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In Pursuit of Dignity for Women

INTRODUCTION: Background history

The protagonist of this true life story is presented under the pseudonym of Cady, in reference to the famous 19th Century Women's Rights Activist, Elizabeth Cady Stanton, who was a friend of Susan B. Anthony.

This is a story of sexual harassment in medical school in the years 1971-75, and at some other times during Cady's successful medical career. Coping skills and emotional repercussions are examined. Cady never did submit to self degradation or dishonoring her husband and son, but was treated like a pariah in situations where sexual exploitation was attempted or considered. The ancient Greeks knew the power of ostracism, and the Amish know the power of shunning. The dominant male culture wants to keep women down, in every sense of the word.

What kind of person is Cady? As a little girl, she was fiercely independent, and when twin sisters were born when she was three, she became both protectress and playfellow. All three sisters are strong willed girls, and have had their differences over the years, but they are closely bonded. Cady is a woman's woman, who prefers to bond with other women, not compete with them. Her father was a true male chauvinist of the old school, who felt that his youngest child, the sought after son, was more important than his daughters. Cady did not accept his assessment of her worth, even when very young, because her maternal grandmother, who cared for her during World War II when her father was at war, and her mother worked outside the home, had given her strong ego support during her first 3 years of life.

Cady wanted a career in science or medicine from the age of twelve, when she first became enamored with the classes in seventh grade biology and in classes on the scientific method. The life of the mind superseded the silly teen-age preoccupations with looks and clothes. However, she did play seven years of varsity field hockey.

Cady could not afford Radcliffe, but found her choice of a small liberal arts college in the midwest to suit her perfectly. She worked 2 to 3 jobs on campus, had a scholarship, and carried a full load of courses as a biology major. She had little time for socializing, but junior year her world was rocked when she had a chance encounter in the library with an unknown classmate, who was an economics major. When her roommate gave her 2 tickets to the May dance, she asked him, and it was the beginning of a lifelong romance. Although they were parted for a year after graduation when she was in graduate school in Wisconsin on a fellowship, and he was in law school in another state, they made the decision to marry. Each had to make serious compromises in order to do so. She transferred her studies in physiology to the medical school near his law school. She also passed up admission to the University of Chicago Medical School, all for love. He was disowned by his parents because she was not of the proper ethnic background to their liking.

The independent woman had married a nurturing man. What a switch after laissez faire parents! Furthermore, her scholarly ambitions were momentarily side-tracked after she finished a master's degree, and purposely got pregnant in order to save her husband from conscription in the Viet Nam war.

She went to work when their son was 13 months old, while her husband had started his career as a government attorney. She scored well on a government placement test in physiology, and got a job in the Department of Physiology at the Office of Naval Research. Her job was to read research grant applications in the areas of diving physiology, microwave effects on the body, and acclimation by men in the military to climate changes. She was able to attend several big conferences in the 2 years she worked there.

Because her job was temporary, and there was a hiring freeze, she applied to a local medical school, and was accepted. She did not realize the ramifications of entering an exclusive male dominated hierarchy.

CHAPTER 1: Cultural misogyny and the enormity of the problem

The role of the male oriented culture is explored. A continuous bombardment of messages from various walks of life, not only academic and career, but also religious and political legitimization of domination, and its effect on women is discussed.

Most women doctors do not want to reveal the treatment that they have suffered from males higher in their hierarchy, because they are ashamed to be seen as victims. This reflects on their dignity. They worry that others may think less of them, through no fault of their own. Their credibility may be questioned, as the exploiting males close ranks, so they can continue their abuse. And sexual harassment is the most extreme expression after rape, of a general cultural misogyny. Women who have achieved places in society through their own hard work prefer to pretend that everyone likes them, a culturally engendered trait of women needing to please. Women themselves should take a stand to change this culture.

A current article in the flagship journal of medicine, *The New England Journal of Medicine* (NEJM) October 25, 2018, *Ending Sexual Harassment in Academic Medicine* by V.J. Dzeau and P.A. Johnson defines 3 types of harassment: an ongoing acceptance of attitudes and speech demeaning women, personal sexual harassment/groping, and personal sexual coercion/assault. The authors suggest that many more female doctors need to accede the male hierarchy to change this.

Sexual harassment of women doctors has occurred frequently over the years. *American Medical News* December 16, 1988, carried 2 articles "Sexual Harassment in Medicine Subject of AMA Study" and "Residents Stress, Sexual harassment Top Discussion". A survey had shown that two thirds of male attendings had sexual relationships with their female interns/residents. When Cady attended a 1986 national yearly meeting of the American Medical Women's Association in New York City, she attended a workshop on sexual harassment of women in residency, and was appalled to hear that a women surgeon was threatened with loss of her residency if she did not cohabit with the chief of service, among other painful insults to women.

Dr. Frances Conley, a prominent Stanford neurosurgeon, wrote a book in 1998 called **Walking Out On the Boys**. With regard to her own problems, the harassment was gender based rather than sexual, meaning that she was demeaned by being called honey by a colleague while operating on a patient with a resident for starters, but eventually resigned from the faculty, and lost her research. She was reinstated on faculty, but did not get her research back. However, she became a national heroine for women doctors at that time, through speaking engagements. A number sought her help, some with tales of sexual harassment. In particular a woman resident doing research with a famous ophthalmic surgeon had been essentially assaulted by him when he invited her to his house to meet his wife, who was not home. When she refused him, she was ostracized by his staff the next day at work, lost her job, and was unable to continue in the field due to his damning her to colleagues.

A doctor's website called Doximity has carried articles in 2016 and 2017, which illustrate that women doctors are still subjected to disrespect and marginalization by male colleagues. Speakers on the lecture circuit have been introduced by first name only while their male counterparts are called Dr. Such and Such (Forms of Address Reveal Gender Bias, by Kevin, M.D., March 2017)). Women doctors at emergency sites offering help have been pushed aside and disbelieved. The article "Toxic Talent: Why High-Performing Jerks Aren't Worth the Trouble" on March 15, 2017, by Harrison Reed a PA in Baltimore, talks about workplace abuse in hospitals, regarding not only demoralization, but also the economic costs of possibly "millions of dollars". He mentions an Uber employee whose boss asked directly for sex, but was not fired because he was such a "high performer".

Prominent women in other endeavors have fought back more publicly against harassment. News anchorwomen in 2016 have successfully sued their employers, such as Gretchen Carlson and Megyn Kelly suing Channel 13 CEO Roger Ailes, who was then fired, and many women employees suing conservative pundit Bill O'Reilly at Fox News. Bill O'Reilly settled for ? 16 million dollars, to "protect his children". After the secret information got out, sponsors dropped the program, and Bill O'Reilly was fired. Note that the firing of these two did not occur until knowledge of the harassment became public. Numbers of women, allegedly drugged and sexually assaulted, are suing comedian Bill Cosby, after seeking his help to succeed in show business over the years.

Recent accounts of rape by men of women in the military on a wide scale is a shameful rejection of an ethos of camaraderie and cooperation between the genders.

Twenty years earlier however, the whole country viewed daily testimony for weeks on the issues of attorney Anita Hill, whose case regarding egregious harassment by Judge Clarence Thomas was televised in 1991, when she was questioned by the Senate in examining the fitness of Judge Thomas to become a Supreme Court Justice. The amazing result was that he was confirmed anyway, the tacit opinion by conservatives being that Anita Hill was either lying, or the "rights" of Judge Thomas to harass her superseded her civil right not to be harassed. It is doubtful he would have been confirmed in today's culture. A hopeful sign to Cady was the overwhelming reaction by the public to the video of presidential candidate Donald Trump, in which he spoke of grabbing the private parts of women to whom he was attracted. The fact that disapproval was as widespread as it was suggests that sexual harassment is no longer seen as business as usual, and boys will be boys.

Professionally in her role of psychiatrist, Cady views sexual harassment as part of the spectrum of abuse of women in general, that extends to incest and early sexual abuse. The scars on the female psyche vary by degree, and personal resilience.

Quid Pro Quo harassment attempts to reduce women to exchanging sex for the right to work, similar to prostitution. It is akin to white slavery-robotic sex on demand, with accompanying degradation, contempt, and soul murder of the woman. With a reputation for coerced submission to one man, she will get increased coercion from others, The woman who submits hates herself, and the reputation she gets.

It can hardly escape notice that this kind of stress is not happening to male residents, thus consisting of a major type of discrimination. It undoubtedly contributes to suicides in female medical students.

CHAPTER 2 : Personal coping with sexual harassment in medical school: What it feels like to be an intended victim

When her 40th medical school reunion came up, Cady signed up to go back for the first time since graduation. Subsequently, she awoke with sweating and palpitations from a nightmare in the middle of the night. The awful realization dawned that she, a psychiatrist, had posttraumatic stress disorder (PTSD) regarding harassment that had occurred in medical school.

She had been in denial of the severity of the consequences of these experiences for all that time. She had to withdraw her application to attend the reunion in order to confront her unreasonable fear, and treat herself, as she had done successfully for so many of her male and female patients with PTSD.

PTSD has 5 criteria currently. The first criterion is exposure personally or indirectly to the death, threat of death, serious injury, or sexual violence, of oneself or a loved one. The second criterion is intrusive re-experiencing such as flashbacks and nightmares. The third criterion is avoidance of reminders of the trauma, such as forgetting a person who was there. The fourth criterion is negative alterations in mood and cognition, and the fifth criterion is alterations in arousal (panic attacks) and reactivity (hypervigilance, irritable outbursts, road rage). There are subcriteria under each heading, and it is not required to have all the criteria under each heading to make the diagnosis.

It started in her first year of medical school in 1971. She was a 28-year-old, small, married mother of a 3-year-old son, one of about 14 women in a class of about 130 men. She had previously worked for 2 years as a physiologist for the Navy, and was proud to have been accepted to medical school now that the national quota on acceptance of women had been raised from 5% to 10%.

She had enjoyed college, and then graduate school, and then employment as a physiologist. She had not encountered any bullying or harassment in her life. Her childhood was without abuse. Dating in high school and college took a back seat to academic achievement. She had had collegial relationships with men, and had a close, successful 5 year marriage with her

college sweetheart. She was about to go through a baptism by fire as to how important her principles and sense of self efficacy were to her.

The environment of medical school was different. Lecturers frequently made demeaning comments about women in general, their appearance, and a focus on their role sexually. Pictures of pinup type women were common, as were salacious jokes about women.

A giant poster on the wall of the lecture hall showed a full length woman in minimal clothing with the caption "Get More." Those first 2 years were classroom preparation for the clinical rotations for the last 2 years, where students would go on different medical services all over the city. Students rotate for a number of weeks through different services, and are taught by an intern/first year resident with regard to patients as well as occasionally a second year resident, chief resident, or attending physician or chief of service. After 4 years of medical school, students choose internships (one year) and then residencies, on average 2-3 years, but more if one went into surgery or medical subspecialties, such as cardiology.

Many people who go back to school may regress in role identity, as did Cady, after several years in the workplace. And medicine in particular is a tightly male-dominated, often closed loop hierarchy. The usual male values of status, money, and control of women are paramount. What is not patently obvious to a newcomer is that doctors in different hospitals all over the city know each other, may have trained with each other, and share gossip about medical students. Had Cady known all this, she would have maintained a low profile in the first 2 years in the classroom.

In response to overt and blatant sexism that was a constant in the atmosphere, Cady occasionally asked lecturers pointed questions such as "Is there a birth control pill for males?". Thus she got a reputation as a feminist. One lecturer discussing female anatomy mentioned the "fried egg Oriental breast", when there was a Chinese female medical student in the classroom. To their credit, some of the men confronted the lecturer afterward about the inappropriateness of this comment.

Cady was good natured, but dismissive, about the flirtatiousness of some of her classmates, who clearly targeted for sex any possibly persuadable female. Some classmates were more outrageous than others, such as one who asked her if her husband liked "nookie". She is still not sure of the meaning. Another student, speaking about the breasts of women, would always say "More than a mouthful is a waste". Once when she was eating in the cafeteria with another female medical student, 2 unknown males approached them, and asked why women were so protective of "that little hole". They were speechless.

Cady's best friend in medical school was a married woman a year ahead of her, who was about her age, and had gone to college late, after having 2 children. Celia was a marvelous mentor, but they had little time to see each other. They got together socially with their husbands several times. Not many of the few women in medical school at the time were married, although some that were, transferred in the second or third year. Cady got along well with Dorothy and Mary Lou. Cady had a physical diagnosis group consisting of Ira, Paul, Judy. Freshman anatomy she was in a group of 4 others working on a cadaver-Jon, Perry, Jacek, Kathy, Jeff. This is a teamwork proposition, and everyone did their part dissecting, which was hard work.

The third year, Cady was often sent on rotations in hospitals away from the university. In the first rotation, surgery, there was some transient groping with elbows when crowding around the patient for the operation—easy to ignore when one does not want to draw attention to one's self.

In the second rotation, internal medicine, her major interest at the time, she had hoped to do well. The grading system at the time was honors, pass, or fail. Honors was 90 or over, pass was 75-89. Besides knowledge shown on the wards, the person was graded on a final written examination, usually essay.

In the first few days when she was doing histories and physicals on newly admitted patients, a 6 feet 5 inch second-year resident put a proprietary hand on her ponytail. Cady was a small woman, about 100 pounds, 5 feet 2 inches. She moved out of his range, and said nothing. She did not make conversation with people, except about learning medicine. The first-year resident, her immediate mentor, however, was respectful.

But to her extreme consternation, the Chief of Medicine began to make overtures toward her. He was a married man with a large number of children, maybe 10. He was a Catholic in a Catholic hospital. He was the preceptor for Cady, and one of her male classmates, Terry, from the university. In teaching sessions with her and Terry, this chief sometimes made remarks which may have had more than one meaning. She was very careful not to respond. He tried to walk into her in the hall. He invited her and Terry to come close to his desk, and look at the responsibilities he had on paper as chief at that hospital.

At one point he suggested that she, but not Terry, should come to the ward to work over the Christmas holidays, though students were not expected to do this. Cady and her husband and son were going out of town to visit family, so she declined.

Once while Cady and Terry were sitting in his office, a nurse came in to tell him 2 of his daughters had been bullied on the way to school. Cady thought to herself that God was sending him a message about not treating her as he did not want his daughters to be treated. Cady was born and raised a good Protestant, and had no allegiance toward the Catholic church, and certainly not toward their policies with regard to birth control and abortion. So here is a man about 15 years older than she is, with a philosophy of life and now behaviors that she finds abhorrent. His job is to teach students, not abuse his position by making life miserable for a woman student. She was certainly not complimented by being singled out in this regard, although for all she knew, it could be a common practice among doctors. She was not impressed by his position as chief of medicine. A man is just a man, and no status can excuse reprehensible behavior. She felt her brain was as good as his, and definitely better when it came to fairness. He thought with the amygdala and hypothalamus portions of the brain, evolutionarily lower than the cortex. Testosterone overdrive (?poisoning) may also have been an issue.

Cady had no previous reputation for having been intimate with anyone but her husband, and had no intention at this time in her life for changing into a different kind of person. Had she ever thought about it? The book stores then sported books touting open marriage, meaning continuing to have sexual partners outside of marriage. She had discussed this with her husband. Both were against it. She had thought through the whole prospect of what infidelity would mean, and how it would change her character, and her close relationship with her

husband, and had decided that it was not for her. She was not a touchy feely kind of person, and was particular about physical boundaries. Her clothing was conservative, and her manner was not anything other than businesslike. If the Chief of medicine had known that she was a feminist, perhaps that meant to him that she was liberal about sex, but she was very conservative in her views about sex, loyalty, and family. Labels of liberal and conservative are too black and white, and may misinform. It seemed paradoxical that some of the most self righteous conservative males (even John McLaughlin, rest in peace, one of her favorite pundits) could be so unapologetically sexually predatory.

Terry later conveyed to her that he had picked up on this Chief's intention, but he did not sympathize with her in any way. He seemed to enjoy her discomfiture. She did not engage him in conversation. She was in a spot where quid pro quo harassment was occurring, with the aggressor responsible for grading her. She could not respond with anger, as she would normally have done in such a situation. She wondered if Terry was pimping her to the chief.

On the final grade in that rotation, which included a written examination, as well as an assessment of clinical skills, she received an 89, one point below the honors to which she had aspired. She had hopes of being judged on her academic merits alone. Because of her strong background in medical physiology, with a master's degree in it, and honors in the course, her academic merits were somewhat beyond the ordinary. Now her transcript would reflect just a "pass", on the same level of someone with a 75. Not much hope of making medical honorary, AOA.

She later got honors in pediatrics, and at least briefly, in OB/GYN, and had some honors in at least 2 (physiology and histology) courses in the preclinical years, but she thought perhaps some of her oppressors were in AOA, and she did not stand a chance. So much for aspirations to excellence.

The last rotation of the third year was obstetrics/gynecology (OB/GYN) in a hospital manned by residents from another medical school. She and a different male classmate were on this rotation. To this day, she cannot remember the name or face of this student because the rotation was so traumatic for her. This is a symptom of PTSD.

The first day the male intern came into the room where she was waiting to meet him, and walked around her several times, as if inspecting her in a predatory way. She felt degraded and humiliated. The hairs stood up on the back of her neck. She said nothing.

The second year resident spoke to her, but she does not recall anything insulting about his words or behavior.

Then the chief resident directly propositioned her. The statement went something like this: "I guess you think you're too good to have an affair with a resident." She did not grace the unwanted aggression with a response.

She had been told to page the residents in the morning for patient rounds. When she did, no one came. However, there was a large group of midwives making rounds, and seeing patients, and she joined them for the duration of the rotation. She never saw her male classmate or the intern.

The day before the end of the rotation the male classmate appeared, and told her she was being paged to scrub in on a Caesarean section surgery. She did not want to go, but did not see how she could refuse. While scrubbed in, she heard a resident say, while staring at her "Uppity women get raped in the parking lot." The hatred was palpable. After the surgery, she immediately got into her car, drove back to her own medical school, went to see the Chief of OB/GYN, and asked to repeat the rotation over at university, because she would not go back to the other rotation, of which there was only one day left. This was because of fear for her physical safety.

The chief tried to persuade her to return to the other hospital, saying she must be mistaken about their behavior. She refused. Inside, she was terrified.

The chief therefore put her on the OB/GYN rotation at her school. Within a few days the residents were making comments about a "rotten apple." Then, when she went to take the blood pressure on a new admission, a resident walked up to her, and snatched the blood pressure cuff from her hand saying "You can't do this."

She knew then that she would have to drop out of medical school, after 3 years of better-than-average academic performance. It was like a gang bang on an intellectual level, with the hope of these troglodytes that they could actually perform the ultimate humiliation on the physical level. It was a rape of the spirit.

Her husband, who was a government attorney at the time, happened to be down the street from the school in the regional office working for his department. She walked down, and told him she couldn't take any more. He said he wanted to walk back with her to talk to the Chief of OB/GYN. Attorneys always want to confront the prosecution. She did not know what he planned to say, but she fully expected to drop out.

When they went back on the floor, her husband said he could feel the tension. No one was seen. They walked to the chief's office. The chief ignored them for 5 minutes then said "What can I do for you?".

Her husband said if the harassment did not stop, that he would see that the school would stop receiving Title 9 funds, which are allotted to schools specifically for the education of women students. Immediately the chief asked her when she would like to come back to the rotations, with the implication that nothing further would occur. She told him she would wait til the current residents had rotated off the service, and would take the new rotation July 1st. She was out for a number of weeks, grappling with her first case of major depressive disorder, and seeing a woman psychiatrist in another town for treatment.

She then did the whole rotation with one intern and one other student, and scored high on the examination. She was given honors in OB/GYN, but the single male student from one class below her, who was rotating with her, objected that she got honors, and they took the honors away. She did not care, and wanted simply to move on.

What has continued to haunt her over the years, is how the OB/GYNs involved in her harassment treated their women patients. With attitudes like that toward a woman they barely

know anything about, how did they affect the personhood of the woman they were treating? She saw one of them yell at a teen aged woman in labor who was screaming in pain "You had your fun, now you can pay for it. You were old enough to make the baby, so take the consequences."

The fourth year she enjoyed 2 rotations very much. One was in the rheumatology service with a 6 foot tall female Chief of Service, with whom she became friends. Had that woman not left the next year to take another position, she might have eventually gone into rheumatology. The woman actually shared with her some of the indignities to which she had been subjected, even at her high position. When the Chief of Medicine refused to give her a raise such as the male chiefs of service were getting, she chose to transfer to Peter Bent Brigham Hospital in Boston. She told Cady that the male chiefs then began making nasty remarks to her when they heard, as if having just held back their animosity till they knew she was leaving. One walked up and squeezed her breast. It seemed as if he were trying to say she was nothing but a woman.

The other rotation was an endocrinology rotation with a gentlemanly Chief of Service. He maintained his service with dignity and decorum. Cady felt at home there.

In a rotation on dermatology, the residents were friendly. She was interested in a residency there, but there are very few places in the country that have openings, including this one. Charlie, one of the residents, recounted an anecdote about the chief of medicine who had harassed Cady during her second rotation at another hospital. He said the chief, let's call him Joe, had taken his wife "Pat" and Charlie and his wife to dinner, and Joe had hypnotized his wife for the entertainment of Charlie and had Pat kiss Charlie while in trance. Do you think his wife was totally under his control? Do you think he believed in sharing his woman with his male friends like the Eskimos do?

In 2 rotations with community family doctors in the suburbs, Cady was sent sexual signals, which she ignored. At one white haired doctor's come on, she pointed to the picture on his desk of his gracious looking wife, to which he replied, "But she's a grandmother", probably meaning she had lost her sex drive with the menopause, or that having grandchildren took all her attention.

She encountered some harassment on the nephrology service of a different hospital on her next rotation. When she arrived at this hospital on her first day of the rotation, she asked directions to the service from several doctors, and was ignored. If she had had any inclination to paranoia, which she did not, she would have thought she had a bad reputation following her wherever she went.

She knew that these were temporary rotations, and that the best thing to do was learn what you could, move on, and never look back. And whether she had a reputation or not, she did not care what people with that kind of prejudice thought. If karma exists, they will get what they deserve at some point in this life or a future one.

The Chief of Service on Nephrology never introduced himself to her as chiefs customarily do to new students on their service. The resident, Gregory, was somewhat offensive, and tried to give her misinformation about acid base balance, a subject with which she had been fascinated in graduate school in physiology. He asked her if she knew the blood pH could get as low as 6,

when she knew that a pH of 7.0 was the lowest compatible with life, but she did not correct him. She just said she did not know that (because of course what he said was not true so how could she know it). There were some other insults, but time has erased all but the feelings of dread she had about this rotation.

When she left to interview for a residency position at a hospital near her home on the last day on that service, her husband chose to go in to confront the resident. When the resident was paged, he did not appear, but the Chief of Service did, and was aggressive toward her husband, demanding to know why she was not there. Her husband told him, and then asked why the Chief of Service had never introduced himself to her, and received no answer.

The Chief of Nephrology then called the hospital where she was interviewing, and told the Chief of Medicine there, who was also a nephrologist, that she was a troublemaker, and she did not get the residency. She met this second man later in her career, and he never spoke to her in the 16 years she practiced in the area of General Medicine, with privileges at his hospital. The nephrologist whose service she went on later became president of the state medical society, according to his obituary. That experience certainly cured her of any interest in nephrology, but she maintained an interest in acid base and electrolyte imbalance that helped her diagnose renal tubular acidosis in some of her general practice patients.

Cady had a rotation at a pleasant hospital on the outskirts of the city. There were a lot of women residents there, because the hospital accepted mostly foreign medical graduates, of which women were a larger component than the American medical graduates in the year 1974-1975. She went to the Chief of Medicine there, and asked for a residency, and received one. He was a kind and gracious man. Years later, when she called him for a recommendation for a psychiatry residency, he asked her if she were happy, and she was touched that he was interested. She told him yes, but that was a bit reductionistic, considering all she had been through. She had certainly been barred from a number of opportunities.

Cady realized in May just before graduation that she had achieved an unwanted notoriety in her medical class. She never discussed her problems with other women, because she was ashamed of being targeted by harassers. This is one of the suggestions for women being harassed: network with other women, some of whom may be getting the same problems. Be supportive to each other. Cady feels women should have more of a sisterhood than a rivalry. She has 2 actual sisters, to whom she is very close.

One of the women in the class, Judy, whom she had thought was her friend, made an obscene comment about her to her husband that so enraged him, he told Cady to never speak to the girl again.

That girl must have wanted to be "one of the boys" so badly that she had to identify with them. She had confided some of her own sex history to Cady, but Cady never told anyone. So much for loyalty. Thanks, Judy.

CHAPTER 3 : Internal medicine internship and general practice

She enjoyed her year of Internal Medicine Residency, and did very well. She had some friends among the women doctors, from Thailand, India, and Pakistan. Two of them had husbands who were doctors.

She was not harassed, but was rudely treated briefly by some American radiologists, when she rotated through the Radiology Department. One was somewhat mocking. The only other incident was when the Thai chief resident asked her, after she had been doing CPR on a patient, whether she had ever been "pumped on while awake". She mentally pictured pumping his face with her fists. The personal insult stung.

She had 10 hour shifts in the emergency room, as her first rotation . When she went on the medical wards, and was on call, she was usually assigned to cover the CCU (coronary care unit) and ICU (intensive care unit). She did not mind this, and learned a lot.

When she was able to grab some sleep, Cady slept on a single bed in a tiny room between the units, so she could run to either one if needed. The worst experience there was when a patient died, and Cady had to tell the family. Although this duty should have gone to the admitting physician, he asked her to do this. An angry and distraught 300 pound son put his fist through the wall because his mother died. She grieved with him as best she could.

The question that always arises when patients have been resuscitated numerous times is whether their quality of life will be worth living. Delirium was a frequent problem in the CCU.

Part of Cady's predicament was that she deeply loved her husband and son, and did not want to cause them emotional hardship or estrangement because of her career. She had to choose a residency within a reasonable distance of her home. She was not able to enter the Match, where students rank their top 3 hospitals, and hospitals rank their top number of students. Her husband was her college sweetheart. He was the only man she ever loved. They dated 2 years prior to marriage, making sure that they could succeed in their chosen fields before they married. Her husband was a bit perturbed when she was on call extra time over the holidays, and he and her son had to eat Thanksgiving dinner with her in the hospital cafeteria.

Therefore, after a year of every third night on-call (staying overnight in the hospital), and the prospect of 2 or more years of the same in order to be eligible for Board Certification, she asked the Chief of Medicine for a schedule with less call over a longer duration of time, but was refused. Nevertheless, she still is grateful to this chief for a residency free from intimidation, and with approval of her work. The cardiologist in charge of the CCU told her husband she would make an excellent doctor.

She figured she would work a few years to spend more time with her husband and son, and then go back to finish residency. She had passed all the medical licensing exams, and was therefore eligible to practice. Up until the year Cady graduated from medical school in 1975, it was common for doctors to start practice as a GP (general practitioner) after only a year of internship, but the year she graduated, a new residency of 3 years in family practice was established. The emphasis was slightly different from internal medicine, because internists often went on to take a fellowship in a subspecialty for 2+ years. It seemed to her paradoxical

that training for what would be primarily or solely an office practice should be done in a hospital setting. In fact, now since about 2014 or 2015, most family doctors and even general internists not only are not required to visit their patients in the hospital, but may not be allowed to do so, because the hospitals hire staff doctors to work only in the hospital, with no office practice.

She therefore decided to take the offer of working with a doctor in a General Practice in her home town. After the contract was signed, the Chief of Medicine at her residency came forward with a special offer for her continued residency, but it was too late.

The first year she worked outside residency, she met her medical school advisor from university at one of the Grand Rounds of the county hospital where she was on staff. He was a dermatologist, as she had considered dermatology as a specialty because of the lack of night call. They had not accepted her application, but she had heard they lost a first year resident because he wanted to go into something else. The resident had called her, and asked if she would like to take his place, but she said no. The advisor sought her out after the grand rounds, and asked if she were still married to the attorney, and she said yes.

She worked 16 years in General Practice, mostly solo, because she went on her own after a year due to the erratic behavior of her employer. He would suddenly go on vacation, and leave her to see an avalanche of patients on her own. She saw 65 patients one day during flu season. Then he hired another male doctor, saying that Cady could do all the work for them. Cady then opened her own practice.

One of her female patients told her she would never have come to a woman doctor before she met Cady, but now she would never go to anyone else. She had saved the life of one of the older male patients in her first year because, when he was in the CCU (coronary care unit) with a diagnosis of angina by the cardiologist, she looked at the EKG, and diagnosed possible pulmonary embolism (based on the pattern in the right heart leads), ordered a lung scan which confirmed the diagnosis, and put him on heparin. When she left to go into practice on her own, he came to her and said, "Thanks for saving my life, but I am going to stay with Dr. S." So much for insight, judgment, and prejudice against women doctors.

Cady made one lifelong woman friend the first year she went into practice on her own, an Indian woman gynecologist (OB/GYN). Based on her terrible experiences with male OB/GYNs in medical school, she referred all her women patients with surgical needs to this woman before she had even met her. Jessica is one of the best friends she ever had, and they still meet for dinner with their husbands 3 or 4 times a year, whenever Cady comes back to the area. Jessica operated on both Cady and her mother for hysterectomies for prevention of ovarian cancer in Cady and treatment of it in her mother.

Cady ran an office with 4 employees, two nurses in back, and two administrators in front, doing the appointments and billing, including filling out insurances. She looked over the books at the end of every business day. The business was successful, but the overhead was about 60+%. Running a staff of 4 could be stressful, like the time a nurse she hired for the back did not show up for work on Mondays. After a few months, Cady was called by the hospital in the middle of the night, and told they were admitting the nurse to her service because she had overdosed on alcohol and Xanax, stolen from Cady's office samples. It is a felony to steal samples, so this

required Cady to fire this nurse immediately. It turned out she was a closet alcoholic with a borderline personality disorder, thus requiring referral to a psychiatrist.

Cady was on staff at 3 hospitals in the area. She would round on hospitalized patients at lunchtime and on weekends. She worked Monday, Tuesday, and Friday 8 am to 5 pm, Wednesday 12 noon to 8 pm, and Saturday morning 8 am to 12 noon.

Her husband often drove her to rounds on weekends, and waited for her in the doctors lounge to go out to lunch or dinner. On her Thursdays off, she played tennis doubles with a group of women friends, or attended a church service with laying on of hands at a nondenominational church in the city where she had gone to medical school, about an hour drive away.

Cady was head of the medical education departments for a number of years at 2 of the hospitals where she was on staff . She really enjoyed setting up lecturers, and got to meet a lot of outstanding doctors that way, which often came in handy later in her life. A special person was Dr. Janet Travell, who had been President Kennedy's doctor. Dr. Travell was a cardiologist who had pioneered work on skeletal muscle pain, specifically myofascial syndrome. She invited Dr. Travell to speak at the medical education department of one of her hospitals, and drove out to Dr. Travell's house to pick her up personally, because in her 80s, Dr. Travell was too infirm to drive. Her lecture was wonderful. Cady did the spray and stretch and trigger point injections with patients as described in Dr. Travell's book.

Cady also lectured on various medical topics in seminars on blood pressure, or on medical careers, and to women's groups such as NOW (National Organization of Women). A favorite topic was the history of women in medicine. She wrote and conducted ten local TV programs on topics in family practice , such as cancer, cardiovascular disease, depression, muscle pain, etc.

In 1984-85, she actually suffered an incident of sexual harassment by a cardiologist, Jack, in the county where she practiced, who came to power as president of the county medical Society. She had referred him cases for nine years at the time, and had considered him a friend, although she knew he was a womanizer, but figured that was none of her business. When he was elected president, he called her up when she was rounding in the hospital, and said "Remember how you were harassed in medical school? Well, come into my parlor said the spider to the fly". Really knows how to impress a girl, huh?

She avoided him from then on. She started using the stairwells instead of the elevator, but one day he lay in wait, and started calling to her up the stairs. She fled. It was a retrospective eye opener for her to realize a lot of the tactics for a womanizer to try to worm his way in to your affections by inviting you and your husband to social engagements where his wife was present, etc. She felt betrayed and foolish. But who could possibly imagine that a man juggling his wife, his office nurse, and probably other mistresses would have the time to come after someone not interested. It did not help that one of the surgeons she knew , the husband of one of the women doctors, told her she could get all the power she wanted by hooking up with a powerful man. She did not want power through a man. Couldn't anybody understand that? Power is not an end in itself, and if it is power she needs, she would want to get it on her own.

Unfortunately, Cady then suffered her second case of major depressive disorder, and had to take off work for 2 weeks. She lost 10+ pounds, and had not been overweight to begin with. She missed her practice, but could not get out of bed for a number of days. She saw a female social worker, Rose, to whom she had referred patients, for therapy for weeks. Rose told her that male patients told her they got "extra points" from their buddies if they could seduce a feminist.

Had Cady realized that she had PTSD, which was an uncommon diagnosis at that time, she would have understood why her reaction was so extreme. But she did worry that Jack would possibly threaten her ability to practice in the county. Retaliation is all part of the package of the wounded male ego and that fantastic sense of entitlement for power over any woman he chooses.

Prior to this setback, a female endocrinologist practicing in the county saw her in passing in one of the hospitals, and said to her, "We ought to found a women's medical society". Now it is unlikely this woman knew anything about the troubles Cady was experiencing later, but this idea came back to Cady as she was worrying about retaining her practice, so she called the woman up, and they cofounded the women's medical society there, which lasted from about 1985 to 1990 or 91.

They canvassed the rolls of the 500 members in the county medical society, and identified a number of women doctors, who then began to attend separate meetings and to lobby on behalf of women patients. They went to the state capital as a group to lobby for funds for battered women, as domestic violence was known in those days. They were successful in getting funds allocated.

They now referred patients to each other within their group, somewhat like the Indian doctors preferred to refer to each other at that time. Cady referred her cardiology patients to an Indian woman cardiologist instead of the man who had harassed her. Cady still has copies of the by-laws and goals of the organization and the booklet they published of members, their specialties, and addresses. Cady is so proud of that "Camelot" moment in her history.

Cady was appointed to serve on an 18 member peer review committee of the county medical society. She was the only woman there, but did not feel the least uncomfortable, because she had met and interacted with these men in the larger county medical society. When a number of women patients appeared before the peer review committee complaining of being sexually harassed by a male OB/GYN while he was performing their pelvic exams, Cady was the lone voice that insisted these complaints be forwarded to the state medical society for adjudication. The others made excuses for him, but eventually agreed to send the case to the state. The state suspended his license for 6 months. In today's world, the same issue has resulted in the loss of license by the perpetrator. The disgruntled women patients took their stories to a local newspaper.

Patient cases that Cady recalls with satisfaction, in her ability to diagnose and then participate in the treatment of, were temporal arteritis, scleroderma, systemic lupus erythematosus, renal tubular acidosis, osteoporosis, carcinoid syndrome, celiac disease, subacute bacterial endocarditis, congestive heart failure, and many cases of the complications of end stage alcohol addiction.

One of her male patients was diagnosed to have Wegener's granulomatosis by a pulmonary consult she called. He was only 37, and the onset was sudden. She had been treating him for common problems for several years, and his wife worked for her as a secretary. Despite seeing many specialists, including one from NIH, while he was hospitalized, he died in the ICU of renal failure and pulmonary complications. Though they were separated, the wife was inconsolable.

Another new 28 year old male patient was found to have metastasized colon carcinoma at the time of hospital admission, misdiagnosed by a previous doctor. Cady attended him through his long battle to survive, which failed. The surgeon she had referred him to aided his wife in her lawsuit against the previous doctor.

A 64 year old woman presented in the office with an abdominal mass, which turned out to be ovarian cancer metastasized. She saw the woman in hospital daily, as did the oncologist, til she died. Every thing was done to make her comfortable.

Sometimes she misses her family practice. She felt she did a good job, despite not having finished those other 2 years of internal medicine residency, but always felt inferior at not having board certification, also a factor in her decision to return to residency.

Some of the unusual cases she diagnosed included a number of thoracic outlet syndromes, which were referred to a vascular surgeon for treatment. She often thought she would write up a paper on them, but did not have the time. Finally, when managed care began to rear its ugly head, she decided to go back into residency, this time in psychiatry.

Even when she was a full-fledged Board Certified Psychiatrist, she had 2 episodes of sexual harassment in hospitals where she was a consultant, but was not dependent on anyone for status, grades, or livelihood, so did not feel that she was being threatened.

Many male doctors have a sense of entitlement combined with narcissistic tendencies. And this culture rewards powerful men with access to many women, along with money and status. They expect to be "serviced".

Even today, she reflects on to what extent women who are in the working world encounter problems similar to hers. Women who are more vulnerable, without the financial means to leave the hierarchy of the harasser, are more at risk. She has treated a number of women in this situation. All of them have had PTSD. Some have sued their employers, particularly one married woman who was coerced to fellate her immediate superior in his car at lunchtime.

Another woman in a paramilitary organization was covertly threatened. One of her female coworkers had committed suicide over being harassed, and another was threatened with being shot at the shooting range where she was required to practice.

One of her college patients was subjected to seeing her educated, professional mother physically and emotionally abused by her father throughout her childhood.

Sexual mores are now more in favor of women acquiescing to casual sex. Sexual activity begins at an earlier age, perhaps because of peer pressure or women feeling there is no longer a stigma for infidelity or promiscuity. (This is mistaken, in Cady's view).

Cady herself believes in monogamy, fidelity, and integrity. In providing couples therapy, she emphasizes that infidelity results in loss of the bond of trust between partners.

A strong culture of misogyny underlies the attitude that all women should be sexually available to men, regardless of the personal values of the women.

There is a distinct loss of dignity in submitting to sexual domination, a situation without commitment or love. Also, no amount of being overcome by passion, and flinging good judgment to the wind, could possibly compensate the morning after of being defeated, and having to remember yourself in a very compromised and undignified position, subject now to blackmail or having a reputation for being available .

If a woman is desperate to succeed in her profession, and she is tempted to submit in order to do so, look at the risks she would be taking. She is at the mercy of the oppressor. He may demand sexual practices that are repellent to her. Not all women could tolerate fellatio, for example. She has no rights of any kind, no veto power, nor any safeguards physically or emotionally. This is not a meeting of equals.

Interestingly, some of Cady's current millennial male patients are saying they prefer women with conservative attitudes toward sex. They actually complain that the women want to have sex before they get to know each other and establish a rapport. Maybe these young males will initiate a return to improved respect between men and women as they come into power.

CHAPTER 4 : Psychiatric Residency at Sheppard Enoch Pratt Hospital (SEPH), north Baltimore 1992-1995

The first and foremost emphasis Cady wants to make about her residency is that she thoroughly enjoyed it in so many ways. It enhanced her life, and opened vistas for her new career. SEPH is among the top ten residencies in the country.

The large campus with beautiful trees and walking paths presented in spring and fall times to see your patients out of doors in lawn chairs or even taking a walk.

The intellectual experiences offered were superb in terms of work rotations, courses, assigned preceptors, and grand rounds.

A special activity was a meeting of all the residents for 2 days several times a year to discuss pros and cons of their educational issues there. This promoted camaraderie among all 4 class years, as well as among faculty and students.

Each year they were assigned 4 preceptors with whom they discussed their most complex cases. After the first year, they were able to request preceptors.

Senior year they chose their own electives. Cady's were mostly in neurology, either at University of Maryland or at Montebello Rehabilitation Hospital. She spent a month on an inpatient and a month on outpatient traumatic brain injury ward at Montebello Rehab Hospital, and had several months of seizure clinic at the University of Maryland, and several months of movement disorder clinic at University of Maryland. She also took several months with a Ericksonian hypnotist to improve her hypnotic abilities.

Cady left SEPH with some reluctance because it had expanded her medical horizons, and had generated a personal epiphany. SEPH only hired one person from her class, a young male.

Cady knows now her destiny was not at SEPH, because the life she has led since she left has provided for her most of what she could have wished for in professional happiness and particularly allowing time for family. The only thing missing was an opportunity to do part-time research, but she finally provided that for herself by writing a book of case reports in 2013-2014.

Having paid her debt to her illustrious residency, Cady will compare certain aspects of her difficulties at SEPH and at medical school. The male-dominated medical hierarchy still reigns supreme.

She will start from the beginning of the residency.

Cady was a seasoned diagnostician and practicing family doctor when she entered residency 16 years after an internal medicine internship. Managed care had stimulated her to pick a less exhausting field.

Although there was a semblance of gender equality with 4 women and 4 men residents in her year, this was somewhat superficial. The male chief resident got all the recognition. In her 3 years at SEPH, she had 2 articles that she had co-written accepted for publication by prestigious journals (Clinical Neuropharmacology, 1995, and Brain Injury, 1996). Her productivity rate for treating patients senior year was 500% compared with other residents, which contributed much money to the school.

She sent in a competitive article to the Southern Medical Journal in a contest. Her article was read and described by her residency director as being well-worthy of winning. However, she did not win. Current documentations note that women professionals are less likely to be published, or win honors or recognition than men.

One of her women preceptors, Virginia, had her present a case to a group that she was chairing.

However, she never received any particular recognition, and would have been better off as a young white male, one of whom walked away with all the kudos. She was not politically inclined, and would not have wanted to be chief resident.

She had good friends among the residents. Sheppard Pratt is one of the few 4-year psychiatric residencies that had a 2-person second year slot for doctors who wanted to change careers. She had obtained this slot, along with a male Hispanic addictionologist named Raul, 9 years her

senior. From day one, they were like siblings, totally comfortable with each other. She went to him when she had a problem later on in the first year, and he helped her. Raul and she, with their spouses, attended a production of The Messiah by the Baltimore Handel Chorale Society. They kept in touch with each other until 2008, when he disappeared off her radar, and she was unable to contact him. He had a coffee plantation with his wife in Puerto Rico, so he may have retired there.

The woman psychiatrist who ran the addictions ward, Lilly, was a mentor to Cady, and a good friend since. They socialized with their families.

Another friend was Julie. There were 8 residents taking call Cady's first (their second) year: 4 girls; Cady, Julie, Sandy and Linda. There were 4 males; Neil, Joe, Ramzi, and Raul.

They each took all night duty every eighth night. Cady generally saw the person before her at the end of his or her call and the beginning of hers. Cady often asked herself in the middle of the night as she walked all over Sheppard's campus to work on new admissions "What are you doing here?". However, she was always well able to handle any medical problems she encountered based on her past medical experiences, and therefore had a great deal more confidence than the newer residents.

Now, Cady had come to residency with baggage from medical school. She had been sexually harassed by residents and one attending as a third and fourth year medical student on several rotations. But she figured at the age of 49, entering this new residency 16 years later, she was beyond that problem, even though Sheppard Pratt is geographically close to the University of Maryland, with some professors circulating back and forth.

So when she began to feel any unusual male attention in her direction, she was hypervigilant, but in denial that any problem could arise. Yes, she certainly underestimated the male-dominated medical hierarchy. She told herself that at her age, she was imagining or exaggerating incidents.

But on one night of call, toward morning, Cady mentioned some of her fears to another female resident. To her horror, she validated Cady's suspicions. The year before this woman had been "hit on" by a faculty member while presenting patient cases.

Suddenly, paranoia overcame Cady as she reviewed the situations she thought she was exaggerating. Each of the 3 young male residents (about 27 years old) had separately come to her office while she was on call, and tried to engage her in conversations. One asked if he could go upstairs with her to the on-call bedroom. When she replied an emphatic "No," he persisted, mentioning how sexually knowledgeable she must be. (She made no response.) Now you may think this is comical that guys who were young enough to be her sons would come on to her. Perhaps you even think she should have been flattered. One of these guys was about 6 feet 4 inches. Two of them came to dinner with her when she was on call, and did what can only be described as intellectual posturing to impress her. Picture her at about 5 feet 2 inches and 110 pounds, and 10 years younger looking than the 49 years she actually was. Now the problem looks slightly more believable. Add to that a good-looking ward chief of A-4, who was one of her preceptors, and who started walking her around campus during their sessions, and you will see a possible basis for her concerns. It was simply not her intention to provide

entertainment for any or all.

Anyhow, by the time her on-call shift ended that night, she was totally agitated, worsened by lack of sleep, and working all night. The first person she saw on her way to her car in the parking lot was one of the 3 male residents. She shouted at him "Back the hell off!". His reaction was immediate, and utterly unexpected. All 6 feet 4 inches of him ran, yelling, into the building and up to the residency director's office where he said that she was "Flipping out" or something along those lines.

If he had instead asked her what the heck she was talking about, she would have calmed down and discussed the situation. He could have denied her implications, whether or not they were true, and simply passed on to others that she would not make a willing victim. That would have been the end of it.

As it was, of course, the next day she was called into the director's office, and asked to explain herself. Before that happened, though, she was in a class of her favorite professor (9 years younger than she was and chief of service of the schizophrenia ward A-1), and when he was passing out information to the class, he bent down next to her ear and said "Are you keeping a log?". This is a reference to the fact that women being harassed should keep a log for a report. She heard that with a mixture of fear and incredulity, and some delight, because it also told her she had not been imagining things. This does not mean she had any intention of being his victim either, despite her fondness for him. She did not respond.

Back to the director's office. She initially reminded the director that she had been viciously harassed in medical school, which she had told him when he interviewed her for the residency. He remembered.

He asked that she get a psychiatric evaluation. She agreed, but said that she had to be allowed to pick the psychiatrist. She mentioned a well-known woman psychiatrist in Washington, D.C., whom she had met when she was running a CME course for one of her hospitals. The director agreed, and said he would await her report.

She got an appointment immediately. The evaluator told her that male psychiatrists were, like most other male doctors, looking for extramarital sex whenever they could find it. Her exam showed that Cady had no abnormal diagnosis. She sent Cady a copy of the report she sent to the director. Cady still has it.

She notes that the young male whom she confronted did not have to get a psychiatric exam, although he was certainly more upset than she was. Of course, women must be the crazy one. However, the @Me Too movement has shown differently at a much later time. In fact, an article in a recent New England Journal of Medicine (NEJM), October 26, 2018, is titled *Ending Sexual Harassment in Academic Medicine*, by V. J. Dzeau, and P. A. Johnson. A second article is also cited, *Times up for Medicine? Only Time Will Tell*, by E. K. Choo, J. van Dis and D. Cass. All of these are women writers. They document that it is more difficult for women to publish than men and that they are not nearly as likely to be offered academic positions or increases in salary. Women are 50% of medical classes, but only 16% of medical school deans.

Cady now reads Doximity, the doctors' blog, every day, and see complaints from many young women physicians about being disrespected by some male physicians. She also reads notes from older women physicians about past indignities.

The writer from NEJM specifically points out that male doctors now say they are leery of being mentors to women for fear of allegations of harassment. She characterizes this as a larger issue of male concern about losing domination. Certainly Cady noticed that there were not any male physicians who volunteered to be mentors when she was in medical school or residency.

Cady had a very productive 3 years at Sheppard Pratt despite her notoriety, which she refused to think about. She felt the notoriety did protect her from would-be sexual predators.

The residents in Cady's class formed a group to discuss provocative issues. She heard that the resident she had confronted complained long and loud about her "lapse" in behavior, clearly wanting a personal explanation, but she was not capable of discussing this, so she did not join the group. The fact that she later recognized herself as having PTSD may partially explain the reason she was unable to confront this at this time.

The residency paid for 50% of personal psychotherapy for residents. About 70% of the residents took advantage of this. Cady had one hour sessions with a woman psychiatrist in solo practice near Sheppard Pratt weekly. She had been a student of the woman who evaluated Cady.

As mentioned, much later, in 2015, Cady realized that she had some symptoms of PTSD from her medical school experiences with harassment. She has now worked these through.

So how does sexual predation at SEPH in 1992-93 contrast with the sexual harassment in medical school in 1973-75? At this point in her life, Cady had an ego strong enough that she did not fear the opinions of others, nor did she let it affect her self-esteem. She had some initial concerns that she might be dropped from the residency, but she did not have this problem. Her last year she was able to do a special psychopharmacology course with her favorite professor with no social awkwardness.

However, the many articles which she has collected about the #MeToo movement in 2017-18, do illuminate the fact that this kind of activity lends credence to continuing male domination and suppresses the accomplishments of gifted women.

The problem at SEPH was nipped in the bud before it could progress further. The overt hostility and retaliation seen in medical school was not evident at SEPH. Years later, the CEO/president of SEPH would snub her at SEPH hospitality suites at the American Psychiatric Association conferences. He let his personal feelings influence what should have been his role toward all graduates of SEPH. Gracefulness was not his forte.

CHAPTER 5 : A Male psychiatrist writes about the problem; Cady's psychiatric practice

Quid pro quo sexual harassment, which is the subject being discussed, is often followed by emotional blackmail. This isn't about sex in the concrete mode, but what coerced sex is symbolically used for in this society, and how it affects the intended victim. It revokes the rights of a woman to be in charge of her own body. It robs a woman of being assessed on the merits of her ability and creativity, and thus belittles her talents, and limits what she is capable of achieving. It is a tool of competitors to eliminate someone because of philosophical differences. Some women are forced to quit, and give up their dreams, such as that of becoming a doctor. Two very good looking black women who were in her medical class in 1971 were not there in 1972. They had told her at one point in time that they had been harassed and threatened with rape. At the time, she was quite disconcerted, but did not know how to help them.

If Cady had not had a strong support system in her husband and friends outside the medical school, the sense of her own efficacy, and lack of dependence on male teachers, she would have had no chance to succeed. She had a Master's degree in medical physiology, which is a solid road to understanding how all the organ systems work, and what can go wrong. Secondly, she had an intense interest in medicine and in patients. Armed with the classroom knowledge, a good set of medical texts, the patient, and his/her chart, she could figure out what was going on without having someone teach her. She had empathy for people, which was then in short supply, or perhaps nonexistent, among male, and some female (honorary male) doctors. Empathy is different from sympathy. Empathy is the ability to put yourself in the situation of another person and feel what they are feeling, a sort of resonance that the patient can see that you have. Current medical journals (NEJM) have suggested that any student without empathy should be drummed out of medicine.

A book written by a male psychiatrist named Peter Rutter M.D. in 1986 has been key to her in validating her observations of the actions perpetrated by male doctors, as well as other males in power positions. The book is called **Sex in the Forbidden Zone**. In the introduction, called A Personal Note, Dr. Rutter described his own temptation to respond sexually to a woman patient, which he was able to restrain from doing. He then goes on to describe his research into how many doctors, lawyers, clergy, and men in other power positions were betraying the trust of women with whom they come in contact.

Dr. Rutter states that his opinion is that a man in such a position exploits a woman by involving her sexually, no matter what the level of provocation or consent by the woman is. All psychiatrists are familiar with emotional and physical boundaries, and the seriousness of boundary violations and their destructiveness to sense of self. Dr. Rutter interviewed some women who had engaged in "forbidden zone sex" and recounted their stories. It is not clear whether these were patients or not. The women were so focussed on how important their relationship with the male was to them prior to sex that they felt sex could only improve it, but in most cases, severe depression was the result. Some of the women involved in regular sex with their pastor or therapist began to have psychic numbing, a symptom of post-traumatic stress disorder. Male doctors/therapists confided their affairs to him, and what they were thinking. They had already begun fantasizing about using the woman before they planned to give her rationalizations about why she should comply. Dr. Rutter emphasizes that the culture provides women with a mandate to defer to men, and provides men with a fantasy that women really

want sex from them even if the woman refuses. That is why women who come forward to protest harassment and/or abuse are disbelieved and marginalized, even further victimized.

In Chapter 6 Dr. Rutter outlines for women ways to recognize, monitor, and defend her sexual boundaries. He mentions that the professional codes of psychiatrists, psychologists, social workers, and family therapists state categorically that sex with a patient is unethical. Cady was still a family doctor in 1990-91 when she was treating a woman patient in her practice who talked about a psychiatric resident who was having sex with her while he was attending a top residency in the area. Some states have made it a felony for a therapist to have sex with a patient according to Dr. Rutter.

Universities have been adopting policies against professors having sex with students. One of Cady's professor psychiatric patients once complained that the university would no longer allow men to "fuck their students." The smorgasbord of fresh naive young women that professors have to choose from every year was drying up. Cady thinks it is difficult as a woman psychiatrist to be trying to be your patient's advocate, and then listening to that come forth from the patient's mouth. A semblance of neutrality is perhaps necessary. Dr. Rutter suggests women talk to male and female friends as well as to their therapists about sexual boundaries. Cady adds that men often infer that you owe them something, when it is they that owe you, for contributing to their paper or whatever. Furthermore, you can sometimes be approached under the most preposterous conditions. A family friend of her husband's in 2015 invited Cady to sit on his lap when he was visiting her husband's office, then when she silently walked away, called her up, and asked to be her patient. She told him it was unethical to treat friends, and he got the double message. By the way, he was a judge. She did not want to interfere with his friendship with her husband and son, so she minimized it to them. Since they know her well, to be reliable, honest, loyal, and devoted to them, they were not upset. She continues to be pleasant to the man.

CHAPTER 6: Societal contributions to the problem

How has social structure contributed to the ever fading ability of women to hang on to their dignity and self-efficacy? Millennial women argue that the stigma is erased. They are in denial about society's continuing double standard, particularly in the professions.

Cady herself had to use the defense mechanism of intellectualization to stave off the stinging awareness of group animosity. She also maintained a primary focus on patient care as superseding the chaos around her. The anger of the male doctors, forced by convention and no doubt the expectations of their fathers, to work long hours in a job to which they were clearly unsuited, was displaced onto a scapegoat, such as women in general or one woman in particular. Television and movies feature, and thus validate, violence against women, and violence in general as a normal male perquisite. Sports appeal to the concrete mind because you are either a winner or a loser, black or white, with no shades of gray. Women are either "pussies" or temptresses. That provides a rationale for assault, objectivization into thingness, and assignment to secondary status. Labels given to women make them into the enemy, just as in wartime calling enemies by less than human epithets do the same.

An eminent social psychologist, Dr. Albert Bandura, has shown in his studies that young children learn to beat a doll by watching their parent beat a doll. They learn to use violence and

aggression as a legitimate coping mechanism. In the 1980s or 90s, Cady listened to an audio book about Dr. Bandura's results of assigning people to various roles and watching their personalities change to fit the role expectations.

People who were told to behave like policemen often lost their own sense of mercy and empathy. This is the groupthink of "just following orders" under Hitler. Thus, if men have convinced themselves that women should defer to their status and power by being sexually available, even if it is repugnant to the woman to do so, they are indignant and retaliatory even when refused in the most tactful way.

It is time for society/culture to stop enabling this "addiction" many powerful men have, to such feelings of entitlement. It is one thing to approach a woman for sex if the 2 of you are in a situation where you are equal, but another if there is a power differential. Further, if the woman refuses, that should be the end of the encounter-no retaliation, or stalking or persistence, or badmouthing the woman. There are plenty of willing women out there, no need to fixate on just one.

CHAPTER 7: VIGNETTES-the best response will be awarded a gold star

1. One day in 1974 when Cady was a medical student, she was sitting in the back seat of a car with several women doctors on the way to a clinic or conference. The older male doctor who was driving stopped to pick up a colleague. He got in the front seat, looked in the back, and remarked conversationally, "I'm not able to give my wife an orgasm". He got no response.

2. Cady was waiting for an elevator in university hospital. An older male doctor unknown to her walked up, and began berating her for unspecified bad behavior. She did not respond. She recalls his implying that she should keep out of trouble, but she did not look for trouble. Trouble came to her.

3. Cady was a weekly psychiatric consultant in a multi-specialty medical group in the 1990s. The doctor second in command loaned her his office one day, asked her if she appreciated it, and when she said yes, asked her to meet him on the weekend when no one was there.

She said she did not have the time. There was no retaliation, although he persisted with suggestive comments from time to time, sometimes in front of staff.

4. Cady was a monthly psychiatric consultant for 10+ years starting in 1999/early 2000 to a group of internist/ specialists on a hospital board and journal club, and contributed to 2 papers by the group. One of them put his arm around her shoulders, told her how much he liked her, made some sexual comments, and asked her to come to his office, which she refused.

CHAPTER 8: Religion

Religion is another major area where the value of women has been suppressed, and even falsely vilified, Women theologians/scholars such as Dr. Elaine Pagels at Princeton and Dr.

Karen King at Harvard have discussed the new understanding of the importance of Mary Magdalene as the favorite disciple of Jesus shown in translations of the Nag Hammadi scriptures. These are gospels that were left out of the extant Bible by certain Catholic fathers. The disciple Peter has been declared to be the founder of the priesthood and the Catholic church despite the fact that he was not present at the crucifixion, denied knowing Jesus to the Roman soldiers, and was not the first person to see Jesus after the Resurrection as Mary Magdalene was. Mary Magdalene is described in all the gospels as traveling with and supporting Jesus financially throughout his ministry, and being one of only three followers present at the Crucifixion.

Instead, Pope Gregory, in about 1200 AD, conflated Mary Magdalene with a woman who was described as a prostitute in the Bible, whom Jesus saved from being stoned ("Let him among you who is without sin cast the first stone"). Thereafter, the early church and Catholic priests ignored her importance as the foremost and favorite disciple of Jesus, and assigned her to the role of a forgiven sinner/prostitute. Art throughout the ages has depicted her as such, although those artists who subscribed to her role as that of the wife of Jesus portrayed her with symbols of that aspect.

It would be a good idea if all churches today would study the newly translated gospels to revise the status of women. Other scholars have noted that, of the Trinity, the Holy Spirit is actually feminine, the female aspect of the godhead. The idea that God is purely masculine has been corrected. Women are thus the equal of men. The word for the Holy Spirit is feminine in Aramaic, Coptic, and Hebrew. Furthermore, the Christian values of love, forgiveness, caretaking, cooperation are all considered feminine values, as opposed to masculine values of domination, conquest, competition. War wasn't invented by women.

Elizabeth Cady Stanton (1815-1902), the 19th century mother of all American feminists, formed a Coalition Task Force on Women and Religion of 20 American members and 5 foreign members from Finland, England, Scotland, Austria, and France in 1888, in order to examine the Old and New Testaments with regard to elevating the status of women to be equal to men. The committee published **The Woman's Bible** in 1895. Members of the committee individually and as a group interpreted and commented on a number of chapters of both Old and New testaments. Mrs. Stanton reviewed the Jewish Kabbalah, an esoteric study of secret meanings.

She showed that the attributes of God therein are listed as "some are male and some are female". Man and woman were created equal before God, in the image of the male/female God.

Other committee members argued that the apostle Paul had been misquoted by later monks as saying that women should be silent in the churches, in a direct attempt to suppress leadership in religion by women. They pointed out that the Bible mentioned women disciples of Paul, who preached in their churches.

Because of her strong stance on religion as part of the patriarchy, and her contributions to the publication of **The Woman's Bible**, Mrs. Stanton was criticized by a large faction of the women's suffrage movement, and the movement split in two, one part of which was focussed only on the right to vote, the other part of which wanted societal changes for women. The two parts later reunited under Mrs. Stanton.

CHAPTER 9: Politics

As long ago as 1848, Elizabeth Cady Stanton convened the first Women's Rights Convention in Seneca Falls, New York. She was the mother of 7 children, several of them boys, and was married to a fellow abolitionist (anti-slavery), so cannot be said to be a man hater. She insisted that the word "obey" be removed from her marital vows, because she considered her marriage to be one of equals. Interestingly, neither her father, Judge Cady, nor her husband, Judge Stanton, supported women's right to vote. She and her husband were married 47 years until his death in 1887, but were often apart because both traveled and lectured, Mrs. Stanton with Susan Anthony or Lucretia Mott regarding suffrage and women's legal rights. She wrote many of Anthony's speeches when she was unable to travel with Anthony.

At the convention in 1848, she listed 18 grievances regarding the fact that "the history of mankind is a history of repeated injuries and usurpations on the part of man toward woman, having its direct objective the establishment of an absolute tyranny over her."

This was the beginning of the Women's Suffrage Movement, but not until 1920 was the hard fought Right to Vote achieved. As in any movement, not all of the adherents agreed on how it should or would affect women's social roles. It took years of women such as Susan B Anthony going from state to state to speak on behalf its passage. The journalist and women's historian Gail Collins wrote a newspaper column in 2010 in which she said the woman suffragist Carrie Chapman Catt "estimated that the struggle had involved 56 referendum campaigns directed at male voters, plus 480 campaigns to get state legislatures to submit suffrage amendments to voters, 277 campaigns to get State party conventions to include women suffrage planks, 30 campaigns to get presidential party campaigns to include women suffrage planks, and 19 campaigns with 19 successive Congresses."

The first woman to graduate medical school in the United States was Elizabeth Blackwell (1821-1910), who was born in England, but came to the United States seeking to be admitted to medical school. She was refused admission in many schools, but in 1847, the Geneva School in New York state accepted her as a joke, and she had to attend classes behind a screen. She graduated in 1849, and went to Paris to study 1849-50.

She then went to New York City, and opened a hospital for women in 1851 with a Polish woman doctor and later her sister Emily Blackwell, who also attended Geneva medical school. She quarreled and broke with both of them later. She had long been interested in women's suffrage, and did write and lecture on this subject, as well as joining the women's suffrage faction that was not associated with Elizabeth Cady Stanton, because Stanton and Anthony spoke against the passage of the 15th amendment giving black men the right to vote, but not women. Stanton and Anthony had both spoken on behalf of abolishing slavery, and were indignant that the black males did not support women's suffrage.

Role changes did not occur until the 1960s. In the book, **The World Split Open**, by Ruth Rosen, there is a superb saga of changes caused by female activists. The newly emerging Women's Movement leaned toward unbridled sex without commitment, throwing off the longtime restraints of convention. As with any new phenomenon, there was a spectrum of

disparate philosophies subsumed under the whole, with a libertine element, and a more conservative element, which did not endorse casual sex.

While consciousness raising and organized marches were occurring in the 1960s, there were definite battles within feminism about attitudes toward sex. The opinion of some was that coercive marital sex was certainly on a continuum with rape and sexual harassment. The whole Madonna-Whore complex through which the patriarchy viewed and controlled women, suggested that choices were limited to being controlled by one man versus many men. Thus, there were 2 factions of women, a subunit which were rebelliously promiscuous, while another subunit viewed indiscriminate sex as cohabiting with the enemy.

In 1972 Gloria Steinem published the new M.S. magazine, which helped liberate women mentally, and promoted a network. But the most potent advance for women in 1972 was the passage by Congress of Title 9, which requires that education professions that receive federal assistance not discriminate on the basis of sex. Then in 1973 the Supreme Court ruled in *Roe v. Wade* that a woman has a right to an abortion.

By the 1970s and 80s, an attorney, Catharine MacKinnon, along with Andrea Dworkin, a social activist, fought against pornography, as aligned with rape and sadism. Further, Susan Brownmiller wrote her book, *Against Our Will*, in 1975 regarding rape.

The world as dominated by men was unmasked, and women united to overcome previous passivity and masochism. A swell of rage arose for a while, as women realized how the culture had short-changed and exploited them.

The term sexual harassment was first coined in 1975 at Cornell University about a professor who was manifesting this behavior toward students. Then lawsuits began when law professor Catharine MacKinnon wrote **The Sexual Harassment of Working Women**.

The most powerful statement on behalf of protection against harassment of women occurred when the Supreme Court, in 1986, ruled on "*Meritor Savings Bank v Vinson*" that sexual harassment defined as overtures making the workplace a hostile place to work was illegal.

Before this the woman had to document an overt sexual proposition, whereas now the woman need only show psychological gender-related intimidation. The case was based on the coercion of sexual intercourse by the supervisor of Michelle Vinson at Meritor Savings Bank as a requirement for keeping her job. A year later a government woman attorney won job reinstatement and back pay under the new ruling.

CHAPTER 10: Why Cultural Change Will Benefit both genders

Men have been shouldering heavy social responsibilities, which can now be shared willingly by women. The culture can become more androgynous, with some women becoming primary breadwinners for the household, if the husband wants to be a stay-at-home father, as do several of Cady's patients, or the couple can share child care, housework, and dual salaries. Polarization is less; mutual understanding is greater. Love itself should increase in intensity and duration if it is between equals. It does not mean that men will decrease in dignity in conjunction with women increasing. This is not a zero sum game.

Robert Samuelson wrote a newspaper column April 27, 2017, about the changing demographics of young adulthood. More Americans go to college and graduate school than in the past, delaying marriages. By 2014, 46% of women ages 25-29 had married. 85% of women have had children by their early 40s. Births to unwed mothers are 40% of all US births. By 2016, 41% of men had median wages of less than \$30,000 a year, with median wages of women lower. These facts are testimony to the idea that dual incomes per household are now a necessity rather than a privilege.

Women will no longer accept and allow personal passivity, as in being placed on a pedestal, or needing to be protected and sheltered from the ways of the wicked world. They will no longer allow others to make choices for them. They will fight against injustice toward themselves and others, but no longer will they be sidelined as strictly handmaidens and caretakers of others, with no personal lives of their own. They will not be restricted to the private sphere, and en masse, they can force the larger public to grant them the civil rights that have been withheld from them, e.g, freedom from harassment as sexual objects. This was not granted to Anita Hill.

But, as Gretchen Carlson did (Time magazine Oct. 31, 2016) after she was fired from Fox News, and then won her sexual harassment suit against CEO Roger Ailes, we must then strike a blow for other women to prevent these episodes from happening over and over in all hierarchies. She will testify in Congress about forced arbitration clauses in contracts, which lets organizations settle sexual harassment cases in secret. She feels that neither training courses nor human resources departments have been successful in dealing with sexual harassment cases. No more sweeping it under the rug. Women must not be treated as chattel.

Cady has another approach. It is one from a neuroscience standpoint. Human beings have evolved brains that are superior to animals in assessment and decision-making because they have a cerebral cortex that has more gyri (involutions with neural pathways) than their nearest simian relatives. The frontal lobe of the so-called neocortex can influence (modulate) the lower brain pathways. The pathways where aggression and sexual impulses arise are in the hypothalamus and the amygdala. The prefrontal cortex (PFC) of the frontal lobe can and should inhibit aggression and decrease impulsivity. The PFC can also modulate sexual addiction in the basal ganglia, the decision making area of the reptiles.

Every time the PFC changes a thought and an action, the neural pathway to accomplish that is strengthened, and the brain begins to change. The neuroscientists call this neuroplasticity. If enough people can change their brains, the brains will evolve and be epigenetically passed on to new generations. The whole level of civility between people will be affected. Hopefully, these changes would take less time than it took the suffragists to get the vote, from 1848 to 1920, 72 years.

Oxytocin, a neurohormone made in the posterior pituitary (which is linked to the hypothalamus), has been seen to result in monogamous pair-bonding in prairie voles, and appears to have a similar effect in humans in some cases. It can be obtained in a nasal spray. This could be researched to apply to improvements in role changes.

Clinical psychologists and psychiatrists need to design and offer cognitive therapy and interpersonal therapy to counteract prejudice against women.

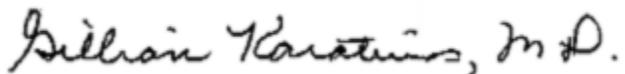
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Lastly, our friends, the social psychologists, need to get busy on research to change role expectations. They can suggest new ways of interacting, and respecting each other.

Electronically Signed By:

A handwritten signature in black ink that reads "Gillian Karatinos, M.D." The signature is written in a cursive, flowing style.

Gillian (Jill) Karatinos, M.D.

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