began proceedings in the trial court by writ of summons dated January 27, 1989, for a declaration that he was entitled to serve as Rector of St. Andrew's Parish Church in Barbados and to receive the benefits of that office. He also asked that Bishop Gomez be restrained from interfering with his duties as Rector. The report of the civil trial between the plaintiff and the defendant was published on December 20, 1989.³¹ Justice Davis noted that Rev. Gatherer was appointed Rector of the St. Andrew's Parish Church on May 1, 1957. Thirty years later, the Rector received a letter from the Bishop dated January 15, 1987, notifying him that Rev. Gatherer would be required to relinquish the office of Rector, effective January 31, 1987. The Bishop referred in his letter to a communication from his legal counsel that buttressed the Bishop's decision about the Rector's future.

Legal counsel referenced the 1969 Anglican Church Act Cap. 375 that created the Diocesan Synod and outlined the powers of the Synod to make rules and regulations that would govern the discipline and management of the Church. This Act included Regulation C.10.11,³² which prescribed a retirement age of 65 that would go into effect the last

day of Rev. Gatherer's birth month. Rev. Gatherer replied on January 21, 1987, and explained that he did not agree with the Bishop's and his legal counsel's interpretation of the relevant law. In an intriguing ending to his letter, Rev. Gatherer stated, "I would urge that we tread very cautiously and refrain from making rash decisions which might further embarrass ourselves and the Church" (Ref. 31, p 4). (We believe this comment was connected to concern about dignity and potential reconciliation.)

The trial court's account turned next to a Bishop's letter to Rev. Gatherer dated October 10, 1988.³¹ The letter invited Rev. Gatherer to a meeting on October 24, 1988 to discuss the pastoral affairs of St. Andrew's Parish Church and to resolve the impasse created by Rev. Gatherer's intransigence. The Bishop wrote to Rev. Gatherer again on October 31 and gave an account of what had transpired at the October 24 meeting.³¹ The Bishop reported telling Rev. Gatherer about the diocesan policy, Regulation C.10.11,³² which was approved by the Synod in 1979 and created the policy that Anglican clergy would retire at age 65. Whatever reasons Rev. Gatherer advanced to buttress his claim that the Bishop was wrong were put aside by the Bishop. The latter claimed that he had not yet received any communication from the Rector's legal counsel. The Bishop ended the letter of October 31 by expressing his intention to terminate Rev. Gatherer's appointment at St. Andrew's on December 31, 1988. The Bishop also expressed his regrets that the Rector was finding it so hard to accept compulsory retirement at age 65. He hoped Rev. Gatherer would consider the implications of refusing to cooperate in this matter.³¹

Rev. Gatherer stated in a brief note on November 11, 1988, that he had received the Bishop's letter and had turned it over to his legal counsel. The Bishop wrote to the Rector again on December 21, 1988, and prolonged the Rector's appointment until January 31, 1989, but as Priest-in-Charge, not as Rector. In a letter dated January 16, 1989, the Bishop warned Rev. Gatherer that if he did not vacate the rectory (i.e., the Rector's residence) and cease conducting services on January 31, the Bishop would go to court. Rev. Gatherer then initiated legal proceedings.

As the trial started, things were at an impasse. Rev. Gatherer continued to live in the rectory and to conduct services at St. Andrew's Parish Church. Justice Davis noted that Rev. Gatherer was appointed

Rector in 1957 and was in that post when the Anglican Church was disestablished on April 1, 1969. The Justice also accepted that the Diocesan Synod had the power to make regulations under the Anglican Church Act Cap. 375, but he thought it necessary to determine the legal status of the Regulations made by the Diocesan Synod on December 10, 1979. For that, Justice Davis turned to the Interpretation Act,³³ Cap.1, S16(1), which required publication of every enactment in the *Official Gazette*.³¹ He went on to state that there was no evidence that the Synod's Regulations of December 10, 1979, had been published in the *Official Gazette*. Consequently, they had not taken effect or come into operation, which meant that Rev. Gatherer continued to hold the ecclesiastical office of Rector of St. Andrew's Parish Church and to be entitled to the emoluments of that office.

Bishop Drexel Gomez appealed the decision to the Barbados Court of Appeal, and a three-judge panel issued their opinion on June 14, 1990.³⁴ The Court of Appeal stated that the Synod Regulations rested on a solid statutory base derived from the 1969 Act. Relevant provisions of the Act "... looked to the future, enabling the new Synod to modify or alter the regulations . . . making any such modifications or alterations binding on those who . . . are members of the Church" (Ref. 34, p 11). The Court considered the question of whether the Synod's Regulations needed to be published in the *Official Gazette* and decided that such a requirement did not apply to the Synod's Regulations.

Catwell²⁹ noted that the Court of Appeal, in overturning the High Court's decision, ordered that Rev. Gatherer give up possession of the rectory (which he did) and pay \$200.00 a month from the date of February 1, 1989, to the date on which he vacated the rectory. He was also ordered to cease conducting services unless he had the Bishop's permission. Rev. Gatherer was given leave by the Court of Appeal on April 25, 1990, to appeal their decision to the Judicial Committee of the Privy Council of the United Kingdom.

The Judicial Committee delivered their decision by a five-judge panel on June 18, 1992.³⁵ In their ruling, they noted the disestablishment of the Church as of April 1, 1969 and that the new Diocesan Synod had the power to make rules and regulations for the governance of the Church. The Synod set up a regulation establishing age 65 as

the retirement age for Rectors. Furthermore, the Committee noted that the Interpretation Act, which came into force on June 16, 1966, provided that all enactments shall be published in the *Official Gazette* of the island.³³ The Committee concluded that since the 1969 Regulations of the Synod and the 1979 Regulation C.10.11 of the Synod relating to age of retirement had never been published in the *Gazette*, the regulations never took effect, and there was no age 65 retirement in force. Thus, the Court of Appeal was in error.

Discussion

The Preindependence Context

In a 2016 public lecture marking the 50th anniversary of Barbados independence, Richard Drayton³⁶ summarized the socioeconomic and political conditions that existed before independence. He explained that, prior to 1900, there were two basic structural divisions within Barbados society. On the inside were the laws, customs, and institutions of the mother country; on the outside were imperial domination, appropriation of territory, theft of resources, and enslavement. The leaders of colonial Barbados set up an oligarchy that was white, male, and Anglican. This history brought the Anglican Church into the picture as a participant in establishing Barbados's role as part of "a central theatre . . . of a world order which intertwined capitalism, racism and imperialism" (Ref. 36, p 4). Thus, he reasoned that Barbadians for generations encountered inhumane conditions of poverty, racism, and generalized oppression.

Understanding that context is, we believe, important. It leads to consideration of how these factors and conditions may have influenced the motivations of Rev. Gatherer and Bishop Gomez as they contended with the problems they confronted. These struggles were not only with each other, but with the conditions they sought to improve that were exacerbated by the new independence of the country and of their Church.

Drayton³⁶ evoked memory of the first postindependence Prime Minister, Hon. Errol Barrow. Barrow hoped that independence would release in Barbadians deep pride in their country, a feeling of being one people, and a willingness to conquer elements that obstructed personal realization. It is this sense of obstruction of postindependence achievement that may have bothered both principal actors

in this unfolding church drama. Drayton expected, as did Barrow, that the evolving process of independence would take time and be arduous. This expectation was the result of self-doubt instilled in Barbadians by the effects of slavery and later imperialism. Drayton asserted that "[t]his crippling self-doubt was anchored not just by the local experience of colonial dependency, but by the whole international architecture of white supremacy which we call European imperialism" (Ref. 36, p 7). Thus, Drayton pointed out that Prime Minister Barrow envisaged sovereign independence as the mechanism through which Barbadians would gain "economic and spiritual emancipation" and . . . "end this regime of economic, social, political, cultural and spiritual dispossession" (Ref. 36, p 8). Drayton referred to Barrow's view that spiritual freedom was a part of the general program of liberty toward which sovereign independence would lead Barbadians.

It was also understood that the existing social and political problems would be exacerbated by the deep racism and "shadism" that permeated Barbados culture. As Drayton noted,

In Barbados, . . . the degree to which the signature of Africa was written on the body, as shade, as texture of hair and features of the face, was coextensive with a schedule of status. The skin was the passport, and the degree of darkness was the first indicator of safety or danger, an index from which many took a first guess about someone's social class, education, intelligence and capacity for either civilization or crime [Ref. 36, p 6].

We present this brief note about the preindependence social and racial conditions in Barbados to make clear that the psychiatrist consultant should be aware of the social structure that defines the place where the dispute is occurring. In our case example, we wondered whether race and class contributed to the interpretive possibilities of the discourse related to the dispute. Our view is that the preindependence terrain may have sensitized clergy in the Anglican Church to the problems of dignity. Disestablishment also may have decreased privileges for some and increased them for others. We believe that race and class were irritants in the system and made it harder to pursue community-building in the faith group.

Aspects of Leadership and Authority

Paul Avis³⁷ differentiated power from authority as he discussed how leaders, such as bishops, should wield both. He defined power as "the ability to make

people do what we want them to do, believe what we want them to believe, and want what we want them to want” (Ref. 37, p 38). He argued that the exercise of power is problematic because of the tendency for its use to be asymmetric. When used absolutely, it corrupts, as it suggests that those on the other side in the debate are powerless. He concluded that “powerlessness is an affront to human dignity and is destructive of a proper sense of self-worth” (Ref. 37, p 39). Avis contrasted power and authority. He saw the latter as the “ability to win people to your way of thinking . . .” (Ref. 37, p 40). Because Avis viewed the Church as a voluntary organization, he concluded that the essential element in having the laity and clergy work together rests in the skillful use of authority, hence the recommendation that those in leadership should constantly keep their eyes on how human dignity is affected by their decisions. Avis encouraged respectful listening to others and working collaboratively with them, while respecting others’ independence.

Paul Born⁷ has highlighted the significance of attending to the task of deepening community and working together to strengthen connections among members of the group. One would expect both Rev. Gatherer and Bishop Gomez to have been aware of this advice because they were responsible for administrative entities within the Church. Yet they apparently found it easier to adhere strictly to following a rule or regulation than to focus attention on building group interconnectedness and mutual respect. They also seemed unaware of the linkage of community-building to the benefit of having their members experience a sense of belonging, to the parish church in Rev. Gatherer’s case, and to the broader diocese in the case of the Bishop.

In this section, we have highlighted three important elements for the forensic psychiatrist to contemplate during the consultation: respectful listening (discussed as well by Norko¹³ in his elaboration of our obligation to listen carefully and bear witness to accounts of people’s suffering); deepening community; and cultivating a sense of belonging to the group. Griffith has emphasized the latter two elements in recent work.³⁸

Leading with Dignity

Here, we reemphasize that forensic psychiatrists possess or may readily cultivate the skills and training to help resolve the types of problems that confronted

the Rev. Edward Gatherer and Bishop Drexel Gomez. We believe a conceptual framework used as a constant reference point in the consultation would be especially useful. In this case, we considered Griffith’s³⁸ theorizing concerning individuals operating in a definable work space. They have a responsibility to contribute to the space’s becoming as therapeutic a landscape as possible. This outcome can be achieved through the establishment of dignity as a basis of mutual interaction. For example, while Rev. Gatherer insisted that a compulsory retirement age did not apply to him, the Bishop could have sought broad input about the matter from a wide range of clergy. Such an approach would have allowed Rev. Gatherer to save face and the constituency of clergy to express views on a matter that was of interest to all of them. This approach also relates to the notion of “conciliarity,” which Avis³⁷ recommended as consensus. Bishop Gomez, in his letter of October 31, 1988, to Rev. Gatherer wondered why Rev. Gatherer was having such difficulty with compulsory retirement at age 65.³¹ A loss of dignity (of both types) may have been an important hypothetical reason for Rev. Gatherer’s struggle, one that could have provoked further private empathic discussion between the two men.

The second principle is based on Hicks’s³ conceptual work, which stated that leaders should put dignity into play as they establish moral features for the operation of the organization, believing earnestly that members of a work group may differ in status, but all are equal in dignity.³ Hicks suggested this could be accomplished by the leader’s attending to the concerns and experiences of members of the organization; making the members feel they belong to a fair institution; listening attentively to them; and showing a willingness to own and change hurtful behaviors.³ Rev. Gatherer’s letter of January 21, 1987 to the Bishop reminded them that their actions might well harm each other and the Church.³¹ This correspondence highlighted their mutual responsibility to think about the retention of dignity in their transactions. It also suggested that the ranking leader between them should be particularly careful.

The third part of the reference framework is based on the understanding of what is needed to repair this kind of conflict that occurs within organizational spaces that support values such as human dignity.

The effect of the disagreement is often polarizing within the organization, producing a significant rupture among group members. That rupture must be repaired if there is to be any expectation that the organization will become a functional healing space once again. As Larson-Miller noted, there must be “restoration of wholeness in relationships” (Ref. 39, p 12). The expert must recognize this objective to conclude a useful consultation.

Finally, it is hard to ignore the sociotherapeutic significance of removing professionals from their posts when they have reached an advanced age and have served the organization for several decades. This significance is especially striking when their work has carried caregiving functions. A forensic psychiatrist is well placed to point out that maintenance of dignity requires inquiring about the well-being of these individuals throughout the process of their removal.

Conclusion

There are several obvious problems that relate to the use of the law courts as a mechanism to solve the problems faced by Rev. Gatherer and Bishop Gomez. The legal process was expensive for an organization facing fiscal difficulties under disestablishment. Second, the legal process seemed to ignore the ultimate need for reconciliation of the principals with each other and to the Church body. Whereas reconciliation to God is relevant in the context of faith groups, it may be less important in other organizations. We recognize that the genesis of disputes in any community is not rooted in one or two simple factors. Thus, there can be no guarantee that any single consultant will lead disputants away from law courts to the promised land of resolution and reconciliation. Nonetheless, we think the effort worthwhile.

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