

**The Foundation for the
History of Women in Medicine**

The Renaissance Woman in Medicine Oral History Project

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**Foundation Board Member
Professor, Psychiatry, Harvard Medical School**

**Interview Session One
21 November 2015**

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Carol Cooperman Nadelson, MD**Interview Session One: 21 November 2015****Session One**
Interview Identifier

[00:00:00]

Tacey Rosolowski: All right. So we are now recording, and I'll just put an identifier on. I'm Tacey Ann Rosolowski, and today is November 21st, 2015. The time is about 1:40 in the afternoon. Today I am interviewing Dr. Carol Cooperman Nadelson for the Foundation for the History of Women in Medicine. This is the Voices of the Foundation and the Renaissance Women in Medicine Oral History Project. This interview is being conducted in a conference room at the Countway Library at Harvard University in Boston, Massachusetts.

Just a few things about Dr. Nadelson before we begin talking. We'll cover a lot more, so excuse me if this is just a tiny little sketch, and also correct me. Dr. Nadelson is a professor of psychiatry at the Harvard Medical School. Since 1998, she has also served as director of the Partners Office for Women's Careers at Brigham and Women's Hospital. That's correct as well, still in

that role. And she also has a clinical appointment as a psychiatrist at that institute.

Carol Nadelson: No, I no longer direct the office.

Tacey Rosolowski: Oh, you no longer direct the office. Okay. And when did that stop?

Carol Nadelson: Two years ago.

Tacey Rosolowski: Okay. But you do still have a clinical appointment—

Carol Nadelson: Yes.

[00:01:31]

Tacey Rosolowski: —psychiatrist at Brigham and Women's.

Dr. Nadelson won the Alma Dea Morani Renaissance Women in Medicine Award in 2009. And I couldn't find the date that you joined the board of the foundation. What was the date?

Carol Nadelson: I don't remember.

Tacey Rosolowski: Don't remember? Okay. Well, we'll try to track that down.

Carol Nadelson: Yeah, Vicki [Burkhardt] has that. I have it someplace, probably on my CV or something. Probably '10 or '11, but she'll know.

Tacey Rosolowski: Okay. Well, we'll check that out. So, again, thank you for participating in the project.

Carol Nadelson: You're very welcome.

Tacey Rosolowski: We'll hope your voice holds up. [laughs] We'll see how we do.

Chapter One

A Close Community; Inspirations to Enter Medicine

Summary: Dr. Nadelson describes her family and upbringing in a working class neighborhood. She explains the early impact of realizing that her mother, a housewife, resented not working, inspiring her early knowledge that she would go to college. She tells the story of her grandfather's illness with lung cancer when she was twelve. Seeing his illness was a "major turning point" that turned her interest to medicine. She mentions early mentors and the fact that her childhood friends all has career aspirations. Dr. Nadelson explains that she announced her pre-med status when she entered Brooklyn College at the age of 16. (Of 200 pre-med students, she was one of two women.) She talks about the gendered expectations of her at the time: first her parents' concern that she would never get married if she had a profession.

Tacey Rosolowski: Well, I wanted to start at the beginning, if you could tell me where you were born and when, and tell me a little bit about your inspiration to practice medicine when you were a girl.

[00:02:21]

Carol Nadelson: Okay. I was born in Brooklyn, New York, in 1936, and I grew up in a kind of working-class neighborhood. And my mother was an immigrant. My father was barely not an immigrant.

Tacey Rosolowski: From where?

Carol Nadelson: They were from Eastern Europe, from what's now Belarus, but it changed countries every five years, it seems to me, from talking to my grandparents about it, who all spoke multiple languages.

So the family lived in an immigrant community. My parents lived in Manhattan in an immigrant community, and they moved to Brooklyn, and then my parents moved to Brooklyn. My father was a clerk in the U.S. Post Office in Manhattan. My mother was a housewife. And probably my earliest memories was how much my mother resented not working. She really didn't like being home and being in that position, and I knew it all my childhood. The message was, "Don't do like I did."

Tacey Rosolowski: Now, did she stay as a housewife and not work because she felt she had so much work taking care of the family or—

[00:03:58]

Carol Nadelson: No, women didn't do that. Even our neighbor upstairs, who was a schoolteacher, it was considered awful that she continued to teach school after she had a child. You just didn't do that. So my mother stopped. But that was the way the culture was then. But the message to me was always, you know, you can do more if you want to. So it was always pretty open.

I had a very close kind of extended family. And the school was across the street, and I had a network of friends who were also kind of all interested in doing something, which was unusual. We were an unusual small group. Two of my classmates from

kindergarten and I still get together two or three times a year for lunch or dinner—

Tacey Rosolowski: That's amazing.

Carol Nadelson: —here in Boston, because two of us live here and one is in California and visits her daughter who is here. So we still see each other, and even some of that extended group is in contact with each other, which is kind of fun because we went all through school together.

Starting very early in grade school, maybe fifth grade, I can remember thinking that I know what I wanted to do, but I knew I was going to go to college, because that was a given in my family—it was not even a thought that you wouldn't—but that I had to think about what I wanted. I didn't know. So, first, I thought maybe I'd be a lawyer because I had an aunt who was a lawyer, and my fifth-grade teacher was very encouraging, supportive to me, you know, because I was a good student.

[00:06:07]

When I was probably somewhere between ten and twelve, my grandfather became very ill with lung cancer, and I used to read to him a lot in the afternoons after school. And he died when I was twelve, and that really was a major turning point. Something

always turns people in a direction. But the idea of becoming a doctor landed on my space. My family thought I would be a schoolteacher because that's what girls did. They were either nurses, secretaries, or schoolteachers. But I decided I would be a doctor, and even in my junior high school yearbook it says that. I was thirteen at that time when I finished eighth grade or ninth grade then, because I skipped a grade.

Tacey Rosolowski: What was the reaction of people when you shared that aspiration?

Carol Nadelson: My parents were sort of thinking, well, kids think that way. I did have an uncle who was a lawyer who was married to a lawyer, who was always very encouraging. I was sort of his favorite, and I used to spend a lot of time with that uncle and aunt.

Tacey Rosolowski: What were their names?

[00:07:43]

Carol Nadelson: My uncle Donald Newman and Miriam Newman. In fact, my first job at fourteen was in a company that my uncle was the general counsel for, and that was at fourteen. I was going up to the Hudson River to a kind of merchandising, marketing warehouse company, shipping things, and, you know, I was a telephone

operator and a poster of numbers and categories and things like that. I did that in the summer.

But the group of friends that I had all had sort of ideas like that, and we were very unusual. But in high school, my science teacher really, really supported me, and he was very encouraging of whatever I wanted to do. But I was good in science and I did projects, and I liked it. But I did all the other things that girls do so my family would think I was normal. [laughs]

Tacey Rosolowski: Did you do that for that reason?

Carol Nadelson: Yeah. I mean, it was fun, because my friends were sort of also in the same place. So we enjoyed what we did, but it was also some of it was their worries that we were going to never get married or something like that.

[00:09:25]

Carol Nadelson: I think I probably formally announced that I was going to be premed when I went to college, and I was sixteen when I started college. I went to Brooklyn College, and I started and signed up as premed. There were about at that time two hundred premeds. It was a big class, like twelve or fifteen hundred students or more. It was a big city school. It wasn't part of City University yet, because that came later. It was Brooklyn College. And I had no

choice about going there. That was it. It was free. I didn't even know there were other places one could apply or that there were scholarships, because no guidance counselor had ever said anything about that. My parents didn't know.

Tacey Rosolowski: Looking back, why do you think a guidance counselor didn't say anything?

Carol Nadelson: Well, I didn't think that they, you know, sort of knew people. They didn't ask questions about people's finances or anything like that.

Tacey Rosolowski: I was just asking, because I know my mom tells stories about the lack of guidance she got from guidance counselors, is that it was because she was a girl.

[00:10:49]

Carol Nadelson: It's almost as if nothing—yeah, and being a girl, you know, wasn't an issue. But my uncle and aunt were very strong supporters. And when I announced I was going to go to medical school, my parents were, "Oh, you'll never get married." My mother was worse than my father at that. And I was always closer to my father than my sister was. I had a younger sister.

Tacey Rosolowski: And her name?

Carol Nadelson: Brenda. So I started in premed, and of my group, the other people didn't go to Brooklyn. People went to different places. One went to Wellesley and got a scholarship, and I was sort of amazed about that because I never thought about it. Another one went to NYU and various places. There were some boys in my class, one of whom is in Boston, who I'm going to meet for lunch in a few weeks. [laughs] We haven't set it up. He discovered I was still here.

Chapter Two

College, Medical School, and Early Professional Challenges for a Woman in Medicine

Summary: Dr. Nadelson describes the experience being only one of two female students in a medical class of 200. She talks about sexual harassment from instructors. (She explains she found it comfortable competing with her male peers.) Next, she explains that she had good credentials when she applied to medical school, but only got into Albert Einstein Medical School, whereas male peers with lesser accomplishments had numerous acceptances.

She and her boyfriend at the time, David Shander, married and she arranged to transfer to the University of Rochester Medical School. She notes that “they spent the next three years apologizing” for not having accepted her from the first. She also says they were clear that they had a policy of not accepting many women. The harassment was less, she explains, because she was married, but she tells one striking anecdote of harassment that stopped her attending class.

Dr. Nadelson next talks about applying for internships and the frustrations of dealing with sexism during interviews, which she often returned from in tears after having been told “we’ve never had a woman and don’t plan to have any.” She describes how she and her husband arranged to stay at the University of Rochester for their internships.

Carol Nadelson: Anyway, I started out in premed, and if I remember correctly, there was one other girl who was premed, but I didn’t know her very well, and I think she was older than I was, from a different background, different immigrant background. And there were all these guys. But I always did well.

Tacey Rosolowski: This, I’m sure, is a question you’ve asked people, but what was your sense of being the only girl in the room or the only woman in the room?

[00:12:51]

Carol Nadelson: Well, you know, by the time I was in college, I was used to it, because I had science classes in high school where I was the only girl in the class. In college, I just expected it. But I had a lot of girlfriends. I was in what was called a house plan, which is a euphemism for sorority in a city college. It was a bunch of girls, some of whom I still see, who none of them were interested in medicine, but everybody was fine about that.

The tough part was not from my classmates, because I competed, I was always at the top or one or two in every class, but I had a lot of trouble with some of my instructors, a lot of sexual harassment and all kinds of innuendo and things like that. And at first, I didn't even quite understand it. But, you know, my comparative anatomy teacher was kind of a little too close. My organic chemistry teacher, you know, was really uncomfortable, but it was not named. You know? I would never tell anyone about it because I don't think anybody would even think about it. It just wasn't thought about.

Tacey Rosolowski: Were these things done in private or in public where other students would notice?

[00:14:17]

Carol Nadelson: Well, in class it would be I would be called upon all the time, more than the guys were, always. And I went to school—this was really

funny. It was three buses from my house, so it was very early. I had one class at seven a.m., which meant I had to leave my house at six. It was freezing cold. We were not allowed to wear pants, and I remember carrying this big black bag. That was my handbag, because I had to put a skirt in it, because when I got to school, I had to change. And it was absolutely ludicrous, but you had to do it. It was just the way it was. The three buses were a problem. No one had cars in those days. It was right after the war, you know. But, you know, I sort of went through.

I studied all the time. I often studied and did my homework in the library, the Brooklyn Public Library, the big central library, was right in an area of Brooklyn called Grand Army Plaza, which is now the hot area of Brooklyn. It was hot then, too, and then it fell down. But I used to study there and go and visit my aunt and uncle and have lunch with them. My uncle used to like to coach me in French and things like that. Then I took the subway all the time every place—nobody worried about the kids taking the subway in those days—because I didn't live near to where they were.

Tacey Rosolowski: When you look back, did that kind of thing start giving you a sense of independence and—

[00:16:10]

Carol Nadelson: Well, yeah, yeah, I was a pretty independent kid. I always was. My mother occasionally would call me stubborn because I would decide I was going to do something and I was going to do it, and this was one of the things.

Then I got to my fourth year, and my advisors were all positive. I was on the top of the class. I had become the president of the premed society—it was called the Biomed Society—the first and only woman, and I just ran for it. I didn't even think about it. And I had all the credentials, and I applied to medical school, and my advisors were—you know, we went through lists of where I should apply. I applied to twenty-four medical schools. I got into one.

Tacey Rosolowski: Wow.

[00:17:06]

Carol Nadelson: And all my classmates who were below me in the list, including my boyfriend at the time, got into all the schools I got turned down for, so I was really pretty angry and pretty upset about it.

So I started out at Albert Einstein Medical School, which is in the Bronx. That was the place I got accepted. I only opted out of Women's Medical College. I really didn't want to go there, so that was my safety. The other girl in my class went there, as I learned

it later. I never saw her again, so I didn't know what happened to her.

So I was at Einstein, which was the second class of the school. It was a new school. There were six women in my class. But then during the course of the year, my boyfriend at the time and I decided that we were going to get married. You know, in those days, you got married young. You didn't live together. He was at University of Rochester. So we each talked to the schools and we said, "One of us is going to transfer," and so—

Tacey Rosolowski: And his name?

Carol Nadelson: David. David Shander. And we're still friends.

Tacey Rosolowski: And that's S-c-h—

Carol Nadelson: S-h-a-n-d-e-r. He was in my class at Rochester. So I transferred to Rochester, and they spent the next three years apologizing, really, for not having accepted me.

Tacey Rosolowski: Oh, really. Wow. Wow.

[00:19:03]

Carol Nadelson: Yeah. Because I came out on the top of the class.

Tacey Rosolowski: Right. Did they say why they didn't? Did they come clean about that?

Carol Nadelson: It was very clear: they had a quota. There were two women and one minority in every class. And everybody had them. People were explicit. "We've never had any women," or, "Women, you know, they're going to get married and have kids, and they're not going to practice." We had a hundred years of data that that was not true, but nobody paid attention, and that continued. I mean, that stuff still exists. You still hear it, despite everything.

Then, you know, I sailed through, but the same—being married helped. There was probably less harassment, but it was a very hard experience because you stood out, you know. There were only two of you in the class, two women.

Tacey Rosolowski: Did you find that there were obstacles put in your path that prevented you from excelling, or was it just a kind of low-level harassment?

[00:20:15]

Carol Nadelson: Well, some of it was overt. For example, I will never forget this, because most of the time because I think it was easier for me being

married than my classmate who wasn't, she got teased a lot more than I did. But that was sort of, you know, not done.

Tacey Rosolowski: For a married woman?

Carol Nadelson: Yeah. But I'll never forget this. When I was in, I think, third or fourth year on my urology rotation, my urology professor basically chased me around the hospital, to the point where I stopped going. I later learned, several years later, well after I finished, that he had actually had his license suspended because he'd done that many times. But it was really unpleasant. Most of the people in the school couldn't have been nicer. They really were supportive and positive, and I was doing well.

Then when I started applying for internships, I went with my husband. We went to match jointly. Now, there wasn't a formal match quite the same way as it is now. It was just beginning, and they were just kind of figuring it all out. A couple's match was a little confusing. But since we were both in AOA in the top percentile of the class—

Tacey Rosolowski: AOA?

[00:22:06]

Carol Nadelson: Alpha Omega Alpha. That's the honor medical society. So we were both in it.

So my advisor said, "Well, you should get in anywhere. Just look at your record. Shouldn't be a problem."

I had the most miserable—we went around the country looking at all the big places, and people were awful. It was really awful. I was in tears half the time, and I'm not easy on—you know, I got a little toughened to that level, but, boy, it was unpleasant. The interviews for medical school were unpleasant. People asked questions which are illegal now. Are you going to get married? Are you going to have children? Do you use contraception? I mean, you know, just all kinds. So my interviews for medical school were terrible and very unpleasant.

But for residency, it was just as bad, only more pervasive because we went all over the country. And I came back in tears and told my advisor what had happened. And I said, "People were saying, 'Oh, we've never had a woman. We don't plan to have any.'" That kind of stuff went on constantly all over.

So he said, "You know what? Let's make a deal. You two come and stay here as interns. We'll accept you. You put us number one, we'll put you number one, and it's done."

Tacey Rosolowski: Wow.

[00:23:47]

Carol Nadelson: So that's what happened. We did that. And so we stayed at Rochester for the year.

Chapter Three

Choosing a Specialty in Psychiatry; A Supportive Life Partner

Summary: Dr. Nadelson explains how she came to specialize in psychiatry and was influenced by the practice at the University of Rochester, where psychiatry was well integrated into medicine. She explains how she came to do her residency at Massachusetts Mental Health Center (and how her marriage broke up). She talks about the bio-psycho-social model of psychiatry, which was created at the University of Rochester by George Engel. She then explains why she transferred to Beth Israel Hospital, where a woman was chair of psychiatry.

Dr. Nadelson describes the results of her liaison with Obstetrics and Gynecology at Beth Israel: she and other women started a daycare center. She talks about her second husband, Ted Nadelson, a very egalitarian-minded man.

[00:23:47]+

Carol Nadelson:

At the end of my medical school is when I decided on psychiatry. Now, I knew I was good at it, but I had never heard of psychiatry before. There was no such thing in my family that anyone would know anything like that, but I did have boyfriends in school who had sisters or something who were in medical school, so there was a little bit of—I hooked onto whatever I could find.

But when I was graduating medical school, I won the psychiatry prize, and I thought, well, maybe they're on to something; they're telling me something. I like it, but then I never thought of it. And then the more I thought of it, and while I was an intern, I decided, you know, I'm going to apply for a psychiatry residency.

Tacey Rosolowski: What did you like about it?

[00:24:53]

Carol Nadelson: Well, partly I liked the idea of my altruistic end of me, which was part of my motivation to go into medicine, was I really wanted to take care of patients. I really felt if I could do something that would be of value to people, that's what I wanted to do, and I felt that that population was getting short shrift, and maybe I could do well in it and help. And, you know, I loved the faculty. They were incredibly supportive and positive, and the whole setup at Rochester for psychiatry was wonderful. It was very integrated into medicine, which I really liked.

Tacey Rosolowski: Oh, wow. So I was going to ask if it was unusual at Rochester [unclear].

Carol Nadelson: No, Rochester was unusual in the integration. So then I decided, well, maybe I'll go into psychiatry, but I didn't want to stay in Rochester. You know, it's a small city. I had come from New York. I wanted to get out of New York when I went to Rochester because I wanted a different experience in the world. And then Rochester was fine, but it was, you know, a little boring.

Tacey Rosolowski: Narrow, yeah.

[00:26:24]

Carol Nadelson: And I had come up to Boston several times because I had one or another boyfriend who was in graduate school or something here, so I had been here. I learned from talking to everybody that the place to do a residency was Mass Mental Health Center, so that was supposed to be the best place to go, so I applied. I did not apply to any place else. I didn't know that you should or that you could, and, of course, nobody told me, because they wanted me to stay.

So I applied for residency and my husband applied for medical residency at Beth Israel, so we both got accepted and I came to Boston. Our marriage split up as soon as we got here, pretty much, but we kind of expected it, you know. It was sort of nothing big. It was just like a bad fit. These days probably we never would have gotten married.

So I was at Mass Mental, and the interesting thing about that was almost all the men in the residency, there was a formula for that, too, which is one woman on each service—

Tacey Rosolowski: Oh, you're kidding.

[00:27:59]

Carol Nadelson: —and there were four services, so there were four women. None of the women had been to Harvard because Harvard had only

recently accepted any women into medicine. You know, Harvard was very late. But all the men pretty much were from Harvard. It was very funny.

But I did well, and the hospital director and my faculty were, again, incredibly supportive of me, and I really loved it, but I really wanted an experience that was more like the Rochester psychiatry experience, which was working with medicine, which is what I did there. That was really very much more integrated.

Tacey Rosolowski: Now, tell me what you mean by “integrated.”

Carol Nadelson: Well, psychiatry, people did what was called consultation psychiatry, consultation liaison psychiatry. It was the bio-psycho-social model, which was created at Rochester by George Engel, who had his boards in both medicine and psychiatry. So that was normal for me, not isolated.

So when I came to my senior year, the head of Mass Mental wanted me to stay and be the chief resident, which would have been the first time a woman would have been. I decided I wanted to go to Beth Israel, because I wanted to be in a general hospital and have that experience, and I wanted a more intense psychotherapy learning experience. Both of those were at Beth Israel. The tradition at Beth Israel, Beth Israel had a chair, the first

woman Chair of Psychiatry and first woman professor was Greta Bibring, so she was the chair, and the idea of having a woman chair was kind of really important. Although at Mass Mental I think there was one woman on the faculty at the time, that wasn't as big an issue at Mass Mental. And, of course, the whole integration of doing consult, seeing medical patients, keeping my medical hat on, and that was exciting. I sort of had a reasonably good experience the whole time.

Tacey Rosolowski: Did you notice the different in atmosphere? I mean, here was an institution that had had a woman chair. Was the atmosphere different?

[00:31:11]

Carol Nadelson: Not really, because there were very few women there. In fact, what happened was—I mean, it was always an isolated—but I always made friends and found people. There were people who you could emulate. At Rochester, for example, there was a woman in the Radiology Department and a woman in ENT, and they used to invite all the students over. There were eight of us, because there were two in every class. We used to meet—this is the funniest thing—in Rochester. The ladies' lounge was done in pink Naugahyde, and it had been the private lavatory of the person who was professor of pathology across the hall, who was a Nobel

laureate. He resented women altogether in medicine and certainly was not happy we took his space. But we used to meet and often sit and cry [*laughs*] about one thing after another that was happening then.

Tacey Rosolowski: But that was really positive that there was a support system at least.

[00:32:36]

Carol Nadelson: That's right. I think even if it was small, it was there. And being a resident, you know, there were four women, but at Beth Israel, there weren't many more, but there were faculty, and you had the whole hospital, which—you know. And in fact, what happened there was I started doing medical student education there, which is how I got into medical school education at Harvard, and I began to coordinate and organize courses and work with people, like I organized the first course in human sexuality, one in behavioral sciences, all through the medical school. You know, it was part of the hospital, was an affiliate of the medical school. So I did that, and I did my liaison work with the Obstetrics and Gynecology Department, and so a couple things came out of that. One was I was fairly involved with the medical school and with women in the other hospitals. And at one point fairly early, because it would have been 1965, I was pregnant. There about two

or three of us at the Beth Israel. We used to meet in the cafeteria and think about what are we going to do. There's no such thing as daycare. Nobody could afford having a nanny. Nobody had family around that could take care of kids. And it was sort of like a new world. What were we going to do?

So we decided to start a daycare center, and we got other women from other fields who were of the same mind, you know, neighbors and people we knew from one place or another. So a small group of us, fighting all the way, actually started the first daycare center in Boston.

[00:34:56]

Tacey Rosolowski: Wow. Let me ask you a couple of details. Now, was this pregnancy from your first marriage, or was this a second marriage?

Carol Nadelson: Second marriage. I met my second husband while I was a resident.

Tacey Rosolowski: And his name?

Carol Nadelson: Ted. Theodore Nadelson. He was a fourth-year resident, but he was older than—he had been in the military. He had worked as a writer. He'd done a number of other things. He actually had been in graduate school before that and decided medicine was more for him than graduate school.

[00:35:37]

Tacey Rosolowski: He's a cool guy. I can see why you kept him. [laughter] What was his specialty or is his specialty?

Carol Nadelson: Well, he was in psychiatry.

Tacey Rosolowski: In psychiatry as well.

Carol Nadelson: So we met at a psychiatry seminar that we had citywide seminar in psychotherapy, and it was, I remember, a Tuesday morning at eight o'clock in the morning, and we met and we started seeing each other then.

Tacey Rosolowski: What year did you get married?

Carol Nadelson: We got married in 1965.

Tacey Rosolowski: Now, did you guys have like a conversation about "Let's go ahead and have a family," or, "How are we going to deal with this with two careers?" or—

[00:36:21]

Carol Nadelson: No, no, we didn't.

Tacey Rosolowski: Did people even have those conversations at that time?

Carol Nadelson: I don't think so. I don't remember anybody having that conversation. We thought we'd find a way to deal with it. But the one thing that also always struck me—and Ted was very much like this—his idea of egalitarianism was different than the guys I knew. My first husband was not really very egalitarian. I mean, the idea that I would have a career that was equal to his was not in his head. With Ted, it was fine. Whatever I wanted to do, he was—he didn't have an attitude about women that—because he was older. He was seven years older than me. So he was experienced in the world, he'd done a lot of things, and that was not an issue for him.

Tacey Rosolowski: Interesting.

Carol Nadelson: So it was kind of a relief to have that kind of an interaction, so, you know, we—and then at one point, we were both had plans to go to Europe over the summer, and we were going with different people. At one point, we were pretty together at that point. In fact, we were living together at a time when nobody did that, and I had to hide it from my family, and there was all this funny—you still didn't do that.

But, finally, one day we sat and looked at each other and,
“What are we doing?”

So I said, “You know, if we’re going to go to Europe together, and we’re together, why don’t we just get married?” So we just got married, and we told our families. Literally, we told them, “We’re getting married next weekend. If you want, we’ll come to New York on Sunday, but we’re getting married.”

We got married by the Justice of the Peace, which was not done, and we had a big dinner at Locke-Ober’s, which was the only good restaurant in Boston, with our friends, many of whom are still very close friends. And I think we didn’t quite plan on the pregnancy, but whatever.

Chapter Four

The Sixties and a Focus on Women's Issues

Summary: Dr. Nadelson talks about the social/cultural environment of the Sixties and how her interest was shifted women's issues, reproductive rights, and a focus on women's psychiatric and medical services. She explains how she was influenced by the number of women requesting therapeutic abortions and the number of college students who had been raped. She became involved in a service supporting women who sought abortions and, with others, began a rape crisis center. Work with these individuals eventually led Dr. Nadelson to her own ground-breaking work on rape and PTSD.

Tacey Rosolowski: Let me ask you one other question, because, I mean, this is the mid-sixties, and the whole Feminist Movement is starting to take a stronger shape.

Carol Nadelson: It didn't really reach until I was a resident or further along, because I came to Boston in 1962, and it was not there yet. By '65, it was more—that's what gave us the motivation to be able to do the daycare center, I think because we were thinking, you know, "We're going to do this," and we had been reading about this. I always was in the "They're not going to tell me I can't do this or that because I'm a girl. I'm not going to put up with that." I was always like that. But I'm kind of a quieter, shy person, and I've never been—you know, although people would be surprised to hear me say anything like that. [laughs]

[00:40:12]

Tacey Rosolowski: Why is that? Why would they be surprised?

Carol Cooperman Nadelson, MD

Carol Nadelson: Because I've done a lot of things that require a degree of leadership that people wouldn't have, because I'm not just outspoken in that kind of way. But things that happened at Beth Israel, for example, not only the daycare center, it was a time when we were doing therapeutic abortions. So women, the big excuse was that they were suicidal. So women would come, they would know the drill, and they would have a story, and so they would be able to get, quote, "therapeutic abortions."

Well, in looking at the data, we realized a third of the population of Boston was Catholic, and a third of our abortions were Catholics. Isn't that interesting? And people who had money, we could easily help out find ways.

[00:41:17]

So we started—my colleague Malkah Notman, who started out being my supervisor, she's nine years older than me, and we'd been friends and have worked together and written together for fifty years, more than that, because she's now eighty-eight. But we started looking at that issue of reproductive rights. I mean, that was the fomenting of it, you know, and we started this group called Pregnancy Counseling Service, which included a couple of psychiatrists, a bunch of OB/GYNs, some clergy, mostly Jewish

and Protestant, and we had a regular organization, and we used to help people get abortions or whatever they wanted.

It came out of my work in the OB/GYN clinic, but when I was an intern at Rochester, I very vividly remember the experience, because I had a lot of emergency-room time when I was an intern, of seeing women die of septic abortions, I mean, you know, even nurses. And that was just such a horrible experience to see these people and feeling helpless. We decided we weren't going to be helpless, so we had this really big network and we worked about finding contacts, finding places where it was legal, or sending people to a place where we knew that they could get one. So we did a huge amount of that. We never charged anybody anything. And it was a very organized group.

Then the other thing we did—

Tacey Rosolowski: Was it controversial?

[00:43:24]

Carol Nadelson: You know, it was controversial. Beth Israel kind of accepted it. I think most of the OB/GYNs involved with us were from Beth Israel, but there were some from other places, yeah, some from what was then the Brigham, but the Boston Lying-in Hospital. Then Mass General didn't have really an OB service at the time.

There were people in gynecology. But it was a very organized group.

And then the other thing that came out of that is there were a lot of college students who we started to see who'd been raped. Nobody ever talked about that issue, and so several of us, we actually wrote a book about starting a rape counseling service, which we started at Beth Israel. The thing that was interesting is at this point, Greta Bibring had retired and then died, and men took it over, but one of the things that was interesting is that the chair of the department was not on our side but he was not against us. So it was "Whatever you want to do, all right. If that's what you want to do, do it."

Tacey Rosolowski: Why do you think he had that attitude?

[00:45:03]

Carol Nadelson: Well, he was an old Yankee, and he was fair. In fact, one of the interesting experiences that I always tell students and residents when we talk about it, because that's what got me interested later on in faculty development, Malkah and I started writing together. I wrote one paper for the *Archives of Surgery* called "Women in Surgery," which I wasn't going to do, but my husband and a friend who was the Chair of Plastic Surgery and the editor of the journal said, "You can write this, so do it." So I did it, and my husband

edited it for me. [laughs] He had been a writer, a good writer, so he was really helpful in getting me going being a writer. Then I wrote one on the development of the daycare center, and I got positive feedback of all these early papers.

So the Rape Crisis Center we started, again, it was the first such thing because we were seeing all these students, we were thinking about the psychological impact of it, and, in fact, when the concept of PTSD was evolving around the Vietnam War, it didn't include at the time the concept of anything but war causing it, because it was shell shock, you know. And as we looked at the symptoms, we said, you know, this is the same clinical pattern, and we pushed them to be more inclusive.

Tacey Rosolowski: Was there resistance, the idea, oh, men's experience in a war has to be more dramatic?

[00:47:04]

Carol Nadelson: There was, but I think we had—by this time, the feminism was getting going. There was more being talked about and written about, and more attention was being paid. And we pushed. We had several of us and we started this service that we did on our own.

Tacey Rosolowski: What was the year that you started the rape counseling?

Carol Nadelson: All of this stuff was probably—it all took place between sort of late sixties, early seventies, all this stuff. We were doing all these things, writing. All of this began.

Chapter Five

Early Opportunities for Career Development

Summary: Dr. Nadelson explains how she was first promoted to assistant professor at the Harvard Medical School (telling a story of how her Chair was surprised she aspired to promotion). She explains the structure of the Harvard Medical School and its affiliated hospitals. She next talks about Leon Eisenberg, a key mentor for her, and how he helped her develop her career, first through committee service. She explains her role as the first women on the Medical School's Admissions Committee and the results of creating guidelines for rating students blind to their gender: the rates of women to men to be ranked for acceptance was 1 to 1. She next recounts how her former chair from Mass Mental Health Center, Jack Ewalt, contacted her to apply for a NIMH grant and develop a human sexuality course for Harvard. This resulted her designation as a Career Teacher, a group that eventually became the Association for Academic Psychiatry. She talks about how she started thinking of herself as a leader. She recounts a story about a turning point in her marriage that led to more equality, then talks about her nomination to run for president of the Massachusetts Psychiatric Society.

[00:47:04]+

Carol Nadelson: And at this point, two things happened. One was I decided—I was on the faculty at Harvard Medical School at the time, and I was an instructor in psychiatry at Beth Israel Hospital and Harvard Medical School. So I went to my chair at the time and I said, “Well, I want a promotion. What do I have to do?”

 He looked at me and he said, “Oh, I didn't know you were interested in that.”

 And I thought, “How could he not know? Why am I here?”

Tacey Rosolowski: Why do you think he thought that?

Carol Nadelson: Because women didn't do that, and it never happened before. So he told me what was expected.

So a year later, I came and I presented him with all the papers he told me I was supposed to write and do all these things, with all the documentation. He said, "Oh, okay," and he put it through.

Tacey Rosolowski: Wow.

[00:48:58]

Carol Nadelson: So I became an assistant professor. Interestingly, the same thing happened probably eight or so years later when I was an assistant professor, and I asked him what I had to do to become an associate professor, and we had the same conversation. And then I did the same thing, and I became associate professor.

Tacey Rosolowski: So you became an assistant professor at Harvard Medical School and at Beth Israel?

Carol Nadelson: Well, they're together.

Tacey Rosolowski: They're together, okay. I wasn't sure how the academic and the clinical appointments worked.

Carol Nadelson: Harvard is unique because the hospitals are wholly-owned subsidiaries, in a sense.

Tacey Rosolowski: I see.

[00:49:47]

Carol Nadelson: The hospitals are not owned by the medical school or the university. They're affiliates. That's unusual. Most of the world, the hospitals are part of the universities. There is a university hospital. Harvard basically has four university hospitals, but they're not owned by the university. They have their own boards and everything, and they still do. That's why around here we have all this stuff with partners and all kinds of things like that that are different than it is in other places.

But the other thing that happened that was a real turning point was Leon Eisenberg and his wife, Carola, whom you've interviewed, Leon and Carola came to Boston, and he became the chair first at Children's, then at Mass General, and I was in awe of him. I'd read his work, and I sent him a note welcoming him, and I wanted to meet him. So I did, and we became really good friends, and he was absolutely incredibly supportive and a major mentor all my life.

Tacey Rosolowski: Why were you so in awe of him?

[00:51:21]

Carol Nadelson: Well, I knew his work and I knew how productive and creative, he had a reputation for that, and I knew he was a liberal and was on the same side I would be on politically. That was known. So he would speak up at meetings and—you know.

He became the Chair of the Admissions Committee, the Harvard Medical School Admissions Committee, and he asked me to chair a section of it. It was divided into four or five sections. What had happened there historically was Harvard Medical School accepted its first woman in 1854. The class rebelled, and the dean accepted a woman and a minority—well, more than one minority—and the class said they would quit if they had women, and the dean was forced to rescind it. She then became one of the pioneer women in medicine in Boston, because it was an apprenticeship model anyway.

Tacey Rosolowski: Who was this woman?

Carol Nadelson: Harriet Hunt. I think her first name was Harriet. And it wasn't until 1946 that Harvard had women, and that was because of the war and there weren't enough men. It took its first class.

Tacey Rosolowski: They wanted their tuition money. [laughter]

[00:53:09]

Carol Nadelson: I think that there were a lot of places, not that that was an issue then, because tuition was pretty much nothing. It was really not anything like it is now.

Anyway, so Leon asked me, and I was an assistant professor, like, you know, I didn't know anything. I never chaired anything. I was the Chair of the Biomedical Society—well, I shouldn't say that. I'll tell you a little bit, another piece of this, when it was occurring around the same time. I had little kids at this time.

Tacey Rosolowski: How many little kids?

Carol Nadelson: Two.

Tacey Rosolowski: Two little kids. Wow.

Carol Nadelson: One in '66 and one in '68. I now have four grandchildren.

Tacey Rosolowski: And your children's names?

[00:54:00]

Carol Nadelson: My son is Robert and my daughter is Jennifer, and they each have two children.

And Leon said—I was, I think, the first woman really on the Admissions Committee of the medical school. Somebody else had been sort of on but not—they didn't really have the same system. Leon organized it into this, and I was responsible for 20 percent of the class.

He said I could have whoever I wanted on my subcommittee. We could make our own rules and admit our own group. Obviously, the central committee had to approve it, and since I was also on the central committee as the chair of the section, but that it was [unclear]. I thought, well, how do I do this? Okay. I decided I would pick people from different departments who I knew shared my egalitarian instincts. I picked half men and half women from different departments, because by this time I had taught enough so I had taught in behavioral science and various courses like that, so I knew people in other fields, like the Chief of Neurosurgery and Plastic Surgery and various people in the medical area. So there were people from different places.

And we sat down and developed our own ground rules. So the ground rules included how to interview people and no comments about their reproduction, the way they looked. You know, we were interested in how they related and whether we thought that they would be good medical students, like tradition, but no personal stuff was to either be in any record or discussed

unless somebody thought someone was really unsuited because they were psychotic or something, and that has happened.

[00:56:28]

But we set up these rules, and we worked very hard. We went to different places. We went to Chicago. I remember going to Houston. I remember having a fight with my cousin, who was a cardiologist in Houston at Baylor, and he's been there forever, about my women's issues stuff, because he couldn't understand why I was incensed by some of the kinds of slides some of the faculty showed about women. I was appalled, and he couldn't understand why I was feeling—I talked to Leon about it, and he was like, "We'll put an end to that."

Tacey Rosolowski: You're talking about slides with nudity and—

Carol Nadelson: Yeah, and cartoonish things negative about women. It was kind of [unclear], and I just was so resentful of that. I thought it was so inappropriate, how can—you know. This is not the way we want to teach people to be good doctors.

So at the end of the first year, we blindly rated everyone. There was no indication of whether it was a man or a woman, gave initials, and we ranked them according to all the material we had and discussions we had. And we wound up with half men and half

women, and people were blown away by that because it never occurred to anyone that it would come out that way, the others. And Leon, of course, couldn't have been happier.

Then the other thing that happened—

[00:58:18]

Tacey Rosolowski: So, I'm sorry, let me just—I want to know the end of the story. So did all of those students get offers, so did the next class was fifty-fifty?

Carol Nadelson: The next class—no, no, no. We had already 20 percent of the class, but the number of women started going up very dramatically, and the number of minorities. Now, what he had to do is they created a separate Minority Committee, because the other history was that people, the white men, were worried that they would lose places. So they added places in the class and a subcommittee to get more minorities, so the class expanded. And Leon did that. I mean, he pushed for it. He was very clear about it. The dean was great about it, and the faculty were fine. I mean, it wasn't like there was active resistance. There was like, "Oh, okay."

Tacey Rosolowski: It kind of makes you wonder what all the fuss had been about, you know.

[00:59:28]

Carol Nadelson: Well I think they were beginning to hear some of the feminism, and the thing that was interesting—and it's come back so many times in different forms to me—the men have wives, but the main thing is they have daughters. Daughters are what counts. The men who had daughters—and I heard this from more men I knew each time I took a career step—it was, “You know, I think about my daughter.” And I use that, and I used that in my last job in women's careers a lot, because you know that they don't want their daughters to have this experience. They're adamant about it. So once they hear this, they sort of move in a different way. But, you know, there's a lot of resistance and nastiness, but it's smoothable. You really could do something with it.

Anyway, so the other thing that happened career-wise in this is one of my—so not only was Leon a mentor, and my chair from Mass Mental, when I left Mass Mental, he was upset with me, and he said to me, “I'm not through with you yet. You'll hear from me.”

And sure enough, I got a call from him. This was in probably the early seventies. Maybe even, yeah, it was the late sixties. I can't remember the exact sequence. But he said, “I got you a fellowship, an NIMH fellowship, because I want you to start a human sexuality course at Harvard. We don't have a course, we

need a course, and I want you to do it. So you are the Harvard representative.”

Tacey Rosolowski: What was this mentor’s name? I don’t know if you mentioned his name.

[01:01:58]

Carol Nadelson: The one from Mass Mental was Jack Ewalt.

Tacey Rosolowski: Jackie Walt?

Carol Nadelson: Ewalt, E-w-a-l-t. He was a tough guy, he was a Texan, and he was someone who wasn’t quite in the New England mold, but he was a major league leader in psychiatry. And he really singled me out and helped me a lot.

Tacey Rosolowski: Why do you think he did that?

Carol Nadelson: He thought I was good. He thought I had something to offer. When I decided to go to—he thought I would be the right person to do this course. He knew I was interested in education, medical education, and he saw it as an opportunity, and he did it.

[01:02:52]

And I went to this NIMH thing, and I came back and I did start the course. It was people from all over the country, and out of that group grew an organization with is now in existence since then, the early seventies, probably. That group, we were called Career Teachers. So it was a sexuality course and—that was one part—the other part of the grant was to be an NIH fellow in a group called Career Teachers. Every year, a school got to appoint one. So I became a Career Teacher. Those are two separate items.

So I went to these meetings and things, at the end of which a small group of us decided we would keep this organization going and we would continue to meet annually and support each other, so we became a national group. I didn't know a national group like that. It's now called the Association for Academic Psychiatry, and I was one of the early presidents of it. I don't even remember when that was, but it was probably in the seventies.

Tacey Rosolowski: Now, let me ask you, because obviously your mentors are seeing the potential in you to be a leader, you're obviously thinking a lot about medical issues, you're thinking about women's issues. As you look back and sort of see how your own leadership abilities developed, what were the lessons that you learned from these different committees and different opportunities that had been thrown your way?

[01:04:43]

Carol Nadelson: Well, one thing was not to think I couldn't do it, to think if people respected my ability, I should, and to get advice and think about what I could do to influence things. I never saw myself that way before, but these people's faith in me made me start to think about it. And my husband was incredible about that, because he kept pushing, you know, and he handled a lot of stuff at home.

There's one funny story about that, a point in our relationship which changed things. Because he was always very egalitarian, we split everything. But one day our son, who was at the time probably three or four—and what we did was we bought a house, which at the time was nothing like houses cost now, right nearby. It's in walking distance from here. I still live in the same zip code. We bought a house which had room, and we had a couple who lived with us who were Japanese. He was here at the divinity school getting a doctorate, and she had been an English major at Kyoto University and was eager to build her English skills, although she wasn't allowed to work because of the visa situation. So we did this. They lived on the third floor of our house, where we created a little apartment in the attic thing there, which was quite comfortable and nice. They lived there from 1966 or something on.

[01:06:54]

After my son was born, they came to live with us. He was born in March. They came to live with us after we fired the other nanny we had, who we found not really good. They came to live with us and they got room and board, and we paid for whatever insurances or whatever they needed, and the tradeoff was they took care of the kids and we helped them sort of get organized.

She loved it because she loved the kids, and then she wound up having an infertility problem, so we helped her get treatment and have a baby. So my daughter and her son were in the crib together, and she took care of the two babies, and then we had the older one, who was three at the time, two and a half. But her baby and my baby were born within weeks apart.

They were lovely. She was an absolutely wonderful person. She loved reading children's books because it made her English—in fact, she eventually became a bilingual translator for Japan Airlines.

Tacey Rosolowski: Oh, wow.

Carol Nadelson: She was very successful because her English was so good.

But when my son Robert was—he had ear problems, and he was having an earache, and we really got worried because we didn't know if her English and her skills were good enough so if

things really got bad she could take him to an emergency room or something. We were not comfortable that it was going to work. So my husband then expected that I would be staying home. So I said to him, "Wait a minute. Whose patients are more important?"

[01:09:07]

And he said, "Oh, my god, you're right." And the next thing I knew, we started splitting everything. We figured out who had which schedule and who could transfer, and we did all of that. And our babysitting, Takako, actually worked at the daycare center because it was a cooperative, so everyone had to do something. So she cooked, and her little boy was in the daycare center, too, so he had the exposure to English and U.S. kids.

Of course, now the neighborhood I live in is 40 percent Japanese. The school is also, because the medical area has a huge number and the university has a huge number of Asians. So that's the place to be in Boston because of the school system. It's not a part of the city.

Anyway, then the other thing that happened within this time frame, it's sort of the late sixties to late seventies, was one of my other mentors I think also from Mass Mental and then he went to Cambridge Hospital, but he nominated me to be an officer in the Psychiatric Society. I had just joined a few years, 1968, probably, when my daughter was born. I probably joined then. He

nominated me to be secretary, and they nominated me. They wanted me to do it. At first, I thought, what? You know. Then he said to me, “You can do it. Why not?”

Tacey Rosolowski: What was this mentor’s name?

[01:10:59]

Carol Nadelson: Les Havens. But I got support all the way. In fact, one of my favorite stories around the medical-psychiatric interaction was when I was in Mass Mental, I was on call one night and I saw a patient who I thought needed a neurological workup, not a psychiatric one. I thought he needed a lumbar puncture, and I thought it was a major medical problem, and I was set to do it. I knew how to do it. I’d done it hundreds of times. So I called my supervisor, who was Eric Kandel, Nobel laureate, and Eric said to me, “You know, you can’t do that. You have to send him to the Brigham.”

I said, “Why not?”

He said, “We’re not allowed to do medical procedures.”

I said, “That’s preposterous. You know, I can do this easily. Why should we have to send him over there to do this workup and have him be in that emergency room?” Well, that was the rule and I had to do it. So we had a little argument about how did this rule happen.

[01:12:25]

But anyway, so back to the Psychiatric Society. So I became secretary, and that meant that I was on the board and all of that. Then a few years later, they asked me to run for president. We'd never had a woman president of the Mass Psychiatric Society. And again it was, "I don't know." And I talked to some of the guys who I was on the board with, and they said, "Yeah, you should do it. You can do it. That would be a good idea." So I did.

Chapter Six

Thoughts on Women and Leadership, Yesterday and Today

Summary: Dr. Nadelson notes that women continue to have difficulty seeing themselves as leaders, a fact she addresses in her own mentoring of women. She notes that she had many male mentors. She explains that the field of psychoanalysis had more women when she was in her early career. The professional association, however, the American Psychiatric Association, had few women members, and the field had very few women leaders. She explains the types of dismissive behaviors that women were subjected to and the fact that women aren't thought of automatically for awards or leadership succession. She points out that there are today many prominent women in medicine but these oversights still occur. She tells an anecdote about her granddaughter to demonstrate how younger generations don't realize all that was done to secure women's current opportunities. Dr. Nadelson expresses concern over current social and cultural values and the fact that, as she sees it, advances for women are backsliding. She points out some of the habits women have that prevent them from being taken seriously. She explains the reaction of colleagues when she began to have professional success.

[01:12:25]+

Tacey Rosolowski: Do you find in all of your career of dealing with women who are facing kinds of these challenges, do you find that women tend to not think of themselves as being able to step into roles?

Carol Nadelson: That's right. That's what happens. And what I do in my mentoring now, and have always done, is I try to work with women to get them to feel that they can. But, you know, I just did it because I had a lot of male mentors. There were very few women. You had to find some someplace. And I had role models. I had Greta Bibring and there were a few people I could pick out here and there who I got support from.

Tacey Rosolowski: Do you think would your experience have been different, do you think, if you'd had women mentors?

[01:13:59]

Carol Nadelson: Hard to say, because at that time probably those women would have been supportive because they had to deal with it.

Now, I was also a member of the Boston Psychoanalytic. I did psychoanalytic training because everybody in Boston did psychoanalytic training. It was part of what everyone did, so I did it, and there were more women in psychoanalysis.

Tacey Rosolowski: Oh, really?

Carol Nadelson: A lot of them European-born women or trained, but, yeah. So there were women, but not very many and certainly not in major leadership positions, Greta Bibring and then a few others being good examples.

If I follow the train of that, so I became active in psychiatry, in the field at large, and I traveled a fair amount for meetings. I became active in the American Psychiatric Association. I had the Career Teachers group. Then there's a group for the advancement of psychiatry that I was asked to join, the American College of Psychiatrists, all at a time when there were very few women,

almost none in all those things. But there were a few, and the men mostly were pretty reasonable. When I started to chair the Admissions Committee, that subcommittee, the first meeting when I went, the person who was chairing it the year before refused to give me the chair seat. So I decided, well, I'll chair it from another seat.

So I think the other thing I learned is if you see a problem, solve it. Figure out a way. And I think motherhood also helps you for that, because you've got to do that. [laughs] There's not a rule about everything that you have to follow. You have to swing with it and try to figure out a solution.

[01:16:30]

Tacey Rosolowski: What were people's attitudes toward you when they found out that you were married, a mother, [unclear]?

Carol Nadelson: At that time, there were others. In fact, most of the women leaders at that point were beginning to be women who had kids. There was much more. It wasn't like that generation. It was a new generation.

Tacey Rosolowski: Did you see that there were differences in the field of psychiatry versus medicine? Did women who were practicing, like, pediatrics

or in surgery or in those kinds of fields, were people in psychiatry more accepting of women than [unclear]?

[01:17:17]

Carol Nadelson: Not in women in leadership. There was the European-trained women that some of them were leaders, you know, and then there was a gap. Women weren't department chairs, deans, professors, but they were doing things, and women weren't staying home watching their kids. Daycare was becoming more open. Having a nanny, my mother-in-law thought it was a terrible thing. But, you know, it was the way it was. So I think there was more of that, but getting women into leadership positions was not happening and still not happening. That's another barrier, and look at what's going on now with Hillary Clinton. I mean, you know, if sexism exists, it exists there. But that's the level, you know, and it was a lot of subtle things. But having women included in other fields was really important and helpful.

Tacey Rosolowski: You just said that there were a lot of subtle things that happened. What are some of the things that you're thinking about?

Carol Nadelson: Well, it was not thinking of you. It was dismissing. "Oh, well, we're looking for a chair of—," or whatever, and there would never be a woman on the list. That's still happening. That still

happens. I was looking at a journal that I happened to help get started—because that’s another piece that comes out later. But I was looking at the new editorial board, and there are twenty-five members of the editorial board, only one woman in that field? Come on. I’m in the American Academy of Arts and Sciences—and I’ll tell you more about that—and I can’t believe what happens with membership. Of course there aren’t any women or minorities in the organization. It’s one of the few organizations written into the U.S. Constitution, and they’re still running by those rules.

Tacey Rosolowski: Oh, wow.

[01:19:46]

Carol Nadelson: I mean, I’m literally on the Membership Committee of that now because I made a fuss about it. But I look at the list, and of course the way they choose is set up not to have it. It’s subtle things that people really don’t think about because you’re just not thought of. And even women do this. One of our women faculty just recently said to me, “You know, we don’t have enough women role models in leadership.”

I said to her, “The president of our hospital is a woman, you know. The chief operating officer is a woman. We have women professors. It’s not as good. We don’t have a lot of women chairs, but you do have women. The president of Harvard’s a woman.”

You know, it has changed, not enough, because it's a small fraction, but you just have to keep at it. But look, you know. And Betsy, our hospital president, has three kids.

Tacey Rosolowski: And her last name is?

[01:21:07]

Carol Nadelson: Betsy Nabel. She's the president of the Brigham. She's a world-renowned researcher, cardiologist, and she was at NIH for a long time, ran an institute. She's very [unclear]. The chief or head of research at Brigham at the time was a woman. It's not like it's really like the population, because it's a small percent, but it has changed, just not enough. I think what we're seeing now is the march backwards, but that's a whole other issue of the war on women, which I firmly believe in.

Tacey Rosolowski: So when this individual and this woman faculty member said this to you, is your idea that she's sort of blind to the people who are there that one could point to, to say, "Well, wait a minute. It's not that there are no role models. Maybe there aren't enough. But how about this person? How about look to [unclear]?"

Carol Nadelson: So a lot of people don't think that way. And she's in a field of research. And then there are fields that are a lot women because

they're new and emerging fields. So it's sort of, you know, you see more women—and we talk about getting women into STEM. Well, women now represent more graduate students in sciences than men, but we don't make life easy for them or possible in a way. We were a different group. I mean, I forget the—we were sort of the pioneers. Now there are the people who are moving in that. I can't remember what somebody called it, but it's the next level of moving it ahead and not having to deal with the first business.

My granddaughter—this is a funny story—when did I get—I got—was it 2010? I got an honorary degree from Brooklyn College, Doctor of Science degree, and I took my grandchildren. My kids came and my grandchildren came, the two of them. The others were not born yet. But my granddaughter, who was nine at the time, I think, so her first comment—sitting there, she sat there listening intently. My grandson at the time was six, and he was, like a six-year-old, not quite thinking about it. And she says to me afterwards, “Nana, I didn't know that you did all those things.” Because I'm Nana, right? And then she said to me, “But tell me what does being first mean?” So when we talked about it, it never occurred to her that women didn't always do everything, because her world is that way now.

So I said to her, “You know, your great-grandmother couldn’t vote.”

She said, “What? Couldn’t vote? Why?”

“Because she was a woman.”

“What?” [laughs] She was stunned. It was not even a concept that there would be a first woman doing something, because, you know, you just do what you do. She’s thirteen now.

Tacey Rosolowski: What’s her name?

[01:25:01]

Carol Nadelson: Sarah [phonetic]. She’s an opera singer.

Tacey Rosolowski: Is she really?

Carol Nadelson: Yeah. But, you know, it’s just sort of the world, you know, generations change in that way. But I think a lot of women don’t see themselves in the lead, or still take second place. It’s still hard, and looking around the world, it’s hard. We, of course, in the U.S. have less than women in other countries.

Tacey Rosolowski: Why do you think that’s the case for perhaps American—that women don’t see themselves—

Carol Nadelson: Well, that's a cultural American tradition of the way this country is. We have guns. Other people don't have guns. We have no childcare. We have no maternity leaves. Everybody else thinks that's insane. We have never had a woman president. Look around the world. Even third-world countries have had that. We have Merkel and Margaret Thatcher, and other countries have had women, and that's routine. It's still a problem because it's so unusual, but it happens, and we're still fighting about that. We're going backwards in all kinds of ways into another entrenchment. And I think women now, some of the young women don't have the concept that they're losing reproductive rights because most of them can get it because they have the resources. But poor women can't, and we don't even think of that.

[01:27:07]

I think that there's a tradition, and I worry about it, because if you look back, way back historically, women have been physicians since four, five, six thousand years in China, in Rome, in Greece, and then it stopped, and we don't know about it because women didn't write history and they don't get remembered, which is partly why we have to take it a few steps further. And here in this country I worry about it.

Tacey Rosolowski: What do you worry about in particular?

Carol Nadelson: I worry about it going backwards. I think this reproductive issue is a way of keeping women down. There's no question how even—survive.

[01:28:01]

Tacey Rosolowski: What's the impact, do you think, on the younger generations, like your granddaughter and even older women, who have never lived in a period such as you lived through in the fifties, sixties, early seventies when you had to fight for those basic things? What's the impact of these younger women not knowing that history?

Carol Nadelson: Well, the culture is changing, but I think the history is so important. That's why I think the archives and doing this is so important. I worry about it going backwards, because we have a long history to look at and we look at the way women are treated in some parts of the world and some of the things that women still are subjected to. You know, the idea that this is happening, I think a lot of young women don't learn that, they're not taught that. And if you have resources or you wind up in a field where you're going to make more money, you have those resources.

We do have women leaders in businesses; not enough. We don't women on boards. I wind up on boards of nonprofits where there are a lot of women, but the for-profit boards don't have

women because people don't think of it, and you have to have women there to make people think of it. And if you know if you don't have more than one woman, it's hopeless. You can't be a woman alone on a board. I mean, I've lived through that, and it's hard.

[01:29:55]

Tacey Rosolowski: What happens when that's the case?

Carol Nadelson: Well, people—you know the story. I've had this experience. Every woman I know has had this experience at every level. You make a suggestion and nobody hears it, but then a guy makes the same suggestion and that's a wonderful idea. We've all had that experience. I had that experience when I was president of the American Psychiatric, which we'll get to. [laughs] I was caught on tape. I would call the meeting to order and apologize, "I'm sorry to interrupt you, but—" Well, why am I sorry? You're there to be on the board. But we kind of do that. We are kind of taught to be polite and nice and docile. And that's still going on. It's not every place, it's much better, but we haven't gotten quite there yet, and I don't want us to go backwards.

Tacey Rosolowski: I think it's hard for women, too, because what you're talking about are some ways in which women perpetuate the situation, and I think it's hard for women to get to the point where they see their

own behavior objectively and then realize, “Oh, look, I did that. I need to stop doing that,” or, “I need to change the tone of voice I use or the words I use.”

[01:31:34]

Carol Nadelson: Exactly. Or taking the tradition now for whatever the language, you follow the language. So every declarative statement becomes a question. Women do that much more than men do. Well, it’s not a question; it’s a sentence, a declarative sentence. I do a lot of editing, which is another piece of my—and I’m always rewriting things in the active voice, even for men. They do it, but women do it repeatedly, and I’m always editing that out.

Tacey Rosolowski: There’s agency here, take responsibility for the action. [laughs]

Carol Nadelson: Yeah, and state it like it is, don’t apologize for it, don’t use the passive voice. But there’s a cultural push that’s still the thread, and because we don’t have external resources, women get held back because we don’t have maternity leave or parental leave in the way we need it, like other countries do, because we don’t have available childcare.

I have a very close friend in Paris who is a child psychiatrist there, and she was a single mother with three kids, three boys, and she said to me one time—she’s a child psychiatrist and runs a

department—she’s run into sexism there. Not a surprise. And she said, “I would never be where I am if we didn’t have the crèche system.” Because what they do is childcare is scaled by what you can afford, and she said she was able to continue working and doing her thing, and the kids were well taken care of.

[01:33:43]

Tacey Rosolowski: I think part of the message in the States is that, I mean, unlike a country like France where so many of those support systems are state-supported, I mean, it’s part of the culture. It’s like in the U.S. it’s a personal problem.

Carol Nadelson: That’s right. But that’s wrong.

Tacey Rosolowski: Absolutely. But that’s hard, I think, to be in a society—the difference is to be in a society like in France, like, oh, it’s actually a shared social problem that children are provided with childcare.

Carol Nadelson: Exactly, but, you know, we have such a different attitude.

Tacey Rosolowski: Absolutely.

Carol Nadelson: And I think we’re seeing that in women saying, well, we will have a woman president. A young woman said this, it was in some

magazine I was reading, was a quote from her, “It’ll happen in my lifetime, but not now,” meaning she wasn’t a Hillary supporter. Well, I think women are doing themselves in by capitulating on these things.

[01:34:50]

My friends in Norway have a daughter who’s a pediatric radiologist. They’re both physicians, and they’re old, old friends. This woman married a man who is not Norwegian, he’s an immigrant, he couldn’t get a job in Norway because he didn’t speak Norwegian and, you know, all this. He had to go back to school. She’s supporting him. He’s just getting on his feet now, and they have a child. There’s a daycare center right down the street from her hospital she works at. She’s got enough money resources now.

So women are out-earning men in a lot of fields now. It’s not uncommon. But we’re still apologizing and we’re still hypercritical. We’ve got to kind of get over it. Young women—I worry about it. I really worry about this sort of “We have to be fair.” What’s fair?

Chapter Seven

Leadership Issues, Boundary Violation Research, and a Run for President of the APA

Summary: Dr. Nadelson first talks about leadership challenges when she was Vice Chair of Psychiatry at Tufts University. She explains how she dealt with resistance from faculty. She also talks about handling a professor who was harassing a student. She then begins to talk about her research on boundary violations, noting that this work was profiled in a film on church sex abuse, *Spotlight*. She then talks about how she and others founded the field of women's mental health. She explains that she had become disenchanted with psychiatry's traditional constructs, and she was very influenced by her interest in fairness and equality (inspired, she says, by her mentor uncle). She segues into a discussion of her run for president of the American Psychiatric Association, explaining why she wanted to assume that role.

[01:34:50]+

Tacey Rosolowski: To go back to your story, what was happening when you were starting to—I mean, obviously, you had these mentors who put you forward and you were successful. You became the first president of that Society. You were an elite teacher. How were people responding to you when you began getting that public confirmation [unclear]?

Carol Nadelson: Well, they thought I was different and strange.

Tacey Rosolowski: They did?

[01:36:28]

Carol Nadelson: My husband had a little bit of teasing, but he was tough. He was not a guy that you could easily do that with. He didn't intimidate. He became the Chief of Psychiatry at the VA when I guess I went to Tufts. I went to Tufts in 1979 or '80. 1979, I went to Tufts.

So I was at Beth Israel and doing all these things, and then I had an opportunity. I was asked to be the Vice Chair of Psychiatry at Tufts by a person from Mass Mental who was offered the chair. So I became the vice chair and in charge of education for the department, but other vice chair activities. I was the second in command.

Tacey Rosolowski: Who was the the first in command?

Carol Nadelson: His name is Dick Shader. He later had a major problem with his ethics, but that was later.

So I went to Tufts, and that was not as welcoming of women in leadership, there was more resistance, but, you know, I hadn't grown up there, so I didn't know people the way I knew them here. But it was not—you know, I did it. Taking charge was hard. I got a lot of backtalk from people and testing, which was not fun.

Then we had at the VA there was a nepotism issue, which is still true in the government, which was funny because my husband was Chief of Psychiatry there and I was the Chief for Education of

the department, and he was *in* the department. So I was technically his boss.

[01:38:52]

Tacey Rosolowski: How did that work out?

Carol Nadelson: Well, they didn't give me a VA appointment because we couldn't be in the same place, which was stupid. But, you know, nepotism goes both ways. But that was not an issue for us, and he never was intimidated by anything like that. He was just confident in himself and what he was doing.

Tacey Rosolowski: So what were your strategies for dealing with the pushback?

Carol Nadelson: Well, I would have to take a stand, and sometimes people didn't like it.

Tacey Rosolowski: Can you tell me an example of [unclear]?

[01:39:33]

Carol Nadelson: Well, I had one example of one of our faculty who was absolutely refusing to pay attention to anything I said, and at one point I learned that he had been harassing a medical student, and I had to discipline him around that. He gave me the "We're two consulting adults and adults can handle it," all of that, and I basically demoted

him. But, you know, it was not easy. But that kind of thing where people didn't want to do—you know. I set up the curriculum and people didn't want to cooperate, you know. But I was kind of used to that. I knew that was happening. It was annoying. I didn't like it, but I had a responsibility and I had to do it.

Tacey Rosolowski: Now, we were talking earlier about your research, and I know that one of your threads was boundary violations. When did that start to become present, an issue you were looking at research-wise?

Carol Nadelson: That, believe it or not, is the subject of a best-attending film, *Spotlight*. I don't know if you've seen the film.

Tacey Rosolowski: No.

Carol Nadelson: It's about the clergy sex-abuse scandal, and that happened in Boston. That was precipitated, and I was in the middle of that.

Tacey Rosolowski: Oh, wow.

[01:41:24]

Carol Nadelson: I saw a lot of the victims, and I got involved in that. I got involved professionally in medicine. We had that problem.

Tacey Rosolowski: And when did this occur?

Carol Nadelson: This started—well, when I was at Beth Israel, I started seeing a lot of this stuff, and it went on through when I was at Tufts. I mean, it's still going on.

Tacey Rosolowski: So you're talking about seventies?

Carol Nadelson: Yeah. It was mostly then that that became a big issue. So I've been very involved in boundary-violation issues, and I consulted sometimes for other specialties, other fields. But we saw a lot of doctor-patient things, and I was on various ethics committees around that. When I was the president of the Mass Psychiatric, that happened. I've written books about that. And the clergy sex-abuse thing was something I knew about. When you see the film, I knew that the cardinal knew, and I was one of the people who met with him.

Tacey Rosolowski: Oh, wow.

[01:42:47]

Carol Nadelson: I was asked to meet with him. It was a funny story. I met one of the Monsignors who worked with him at the Vatican when we had an audience with the pope, and he realized in talking to me that I

knew what was going on, and he asked me if I would come to see the cardinal and talk with him about it. So that was part of the other part.

So I took on issues that nobody took on as serious psychiatric issues. It was not part of the field. Women's mental health was not even in existence. We started it, the whole idea that men and women were different, because there was that feminist argument about whether they're the same or it's all culture and what are the real differences. People were just beginning to think about that. Every drug that we gave was standardized on men, not on women. I mean, it's still going on. That's still the issue. But, you know, it takes a long time to get a change like that.

Tacey Rosolowski: What made you so committed to these kind of emerging areas or issues that weren't even issues until somebody noticed them? What drew you to these issues?

[01:44:15]

Carol Nadelson: Well, I thought the field of psychiatry was really interesting, but I became a little disenchanted with some of the traditional constructs, and I had been in psychoanalysis and psychoanalytic training and all of that. And actually, even in the Institute, the Boston Psychoanalytic Institute, we had a women group that we started. Malkah and I and a bunch of others, we started, but I had

colleagues who shared the view. I was, I guess, always into things being fair and just and equal, you know, that that was always the way, and I think that stems from my childhood, and probably my uncle was a big influence in that.

Tacey Rosolowski: How so?

Carol Nadelson: Well, he was a lawyer who thought about that a lot, and I spent a lot of time with him, and he had a wife who started the Women's Bar Association in New York. She was his wife, she's still alive, living in New York, and she's ninety-eight.

But I think that I sort of always liked to push the envelope and say, "You know, why isn't that—," like—well, sort of going through the APA piece of it, so when I was running for president of the APA, there had never been a woman president, and I had been a vice president, I'd been on the board, I'd been on other things, and I chaired this and that, and all of that. When I was asked to run for president, I wasn't supposed to win. I was asked to run to get visibility so I could run and win another time maybe. I'm friends with the guy I ran against. We ran a very civil campaign.

We campaigned, so there two things about that that were important. One was, and he would say things like, “Well, yes, there should be a woman president, but this is not the time.”

And I would, “Why not?”

And his wife actually said to him, “You know, Bob, that’s not going to help.” [laughs]

[01:47:29]

Tacey Rosolowski: What was the name of your opponent there?

Carol Nadelson: Bob Pasnau, P-a-s-n-a-u. And he’s a lovely guy and we’re very good friends now. We laugh about it.

But this sort thing that we did, which I think is really important, and I help people now a lot. One of my mentoring things, there isn’t a year with people running for anything when I don’t get called by a lot of people, “Help me with my campaign.”

So what happened was I’d been in other offices. Nobody really campaigned or had a campaign or did anything. It was sort of an insider thing. When I was nominated, I decided if I’m going to be nominated, I’m going to win. I’m going to see what I can do. So I thought about what should I do about a campaign, and in my head organized what I should do. And I had some close friends, and we sat down and talked about it. So I organized a whole campaign, a national campaign, and I had representatives in each

state who were my friends and people I worked with and knew and I contacted. I did things that people never did before, because I thought, well, I wasn't going to just sit there.

I had my two close friends, who I can never forget sitting in the bathtub, on the edge of a bathtub in a hotel room, figuring out what we should do. [laughs] It was hysterical.

[01:49:26]

Tacey Rosolowski: Why did you want to win?

Carol Nadelson: Well, I thought if I was going to run, I was going to win, you know. I wasn't running for a game. I didn't like the idea that I wasn't supposed to win. That didn't seem acceptable.

Tacey Rosolowski: What did you at that point see the role as—why did you want to take on the role? What did you think you could achieve?

Carol Nadelson: Well, it was being the head of psychiatry, there were forty thousand psychiatrists in the country, and to, you know, sort of influence how the field evolved. It was changing at that point. It was in the middle eighties. I ran in '84, I think, and things were really changing. We were beginning to have more and more women in the field, but they had no leadership roles, pretty much, and I thought they should have representation.

[01:50:28]

And the organization, I was the first woman in 143 years. The organization was that old. It was older than the AMA. It was a year older than the AMA. And I thought, you know, this is ridiculous. You know, things are changing and they have to change. So I was always on that edge of things, and I always had some close friends. I mean, it can't be done alone, and friends and colleagues are critical.

I'm going to get a cough drop.

Tacey Rosolowski: Sure. Do you want to take a little break for a sec?

[End of November 21, 2015 interview]

**The Foundation for the
History of Women in Medicine**

The Renaissance Woman in Medicine Oral History Project

Carol Cooperman Nadelson, MD

**Foundation Board Member
Professor, Psychiatry, Harvard Medical School**

**Interview Session Two
22 November 2015**

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Carol Cooperman Nadelson, MD**Interview Session Two: 22 November 2015****Session Two**
Interview Identifier

[00:00:00]

Tacey Rosolowski: Okay, the counter is moving, and let me put the identifier on so we have our official start. Today is November 22nd, 2015. The time is about twenty minutes after nine in the morning, and I'm at the home of Dr. Carol Nadelson, and we are having our second session today for the oral history interview conducted for the Foundation for the History of Women in Medicine.

So thanks for inviting me into your home. [laughs]

[00:00:33]

Carol Nadelson: You're very welcome. It's good to have you.

Tacey Rosolowski: It's lovely. And we were strategizing a little bit before we turned on the recorder, and we're going to pick up with the period of the late seventies, really, when you started at Tufts.

Chapter Eight

An Ethical Dilemma and Work Responsibilities in the Nineties

Summary: Dr. Nadelson first discusses why she left her position at Tufts University, telling the story of a faculty member involved in misconduct and her unwillingness to remain at an institution where “there was an ethical breach of this kind.” She mentions leaving to take a position at Cambridge Hospital, then talks about how she divided her energies between different activities in the early nineties and explains briefly how the rank of clinical faculty was determined at Harvard.

[00:00:33]+

Carol Nadelson: Well, I started at Tufts really in 1980, '79, but it was in that late period. But before we begin, let me ask you—

Tacey Rosolowski: Okay. Let me pause the recorder just quickly.

[recorder paused]

Tacey Rosolowski: Okay. So we took a little bit of a break.

Carol Nadelson: Tufts was an interesting experience because I was, you know, the second in charge in the department. I was very close with the chair. We'd talk every day. We were good old friends from residency. I think it was the year that I was on sabbatical [1991/1992], I was at Stanford at a think tank.

[00:01:47]

Tacey Rosolowski: What was the year of that experience?

Carol Nadelson: It would have been '91, '92, something like that. I was away, and then apparently what happened, I didn't know anything about it until I got back, and my chair was in the middle of a battle with the medical school on sexual misconduct. I walked into the middle of this, and it's horrifying. I felt terrible, angry and betrayed, because I couldn't have imagined him doing this. It took me a while to put it together and for people to start to tell me things I didn't know, which not atypical of that kind of problem, but I never expected it of him.

So he wound up being deposed as chair, and then they conducted an inquiry, and Malkah and I—Malkah was there then also at Tufts. She came to Tufts. She was always more unhappy than I was. Anyway, they had an inquiry, and the bizarre thing about that was that she and I were both accused of inciting the medical students, and I had no idea what they were talking about.

Tacey Rosolowski: Inciting them to do what?

[00:03:56]

Carol Nadelson: To really demand that he step down and all of that, and inflaming it. We had done nothing, because we didn't even know this was going on. But it was clear to me that this was an excuse, and suddenly we became at fault, not him. It was a very classic picture, and basically it was extremely unpleasant, and I decided at

that point I couldn't stay there, because they had put him in the Pharmacology Department and were talking about making him Chair of Pharmacology. And I thought this is really—I decided I couldn't stay there, because I couldn't stay in a place where that kind of ethical breach was handled that way. I was really horrified and very upset, and I decided to leave.

By this time, Malkah was over at Cambridge Hospital, and she talked to the chair there, who was delighted if I would come. So I went over to Cambridge Hospital, but I continued running the Press, so they gave me space to do that, that was part of the deal, and I taught there.

Tacey Rosolowski: So you started in Cambridge in 1992?

Carol Nadelson: Mm-hmm, and I remained on the staff, but I don't really do much. I show up occasionally, but I'm a peripheral faculty member there.

Tacey Rosolowski: You mean at Tufts or—

Carol Nadelson: At Tufts, mm-hmm. So I really was—

[interruption]

[00:06:12]

Carol Nadelson: Anyway, Tufts was—so I left, and I had real luck because the Press was very demanding, and I supervised and, you know, what I usually do. It was very pleasant. That was when the clinical professor thing. Because I had another job, I wasn't full-time. You're considered full-time if you don't have any other job.

Tacey Rosolowski: And here, for the record, we're talking about the role as clinical professor—

Carol Nadelson: At Harvard.

Tacey Rosolowski: —between 1995 and 2009.

Carol Nadelson: Well, the issue is the hospitals appoint people, but the academic rank is determined by the medical school. So that was what was determined.

Tacey Rosolowski: I wanted to ask you about your experience with promotion and these kinds of title assignments at the Harvard Medical School. You mentioned that when you went up for a promotion the first time, you had talked to your chair and he was, "Oh, I didn't know you wanted to do that." What was it like after that?

[00:07:57]

Carol Nadelson: Well, you know, I think women weren't seen as academically ambitious. There were very few women professors. Women didn't rise in the academic ranks. A lot of women didn't seem to care or didn't know, and yet others did care. That will take us eventually to the Brigham. So I was there from '92 to '98. I'm still on the staff there.

Tacey Rosolowski: And this is at Cambridge?

Carol Nadelson: Mm-hmm. I still have a staff appointment there. That was a kind of—I devoted myself much more to API Press and doing other things. I still was on committees in the medical school and all that sort of stuff. That was a kind of interesting period, because it was really more occupied with building the Press. My kids at the time were now in college as this was proceeding, so it was a different era.

Tacey Rosolowski: Different era in the sense that you had more time to focus?

[00:09:37]

Carol Nadelson: And they were both in New York. Robin was in between China and Columbia, and Jenny was at Barnard, and then she went to graduate school at Columbia. It was that kind of back and forth.

Chapter Nine

Developing the Office For Women's Advancement at Brigham and Women's Hospital

Summary: Dr. Nadelson explains how she was recruited to Brigham and Women's Hospital in 1998 to create an Office For Women's Advancement –an entirely new position and type of activity at that time. She explains her approach to developing the Office and having an impact on department chairs and the institution to advance women's careers. She notes that many women at that time did not realize they had to ask to be put up for promotion: she admits she had no strategy for career development herself, during her early professional life, and could identify with this. She notes attitudes toward pregnancy at that time. She goes on to say that the department chairs at Brigham and Women's were very supportive of her Office's efforts to advance women and that the Office was well provided with resources. She sketches the different issues that junior and senior women faced at that time, then comments on how issues for women today are different/similar. She mentions a number of initiatives the Office spearheaded, including childcare, a Joint Commission on the Status of Women, and the Shore Fellowship (to respond to the fact that women's careers often do not lend themselves to the types of fellowships offered by institutions).

[00:09:37]+

Carol Nadelson: Then in '98, Brigham recruited me. The women faculty at Brigham got together and decided they needed to have an Office for Women's Careers, something that would help women get promoted, and so they recruited me.

Tacey Rosolowski: How did they hear about you?

Carol Nadelson: Well, they knew. Everybody in town, everybody knew I was doing all this stuff for women in medicine, was pretty well known, and one of the co-chairs of the committee was a psychiatrist. They had a fight about whether it was a good idea to have a psychiatrist or not, and she obviously talked them into it was a good idea.

So I took on that job, and it didn't exist before. No place had anything quite like it, and I just had to create it. It was like the API thing in a way. I had to think about how I would do it. Interestingly, that's what my daughter does.

Tacey Rosolowski: Yeah, the kind of program-building. Tell me about how you visualized this. What were your goals for it? What was the strategy?

[00:11:35]

Carol Nadelson: They also appointed someone at Mass General, but she had no experience with women in medicine. I mean, she does pediatric brain tumor stuff, pediatric oncology, ophthalmology. She was in a whole other world, but we got together.

Tacey Rosolowski: And her name was?

Carol Nadelson: Nancy Tarbell. She's now the Dean of Academic Affairs for Harvard Medical School. Several of the deans under the main dean are women, and that's a pretty unique situation.

So Nancy and I—and I really had to take the lead because she didn't know anything about the field. It was fun. I enjoyed working with her. And I decided, well, one thing I'd have to do, getting back to the issue of the daughters, is one strategy would be

meet with the chairs and produce data on promotion in their departments. So there would be that meeting with individual women who were having concerns or questions or whatever, and meeting with department chairs to push them. So I did it, sort of Psychiatry 101, you know, by interacting with them personally, asking them about their families, talking about me, and kind of not hitting them over the head, but we both had the same goals, which is true.

[00:13:40]

Tacey Rosolowski: It seemed like if the issue was these department heads weren't thinking of women in this way, that was an ideal way to start bringing it to their attention.

Carol Nadelson: Right. And they needed that. That's what they needed. So I then hired somebody who was good at data, and we'd collect it, so we had a huge data pool, and I could say to them, "You know, you have x number of women, number of men, and these are the statistics." They didn't often know what was going on because some of them had huge departments. Department of Medicine has over eight hundred people in it. It's a huge place, and people don't realize Harvard Medical School has almost twelve thousand faculty. It's probably the biggest medical school in the world, but they're all decentralized so the—

Tacey Rosolowski: That's incredible.

Carol Nadelson: —core group is small compared to this, but not smaller than an ordinary medical school. But this is not structured that way.

[00:14:47]

I worked the Dean's Office and some of the sub-deans and the Dean of Faculty Affairs, and we not only collected data, but I tried to build programs to help, you know, seminars on how to get promoted, seminars in writing, getting lecturers who would be role models and people who could be mentors, and stirring up mentorship. And I became sort of the mentor-in-chief. I met with everybody, with the person who comes in, "I didn't get promoted." And my first question would be, "Did you ask?" [Rosolowski laughs.] Because most of the women didn't.

Tacey Rosolowski: Really? So they expected it to just happen.

Carol Nadelson: Well, how would they know? They didn't know what the game plan was. There was nobody who told them. It was said you have to have a mentor or support. People didn't know that kind of thing because they were down in the lower ranks, mostly.

Tacey Rosolowski: Now, was that something you personally could identify with? I mean, did you have a game plan when you started as an early career person?

[00:16:09]

Carol Nadelson: No, I didn't know anything, and so I knew that. I learned that at Association of Academic Psychiatrists and meeting with people who were Career Teachers around the country. I learned a lot from that, and they were mostly men. I have to show you—I'll show you the picture of one of the meetings where I was hugely pregnant, and they were panicked.

Tacey Rosolowski: Oh, really?

Carol Nadelson: Yeah, because everyone was, "Oh, my god, how did you get on a plane?"

I said, "I lied," which is true.

Tacey Rosolowski: Well, and also, I mean, I don't know if you had this experience, but I know from former colleagues of mine when I was an academic, I mean, a woman who was pregnant, you just take fifty points off her I.Q.

Carol Nadelson: Yeah. Oh, yeah. So we were in the forefront of this, this group of women around the world and around the country. We became very close, and we're still close friends, all of us. But I think the thing that was most striking about that was that I had the support of the hospital. The chairs couldn't have been more cooperative. Occasionally had one who was a little difficult, but, you know, by and large, they were receptive and willing to work at it. They really cared. But it was all new. Nobody was doing anything like this, so—

Tacey Rosolowski: How long did it take to start setting these things in place?

[00:17:56]

Carol Nadelson: I did it pretty quickly, and I had enough staff help.

Tacey Rosolowski: So it was well resourced. You had that support from the institution as well?

Carol Nadelson: Yeah. They let me have a secretary and an assistant. And my assistant was a good statistician, and she didn't know the field, but she knew how to statistics and organize things, so it was a big help.

We put out newsletters. We had programs. We invited people. I set up a committee, a similar academic women's

committee, junior women's committee, so we looked at the issues common to both. My goal was to get more women professors.

Tacey Rosolowski: Just before you go on with that, what were some of the issues that came out of those different committees? Were there similar issues of senior and junior women?

[00:19:12]

Carol Nadelson: No, the junior and senior women had different—the junior women were kind of like junior women in any situation. They know they don't know the game plan. They don't know how things work. They feel overworked and undervalued, and they were, and people weren't taking them seriously. But part of it was they weren't taking themselves seriously, and that was important. They had to see themselves as worthy, and they were, and they had to ask and they had to know how to do it. You know, I had spent enough time reaching the top of things to know what happened.

Tacey Rosolowski: Now, when you compare those women at that time in the late nineties with women today, are their similarities in what junior women are going through now?

Carol Nadelson: It's a very complicated thing, and I think one could spend hours thinking about this. But today, women assume an entry level, and

what's happened is people don't perceive discrimination until later, and that was true then, too, but it sort of moves up, and that's true in every field. You know, you get the entry-level job, but then how do you keep it, and how do you advance, and how do you deal with all the demands? And, you know, people will say, "Well, say no to some things." Well, that's strategic. What do you say no to? What would hurt you and what would help you? How do you think it out?

[00:21:03]

So I used to sit with people and help them. I would role-play with them, I would go over questions they needed to think about and the plan they needed to present, because they needed to put themselves forward, which is why that grant I told you about yesterday, the Shore Fellowship that we began, all of that began with the hospitals were beginning to put in faculty development program, as was the medical school, and we all worked together. And I really did a lot of spearheading of attempting to get those people together. We met at the medical school with one of the deans, and we worked at trying to get this to happen.

And there was resistance, which was, well, women, really, they don't demonstrate that they're really serious, or they whine and complain. They don't take on the role and problem-solve. So they were getting that image, and partly it comes from them and

the way they look at women, but partly comes from the role women saw themselves in. It required working at both ends of it.

Tacey Rosolowski: It sounds like you were taking a very realistic and kind of unromanticized view of the situation. “Hey, you know, sometimes women are partially responsible for what’s going on here.”

[00:22:43]

Carol Nadelson: So we had leadership development programs. We had people come in. We talked about how you do it, what questions you ask, you know, all kinds of things like that. And I met with individual women regularly. It was a big part of my job to help coach them.

Tacey Rosolowski: What were you hearing from them when they came in?

Carol Nadelson: Well, it was not really knowing how to approach these things or not really thinking, well, this is the system, you know. You can’t change the system overnight, but how do you get this to work your way, how do you get what you want out of this, and how to be taken seriously and advance your career and do your work. A lot of them had childcare issues, that was the age, and there were built-in discriminations.

Tacey Rosolowski: Such as?

Carol Nadelson: Well, even NIH has a Young Investigator's Award for people under thirty-five. Well, it's different for men and women. Women often start later, and that's discriminatory. I didn't even think of it until one of the women pointed out to me that she was over thirty-five so she couldn't apply for that. You know, that was that kind of thing.

It was the era of women weren't subjects, we weren't doing clinical trials with women, you know, that was evolving. Childcare was, at the beginning, not available. There were some people who felt, "Well, why don't we have childcare? We should have childcare." Well, who's going to pay for it? How are you going to go about getting this? And getting together among the hospitals and clinics was really helpful because it meant we had a really big group of people with the same concerns.

[00:24:51]

Tacey Rosolowski: So what were the hospitals involved in all of this in a partnership?

Carol Nadelson: Well, the hospitals, Mass General did it and Beth Israel and Children's Hospital did it, set it up, so a lot of the big hospitals set up programs, and we worked together.

Tacey Rosolowski: And these were all programs for women.

Carol Nadelson: Yeah, but these Shore Fellowships were for any junior faculty person. Obviously, there were men involved also, but this was women. And the dean was persuaded to set up, in the early seventies, this joint Committee on the Status of Women.

Tacey Rosolowski: And this was the dean of Harvard Medical School?

[00:25:36]

Carol Nadelson: Yeah, which still exists, and it's an advocacy group of women faculty and women staff. That's a problem because the issues really are not quite the same, but, you know, they can share, but everything isn't exactly the same issues, because academic advancement is not the same as corporate advancement or advancement in a nonprofit educational place. Anyway, so all of that was coalescing and there was a lot of activity around that.

Tacey Rosolowski: Now, just so I understand the relationship between your office at Brigham and Women's, and these others, I mean, so you were partnering. It wasn't that you had administrative control.

Carol Nadelson: No. Everybody had their own partner on all kinds of programs. We did our own thing, because each hospital has a different

culture. They're not the same at all, with different histories and different cultures.

Chapter Ten

Professional Challenges for Senior Women, the Advantages of Diversity, and the Office's Impact on Women's Advancement

Summary: Dr. Nadelson first sketches the institutional issues that held senior women back from advancement and leadership positions, including women's own lack of familiarity with how to be seen as a leader. She notes that few chairs saw women's lack of promotion as a waste of an institution's investment in faculty. She explains what a diverse faculty can bring to an institution and talks about the dramatic changes her Office helped create over the course of ten years. She next explains how Harvard's no-tenure rule works to the advantage of both women and men. She gives her perspective on what has and has not changed for women, noting in particular the importance of a woman having a supportive partner. She speaks in general terms about the value of diversity, what women bring to an institution, and how parenting roles are currently changing.

[00:25:36]+

Tacey Rosolowski: I wanted to ask you when—so you were talking about the junior women who came in and what their issues were. What about the senior women?

[00:26:51]

Carol Nadelson: Well, the senior women were now beginning to be associate and full professors. We were beginning to get some people through, and escalating the numbers, and they then had to be in charge of something. You had to be a division chief or a senior investigator, and women hadn't been in those roles. There were no women division chiefs when I started, very few women full professors, I think there may have been six of us at the time, and it was really different. And some places, there were none. There were no women chairs, except Greta Bibring had been, but the BI didn't have another one for a long time. That was sort of there would be,

“Oh, we did that once,” not really seeing this is the wave of the future. So working together was really helpful that way.

Tacey Rosolowski: So was that the only thing that—

Carol Nadelson: Well, there was how to lead, how to be perceived as a leader, how to take on tough problems that might include things like having to say to somebody, “I can’t give you more flexible time. Who’s going to cover for you?” or, “I can’t pay you for maternity leave. There’s no money,” things that they hadn’t had the responsibility for, and that meant a different level discourse with the powers that be because we then had to advocate for things we knew were needed, but you had to fight the budget fights and the other fight. And then [unclear], “Well, women really aren’t that serious about it.”

[00:28:51]

Women had to learn how to see themselves in that kind of role of taking charge of something and dealing with men who didn’t like women in charge, who weren’t used to it. And there were so few, that each one stood out, so everyone looked at that person.

Then there was how people recruited, who was promoted for what job. They didn’t think of women. So somebody had to say,

“How come?” I remember one story. One woman came into my office with a story about how she discovered that she was in a clinic, and the chief left, so the job was open, and there were two people who could be eligible, in her eyes: her and this guy. And she learned by reading a fax that happened to be sitting on the table that they had appointed the guy. She came to my office, furious. We talked about what to do about it, because they didn’t have a proper search. So we had to institute a requirement for that, and in the end, she wound up getting the job.

Tacey Rosolowski: Oh, wow.

[00:30:18]

Carol Nadelson: And they had to take it back from him, which, you know, that created a lot of bad feelings. And search committees, they automatically search for themselves, which is true in every organization. I see it in the American Academy of Arts and Sciences. The same thing goes on, and a lot of it is kind of unconscious. And that’s my field. [laughs] But a lot of it is they’re not aware of that. Just like racism, sexism exists all over, and people aren’t aware that they’re doing that. It’s not that they deliberately often—it’s they don’t even think about it. And that’s why hearing it from your daughter hits you. But I found, in

general, people were really cooperative. They really wanted to do something better.

Tacey Rosolowski: Did they have a feeling—I mean, because, obviously, part of this, there's the personal cost of a woman who's invested in her own education and in her training and suddenly finds she's not able to really blossom as she wants to, but then from the perspective of a department or an institution, there's a loss of talent. I mean, you're not fully tapping your talent pool.

[00:31:47]

Carol Nadelson: Absolutely right, but nobody had thought that way. That absolutely is correct, that we're losing enormous talent, and if you look at leadership now in certain fields—and I think women's health was affected by it. For example, we just gave the Alma Dea Morani Award to Mary Claire King. Now, her work on BRCA, I don't know anybody would have thought of looking for anything like that, but people who take on research or clinical areas do it because it means something to them personally. It's not only an abstract idea; it's that you know something about it, and you think a certain way, and that's useful to society. It's very important to have the diversity of input, which is why diversity is so important in all kinds of ways. And, of course, we had it also with women minorities, same thing was going on, only worse for them.

Tacey Rosolowski: How long did it take for people to really shift their paradigms—I'm taking here about the department chairs and division chairs—for them to start seeing women as an untapped talent pool?

Carol Nadelson: Well, I think it was not long. It took a lot of work, and then it grew into, well, that's true of minorities as well, and then we sort of had a Faculty Development Committee, with subgroups, a minority subgroup, a women subgroup, so that you looked at the issues that each group had to bring us all together. Over the course of the next ten years, it was really quite dramatic.

Tacey Rosolowski: What were some of the markers that you were using to measure progress?

[00:34:03]

Carol Nadelson: Well, we looked at promotion rates. We looked at grants, who got which grants. We looked at jobs, who were getting to be leaders in their clinics and leaders in their divisions, division chiefs, department chief, how were we moving, and then who was getting promoted, and getting more and more women promoted into senior ranks, not being subsumed.

And, you know, there are always people in every field who think that they should be because they're there, who didn't

understand what work was required. The officer at the Medical School did some revisions of the guidelines for promotion, and one of the things that Harvard had more uniquely than other places, which is a good and a bad thing, you can get promoted in a clinical department over time. We don't the tenure rule. The good thing is there's no rule about up or out. The bad thing is there's no rule about up or out, because you could sit in the bottom forever, and no one cares. But you also could take your time.

[00:35:35]

So, you know, what it makes you think about is the rules, as I said yesterday, were established by men for men. Well, men also, especially in the new world of men participating more in childcare and household management and things like that, well, they were taking their time too. They weren't all the same.

Dual-career families became a big issue. How do you work it out? Now, I knew my husband and I had worked it out. For me, it was less difficult than it is for some people because my husband wasn't particularly as traditional in his views. He never was, or he wouldn't have married me. So he was an example to a lot of men for how you did it, and he had colleagues who had wives like that.

That one time when my son was four, I was having a meeting in my house. I don't know what meeting it was, was it about the daycare center or whatever, and my son said to me, "Can men

become doctors? I only see women, all your friends who are doctors, and I don't see any man doctors." Of course, his father was a doctor, but it was like he kept—so he had a totally different world view, and he still does. In his world, women do everything, and his wife does, and their division of labor has to do with skills, although it always leans in every family, it leans that way. It's not perfect. I don't think it will be for a long time.

But it was a very funny perception, because that would be like such an outlier for the other kids. And one time he said to me something about one of the women down the street. He said, "You know, so-and-so's mother, she doesn't do anything. She's just at home all the time, even when he's not there." And he was sort of puzzled by this, because that wasn't, again, his world.

[00:38:19]

Tacey Rosolowski: The experience at home makes a huge difference.

Carol Nadelson: Both of my kids' development moved in that direction, clearly.

Tacey Rosolowski: Right, right. Let me ask you. Now, you held the role with the partners group with faculty development for how long? It was started in '98 and then—

Carol Nadelson: I left—partly it had to do with—

Tacey Rosolowski: Actually, I didn't want to get there quite yet, if you don't mind. I wanted to ask you if over the course of that time, as new junior women were coming in and asking for mentoring, did you see that their issues were changing or that they were becoming savvier about career development?

[00:39:10]

Carol Nadelson: Not at the beginning. A lot of them really continued, and they still do. A lot of them are coming as postdocs and graduate students. Yes, there are more women graduate students now in the sciences, not as many, and then there were more women junior faculty, and clearly that's changed, and in some fields it's changed dramatically, because new and evolving fields have more women because it's open to them. Like genetics, it's more open because as it evolves into a new field, women can advance because it's not the old barrier. And I think part of it is coalescence with the history of feminism. Women still had a hard time working out really more egalitarian relationships with their partners. Men were still in old traditional molds, and they still are. There's some change, but it's not a lot, and there have been articles in the newspapers about it regularly. It's not fifty-fifty; it never is.

Tacey Rosolowski: I saw an article probably about two months ago in *The New York Times*, it was a survey of two-career couples, asking questions, whose career is more important, and pretty systematically men believe their career was more important.

Carol Nadelson: That's true. And when it comes to moving, that's a big issue. It's changing, but not enough. But it's the women who usually wind up moving, not the men, but there are changes in that. It's not the way it was when I started. I was such an outlier. I was looking and being looked at for jobs outside, for deans, for department chairs. I was interviewed. I would be the woman they would interview. My husband's only statement about restrictions was there were certain cities he didn't think he could live in, and I agreed, that I wasn't going to push us into a city where I knew we wouldn't be happy.

[00:41:50]

Tacey Rosolowski: Right. Sure. So you were saying that these negotiations with partners was a limiting factor at that time for women. Do you think that's still the case?

Carol Nadelson: That often is, and it still is. People are brought up in a culture, and as we see our culture still leaning backwards, that is an issue. And reproductive rights became an increasingly big issue, because if

women can't control their reproduction, they can't control their lives, if you can't figure out a way to make that work. Obviously, for better-educated women with more money, it's not as much of a problem. but it is for women who have no resources, who are poor, who are undereducated, who want to go back to school but you have little kids. How do you do that if you don't have money? Daycare is very expensive. And daycare was beginning to be part of the culture, so that was a big change, because we didn't have that at all. We were just out there alone. But even with it, it doesn't solve every problem.

Tacey Rosolowski: No, it certainly doesn't.

[00:43:08]

Carol Nadelson: And, you know, we haven't, as a society, really addressed it. Hopefully, the next generation will really take it on and do something with it. It's clearly national conversation, and we're behind the rest of the world.

Tacey Rosolowski: So when you look at the period where you had this role, what did you feel you really accomplished and what's continued after your relationship with that program?

Carol Nadelson: Well, the office, I think I really did get women on the map, and the women I worked with are now full professors. We changed the whole picture, and that was me at the Brigham but all of the people doing faculty development. You know, Harvard Medical School now has over two hundred women professors. That's a big change, and we've changed the way people think about it. You know, women lead in some hospitals. We would never have had that before. BU has a woman dean, who I think was a Harvard Medical School graduate. And the head of our hospital is a woman, and the president of Harvard is a woman. No one would have thought that would have happened, so that's a big change. And most of the women do have children. In the old days, the original women mostly didn't. The first four—well, there were five women in that room, the Waterhouse Room. I told you the pictures of the portraits—

[00:45:06]

Tacey Rosolowski: We're talking about the Countway Library here, just for the recorder.

Carol Nadelson: No, that's in the Medical School.

Tacey Rosolowski: Oh, okay, I'm sorry.

Carol Nadelson: There were women who were chiefs, the head of Children's Hospital, the head of Pathology at Children's Hospital, the head of Gynecologic Pathology at the Lying-In, the head of Psychiatry at the Brigham. That was happening, but most of that era of women, who would be, like, in their nineties now, didn't have children. But that changed pretty dramatically over the time, and that has continued, and some people do, some people don't. I mean, you know, that's the world has changed that way.

[00:46:00]

We never would have thought of gays and all of that. Nobody ever had any concept around that. So all of that has changed. It's opened up. But I think what it tells us—and women are still ghettoized in fields that are traditionally women, and they get paid less, so the original idea of taking more women in medicine in '73, women would be primary-care physicians while the men would be the specialists. That was really the thinking. Some women don't want to be primary-care physicians or pediatricians. But now we have—and women weren't even OB/GYNs. Now it's like 90 percent in pediatrics and OB/GYN, very high in primary care. But certainly primary care and pediatrics are underpaid, as is psychiatry, which now has 50-50 in residencies—

Tacey Rosolowski: Interesting.

Carol Nadelson: —and maybe even going towards 60-40. So there are still those fields that women are still rare in, particularly the procedural specialties, although we have women. There are, but they're not in big numbers. It's increasing dramatically right now. It's not such an anomaly, but they're still not chairs. Mass General now has a woman Chair of Medicine, which would have been unheard of. There are very few, very few women chairs of anything except Pediatrics. But even in OB/GYN, there aren't a lot of women chairs, because people think in a kind of linear way about [unclear] the people I think of, which is why pushing for diversity on search committees is terribly important. People think differently and open their minds differently if you have a diversity of people with ideas.

[00:48:37]

Tacey Rosolowski: What is it that you think women really bring to these kinds of conversations? What is important, I mean aside from just their talent in content areas? What's the approach?

Carol Nadelson: I think there a lot of discussions about personality variables and what women like and men like. I think there are differences. I'm not sure that we know what they are or where they come from. I don't think there's a genetic predisposition. I think a lot of it has to do with culture and background and the new epigenetics and the

field of looking at. But people look at the world differently. Women are the ones who bear the children. They look at the world from that perspective, of course they do, but that's half the world. So we were operating as if there was only one half the world.

But women will ask a question—well, I did that yesterday when I was looking at the American Academy of Arts and Sciences membership thing, and this part we'll have to edit a little bit, because I have to be careful about that. But I look at it, and everybody says we want more women and minorities, but they aren't in the top list. And how come? Sometimes the fields they are in aren't seen as important enough, and their interests may be different. We didn't do so much research in women's health, so we didn't know a lot about sex differences because no one was investigating that. We didn't have women in clinical samples, and people often reported data without sex as if it's all the same. Even medical data, plain physiologic data, of course it's different.

[00:50:54]

Tacey Rosolowski: I was at a talk given by a guy who was responsible for a genome project, and I had asked a question during the Q & A period about whether they had taken down information about the sex and ethnic backgrounds of the individuals who supplied the genetic material for testing, and he was actually unaware that women—I mean, I'd said, part of the importance of doing this is that women, for

example, have a different way of manifesting symptoms. For example, cardiac problems. He didn't know that. He didn't know. It was just kind of [unclear].

Carol Nadelson: That was a very real issue that I find myself shocked sometimes by how little people know about this. And in all disorders there are differences. We don't know also about ethnic issues and why there are differences in different ethnicities would seem logical, but everybody's more mixed now.

Tacey Rosolowski: Absolutely. But it seemed quite staggering to me that at this day and age that it was a blind spot.

[00:52:15]

Carol Nadelson: Oh, yeah. Oh, yeah. No. I'm very struck. People will ask me still, "So, why women health? Why not men's health?" Well, men's health is a good idea, too, but, in fact, what we need to do is we need to define what some of these differences are.

People at the Brigham, we have a Division of Women's Health in Department of Medicine, Connors Center, and it's run by a woman who's a cardiologist, who also happens to be African American, who's absolutely dynamite, just unbelievable, accomplished, and she's done a terrific job of pulling that together.

Her head of research does sex differences in the brain. That's her area.

Tacey Rosolowski: Oh, how interesting. What's this woman's name, the African American?

Carol Nadelson: The woman who's head of Connors Center?

Tacey Rosolowski: Yeah.

Carol Nadelson: Paula Johnson. And the woman who's the head of research there with sex differences is Jill Goldstein.

The other thing is we're now beginning to see different roles of fatherhood and motherhood, and I think partly the Gay Movement has pushed that, because you can have two mothers or two fathers. We just label it by sex, not by—you know, the appearance rather than the roles, because they're different. And you need a balance, whatever it is. So if you have rigid sex roles, then it stays rigid. And, you know, there's nothing wrong with floating boundaries or changing roles, and kids do fine. We've learned that.

[00:54:39]

Tacey Rosolowski: What's the impact that you're seeing for junior women, senior women on these changing roles of parenthood?

Carol Nadelson: Well, I think what I hear, and now I hear it more from men also—if men and women would get together and really push the childcare agenda and the parental-leave agenda, as they do in Scandinavian countries, in France and all of those places, we would see big change as they do in Scandinavian countries. We are seeing now more women who out-earn their husband. That's becoming more modal.

When we look at, I think, the rating of colleges—my one beef with Obama—the rating of colleges by how much people earn is absolutely ridiculous, because you want people to go into social service fields, men and women. You want to break down those barriers and have all of that value and maybe look at why some fields get so much more pay than others.

[00:56:00]

Tacey Rosolowski: There's also that logic, I mean, if women and other diverse individuals start entering traditionally male fields and bring a different perspective, the reverse is also true. I mean, if white men start going into fields that were traditionally the domain of women, they're going to bring a different perspective.

Carol Nadelson: That's right.

Tacey Rosolowski: And that can't help but change and kind of loosen up and enrich that area.

Carol Nadelson: And enable people who have those skills to do it, regardless. We see that in nursing, which is interesting, because now there are a substantial percent of nursing students who are men, but they tend to get administrative jobs.

Tacey Rosolowski: Oh, really? Interesting.

[00:56:48]

Carol Nadelson: Bedside nursing still is mostly women, and the men are the ones who—and there are data. I don't have it in my head, but there are some interesting data on that, and that needs to be looked at, because maybe men don't feel they have the permission to be who they are, to be the nurserer and caretaker of the sick in the role of nursing because it's not a man's place, and if you look around the world, the macho culture is very much in evidence.

Tacey Rosolowski: When I was in my faculty job, I remember—and this is just a tiny anecdote, but I thought it was telling—there was a young man in one of my classes who was really upset. He wanted to go into

elementary school teaching, and he actually had comments from male friends who said, “Oh, you must be a pedophile.” I mean, all of these pressures. I mean, he was just shocked and in despair about it.

Carol Nadelson: Look in schools, to have that balance you really want, and some kids do better.

Tacey Rosolowski: Absolutely.

Carol Nadelson: Especially people who come from fatherless families, it might be good to have a male teacher and a male role model in a different role.

Tacey Rosolowski: Absolutely. Absolutely.

[00:58:22]

Carol Nadelson: And the same with women having—as I think about my science teachers in high school and college, I didn’t have any women science teacher. There were a couple of women in math in high school, but I didn’t have very many women in sciences when I went to college.

Tacey Rosolowski: Yeah, I know.

Carol Nadelson: And I think it's still heavily in the other direction.

Tacey Rosolowski: It is.

Carol Nadelson: Women still don't get tenure the same way. People, unconsciously, often, don't look at the data differently. You know the study that's been done a hundred times over, over the years, where you take a paper and you put a male name and a female name, or you take a job application, and clearly if you think it's a man, you grade it differently. We still do that. When the music field changed this—

Tacey Rosolowski: I was just going to mention it.

[00:59:28]

Carol Nadelson: Yes, that was interesting. When they started having blind auditions behind a curtain, suddenly, dramatically the number of women in orchestras went up.

Tacey Rosolowski: Yep. I remember reading—I was just thinking of that study.

Carol Nadelson: Now when you look at an orchestra, I'm always bowled over and I feel so good when I see how many women are in symphony orchestras.

Tacey Rosolowski: It's kind of amazing, kind of amazing.

Carol Nadelson: We have to get to more women conductors and things, but we're doing a little better on that, not good enough.

Chapter Eleven

Leaving the Office for Women's Advancement; The Foundation for the History of Women in Medicine; Perspectives on Different Generations of Women

Summary: Dr. Nadelson explains the factors influencing her decision to leave the position at the Office for Women's Advancement (in 2012). She cites administrative restructuring at Brigham and Women's Hospital as well as several personal factors. She speaks about the significance of being elected to the Academy of Arts and Sciences. She then talks about being nominated for the Alma Dea Morani Award (won in 2009). She speaks about the importance of the Foundation for the History of Women in Medicine, winning the award, and the critical importance of preserving the history of women in medicine. She compares the attitudes of older generations of women, who struggled for equity, with younger women who take their advantages as a given. She speaks in general terms about her concerns with American materialism and other values (in comparison with Japan).

[01:00:11]-

Tacey Rosolowski: You were going to tell me the story of how you transitioned out of that director's job at Brigham and Women's.

[01:00:11]

Carol Nadelson: Okay. So what happened was got into—they decided to put together all the faculty development programs under one roof, the Center for Faculty Development and Diversity, at the Brigham. I really, (a), didn't really want to run that. I really didn't want to take on a major administrative responsibility. I really liked meeting with people. So that was one thing. The other thing, quite frankly—and this is a little sticky in terms of how it gets handled—I didn't get along with the person who they then chose, who had

been one of my former students but a difficult person. And I just, you know, felt more and more the job was getting too bureaucratic and too administrative, and that's not where I felt I was going, and I felt it was time to think about backing off a little bit.

The job was incredibly important when my husband was sick and then when he died. I couldn't have asked for a better environment. People were incredibly supportive and helpful.

Tacey Rosolowski: When did your husband [unclear]?

Carol Nadelson: He died in 2003.

After that, things were good for a while, and work helped me get through that, and the support I got was really amazing. Then when they changed this model and I had to deal with that setup, it wasn't where I was, and I felt like I needed to back off and have my own space and think about what I wanted to do next, what was the next phase.

Tacey Rosolowski: So what was the year that you left that position?

[01:02:31]

Carol Nadelson: I left—it's probably three years ago or two years ago now. I don't remember exactly. I'm thinking it's two—October, maybe 2012. I'd have to check that. I tend to remember things experientially

and not by the exact dates of things. You know, it's within a range in my head.

But I also at that time had two additional grandchildren, and I really, truthfully, wanted to spend more time with my grandchildren and have more flexibility and be in places beyond where I had been. I needed a new kind of thing to work on, and I didn't have a real plan, but I knew that it was better that I step out of that and not get caught in what was a more administrative kind of thing. I'm the kind of person, I like to be in charge and I like to develop things, and kind of the way it was going was not my style.

Tacey Rosolowski: I was curious. I'm not trying to push you to share anything you're not comfortable with, but I'm interested when you said that you didn't feel you got along with the person they'd selected, and I'm wondering what that taught you about yourself, about your leadership style and your working style. Why was there a mismatch there?

[01:04:28]

Carol Nadelson: Well, I'd known her for many years, and, frankly—and, again, this is not for the record, really.

Tacey Rosolowski: I can turn off the recorder if you'd prefer.

Carol Nadelson: Yeah, probably.

[recorder turned off]

Tacey Rosolowski: Okay. We're back after a quick break. So you said also you were getting older and that was another factor.

Carol Nadelson: Right. And there were a lot of other interests I had and things that I kind of wanted to do, and I've done a lot of things that are different than I would have planned. I was elected to the American Academy of Arts and Sciences, so I've gotten involved with that. It has not very many women, almost no psychiatrists, certainly no other woman psychiatrist.

Tacey Rosolowski: What was the significance of being elected to that?

[01:05:26]

Carol Nadelson: Well, that's a hugely significant—and it was a male mentor who I talked about, Leon Eisenberg, who nominated me, and when he died, my nomination was taken over by another mentor of mine, Herb Pardes. He was the chair of the board and the president of New York Presbyterian and had been the dean of Columbia. I knew him from when he was an assistant professor, and he always was a mentor. When he was the head of NIMH and I used to go to

Washington, if I had a problem, I would call him and talk with him about it. Leon served like that for me. He was very helpful. In fact, two weeks before he died, we had a conversation and he was telling me how I should handle an issue like the faculty affairs business. He gave me advice on that. He always had that in his mind, you know, but it was very important to me.

The academy brings together people from different fields, and what I feel now is I can bring to a conversation a perspective that most people don't have because I've been in academic medicine all my life. I know what the medical care system is. I can say something about it. And I felt like I needed to bring that, but I also wanted to learn new things and meet people who were in different fields and engage. So that's been important.

Tacey Rosolowski: What are some of the activities that this academy does?

[01:07:26]

Carol Nadelson: Well, it's mostly academic meetings. I'm on the Membership Committee, but, you know, whether I'll be more active in other things, I don't know whether I feel like I want to or not. But it's been stimulating to meet people from other fields and get to know them and go to meetings and concerts and lectures with people who are not all in my field.

I joined the Harvard Institute on Learning in Retirement, where most people are not really completely retired, but it's the model for it, which I think is unique, is you both take courses and you give courses. You don't bring outside people in except just the occasional lecture. And I'm taking courses in things I haven't done since college, and it's really interesting. I can pick whatever I want to. I haven't taught anything yet. I'm thinking about doing one. I'm talking with a friend about women in medicine and science, about doing something. You know, a number of possibilities. But, for example, last semester I took a course in cave painting.

Tacey Rosolowski: Oh, how cool.

Carol Nadelson: I had been in the Dordogne about seven or eight years ago, and I was just blown away by it, by the experience of seeing this and learning about it, and so I took a course.

I took a course in constitutional law. You know, whatever—I've taken a lot of courses that are different, so that's been fun. And I only have to be on the committees I'm interested in, which is how I got into the Foundation and the Archives. I'm very interested in the history of women in medicine and science.

[01:09:35]

Tacey Rosolowski: Tell me about becoming involved in the Foundation for the History of Women in Medicine.

Carol Nadelson: Well, I was never involved in it until I—my dean nominated me for the Alma Dea Morani Award. He called me up and asked me if he could nominate me.

Tacey Rosolowski: And this was in 2009. You won the award in 2009. I guess you must have been nominated in 2008.

Carol Nadelson: Yeah. And I was really very flattered and touched by that. But I've always been interested in history, women's history. I have two close friends who are historians of women, who I met through—one of them was my next-door neighbor for a long time. The other one is a friend who wrote a history of women in Boston in medicine.

But that evolved, and I really became interested because I think what happens, as you know, is those who write history make it, and if women's history isn't recorded and known, we're not going to know. We don't know a lot about the history of women through the ages. We're just beginning to learn about women in literature, women in art. How many more than we know in every field? It always thrills me to uncover something like that or to read

about a woman who I can see from a different dimension than the traditional way because somebody's finally written about it.

[01:11:25]

Tacey Rosolowski: Now, tell me what you think the significance of the Foundation for the History of Medicine and Women is. What are they doing that's really key?

Carol Nadelson: Well, I think both recording and keeping and supporting women in medicine, and I think the Archive with Countway is terribly important, because we've had nothing like this. And I think it's important for the future, for future generations to know what our experience was, to take it forward. We don't want to keep repeating the same thing, which we've done historically. It's been up and down, and you can just see the cycles of it over history. I think that's important.

[01:11:25]

I think the fellowships are important, having people actually do the archival work and look at and find out about women who've made a difference. So I feel very much—I love reading historical fiction. I have a niece who writes it. And I think most of the writers have been men through the ages. Most of the histories were written by men. What perspective do women bring? How do

they uncover things and think about things? I think Hilary Mantel's success—

[telephone interruption; recorder paused]

Tacey Rosolowski: We've had a pause. We're talking about the next generation.

Carol Nadelson: The next generation. I think about it, the next generation of people whose families were immigrants, like my family, is different than the first generation, and there's probably less achievement in the same way as the sort of pressure to really make it in this new world and have your kids make it in the new world, but as you move on, it becomes a different way, and I guess that's true for all cultures.

Tacey Rosolowski: I think it is. I wonder if it goes back to some of the risk-taking. I mean, the people who emigrated were risk-takers, you know.

Carol Nadelson: That's right. I think about that a lot. I showed you the picture of my grandmother with the four little kids on steerage and going over the ocean in 1912. That was a huge risk. They knew they would never see their families again.

Tacey Rosolowski: Absolutely.

Carol Nadelson: They had to know that. I just saw the film *Brooklyn* last night. It's worth seeing. But it has that, what it means to do that and to reintegrate into a new world.

[01:14:50]

Tacey Rosolowski: And to make sure that the risk was worth it, so of course you're going to work.

Carol Nadelson: Yeah. And it's interesting, because my daughter-in-law's family are immigrants, but they came at a higher level. Her father was a banker in Korea and here. They've never learned English.

Tacey Rosolowski: Oh, interesting.

Carol Nadelson: But, you know, they have their world. So it's a different generation.

Tacey Rosolowski: Do you think some of that happens—we were talking yesterday about your generation of pioneering women who set up these programs, you know, really worked to change ways of thinking about women. What about women today? Do you think they take it for granted? Do they have to have their consciousness raised again in a new way?

[01:15:47]

Carol Nadelson: Well, I'm a little troubled about it. I can see what's happening and that probably young women today are negative about feminism, and I'm very concerned about the reproductive-rights issue and about maybe societal egalitarianism.

Tacey Rosolowski: What do you mean when you say that?

Carol Nadelson: What I mean is that especially in the U.S.—I've been writing a lot lately and learning a lot about healthcare systems around the world. I'm convinced that ours is among the worst. We're certainly the worst in the developed world, although we get fed information that's contrary to that. It's not true. If you look at the data, we fall behind. But we don't take care of each other. We don't think about certain things as societal goods that we should all share. For example, healthcare isn't seen as a right. It is in other countries. It's not a privilege; it's a right, a human right, like education, like equality. I mean, there are certain things a society should have for its people. And we get so caught up in materialism that the cry of "no more taxes" by people who, in fact, would benefit if there were more taxes on the rich.

[01:17:40]

Tacey Rosolowski: And there were Social Security, social network services.

Carol Nadelson: Social network. And countries that don't have it, like Japan, are falling apart, and they're not going to survive unless they do something about it. I was just in Japan in April, and I was pretty amazed by what's happened there. Women are of reproductive age and not reproducing because the culture remains the same and they don't want that kind of life.

Tacey Rosolowski: Wow. How interesting.

Carol Nadelson: It's a very interesting phenomena. We learned that from a number of the guides we had. We talked about the fact that they're not at replacement-level population. They have no immigration because they don't allow it. So they have more older people than people to support them, and something's going to really be a problem. Who's going to take care of the older people if they continue this way? It sort of requires a change.

[01:18:47]

But when I was growing up, healthcare was affordable, and education—I went to a free college, and, you know, I don't think I ever would have gotten anyplace close to where I got if I didn't. And that's something other countries provide for people. They provide childcare in some—in France, the crèche system is by how

much you can afford. It's geared to your income. But everybody has an opportunity to use it, and it's good. It's very good. So I think I worry about where we're going with the way we've sort of moved backwards from our societal commitments to each other.

Tacey Rosolowski: You mentioned you're concerned that younger women are rejecting feminism. What do you think younger women think feminism is? Why are they rejecting it?

Carol Nadelson: Well, they sort of have filled with the kind of bra-burning myth, and they can't imagine a world that we experienced where there was no contraception that was legal except if you were married, and that was a big fight. And abortion was not to be had unless you could find a way and you were rich. There are a whole series of attitudes about women that the younger generation takes for granted, and at some point they don't meet the fact that this could disappear if we continue with some of the ways we're going, which I find shocking. But they think it's already done, and they don't realize that it's two steps forward and one step back or even worse. And that's been true throughout history, and you have to fight to keep it moving ahead and you have to be cognizant of it.

[01:21:21]

What I find with the women—and I see this in my job—that women at entry-level positions are used to it being equal. They sort of think, well, they should—you know, they can go to graduate school, they can become a postdoc, and they don't see it until it gets further along. So suddenly it becomes clear to them as they look ahead, “How come there are so few women teachers we have in medical school? How come—hmm? What does that mean? And how come it's so hard for me to get promoted?”

Chapter Twelve

Advice to Younger Women and Men; Comments on Gender Advancement and Equality

Summary: Dr. Nadelson explains her advice to younger women looking to advance, citing their need to take risks and create support systems, stop apologizing, and find multiple mentors. She also talks about the need for couples to have conversations about equality. She notes that the Alma Dea Morani Award creates role models for young women. She shares her advice to young men: to express their feminine side and become aware of areas of unconscious bias.

[01:23:23]-

Tacey Rosolowski: So if I were a junior faculty member sitting here and saying, “Dr. Nadelson, please, I’m entry level, give me advice,” what would you say to me and to other young women?

Carol Nadelson: Well, I think it depends on what your field is and what you’re doing, but I think the values and the issue of kind of pursuing your dream but knowing the realities of it, learning what it’s about, how you advance, planning a strategy for how you can do it, risk-taking, being able to tolerate that, expecting that you’re going to have to fight for some things, they’re not givens, and people are—you can’t be entitled. You really have to look beyond that. Yes, maybe something is a right, but it doesn’t mean it’s going to be given to you unless you really fight for it, because we know it’s taken back sometimes, and we see other women in the world not having it so very good.

[01:23:23]

I was shocked, for example when I gave a talk in Japan last spring. My title of my talk was “The War on Women,” and I was doing a little piece on female genital mutilation. I was *astounded* by how prevalent it is. I went through the worldwide figures on it. It happens much more than we ever thought, and it’s something that exists in a culture, and, yes, the women perpetuate it, but why do they perpetuate it? Because they’re second-class citizens. They’ve never been first-class, so they get sold that, and they see that you can’t get married unless. Well, who made that rule and why? What does that mean, female chastity? What about male chastity?

Tacey Rosolowski: I think also often those kinds of practices get wrapped up in this strange message, you know, women are so pure and so elevated, they need to be protected with these repressive measures. It’s this strange—

Carol Nadelson: And yet they’re treated so badly.

Tacey Rosolowski: And that they’re treated so badly, right. You’re treated so badly because you’re so special. [laughs]

[01:24:53]

Carol Nadelson: That's right. Domestic violence is so prevalent. Women are stoned for adultery, but not men. You have to look at that, and I think sometimes young women don't have the picture because they think it's already okay. At the beginning, yes, it looks more like that, and it looks like that in college to a lot of people.

Tacey Rosolowski: Yeah, a lot of colleges provide pretty protective environments, and so I think it's shocking for young women to come out and get that rude awakening, differences in pay, differences in advancement tracks.

Carol Nadelson: Yeah. I think that that doesn't hit people, you know, for doing the same job, you get less pay. Why is it they wanted women in medicine? They wanted them in primary care so they get paid less. Why should they get paid less? And people accept that. In my dealing with the healthcare situation, it's perfectly clear to me what's going on and what we have to do, but it's not clear to most people.

[01:26:10]

Tacey Rosolowski: If women are kind of taking charge of their own careers, what about in the area of leadership? What do you advise young women to do, or all women to do, to start to develop the leadership skills they're going to need?

Carol Nadelson: Well, I think the thing that I learned, for example, when—I knew it, but I concretely learned it when I was running the Press, that women apologize for everything, whether it's their fault or not. They take a passive position, and they're too quick to say they don't know enough or they can't or not take on the lead. Yes, of course there are lots of women leaders who are really challenging, but I think Hillary Clinton is a good example of what lies behind, you know, women voting in their worst interests, not seeing that—saying that, “Well, we'll have a woman president, but not now.” Why? Why should we accept that?

So, taking charge and being not afraid to do that and being encouraged and supported, that was important to me to be supported in that, because I was reticent. I don't think people in my class in grade school or high school, even, would have seen me as a key leader. You know, I was president of this or that, but it wasn't the same thing, I really wasn't, and I didn't see myself that way. I wasn't one of the “in” group a lot, because I was an outlier being, like, interested in medicine? You know, that—but I think women have to take charge of their lives and other things, too, have to say, “I can do that. I can take a chance. I'll do it.”

[01:28:32]

Tacey Rosolowski: Now, what would you suggest, because here we're getting this list of do's, the things you've got to do, but for a woman who's spent her whole life in a family, maybe even a marriage, being told explicitly or not, or implicitly, "You know, you need to take a backseat. I don't want you putting yourself forward. It's not polite. It's not nice to blow your own horn, not nice to draw attention to yourself. It's not feminine," what do you do with a woman who she's been raised with that and that's in her head and that's in her automatic way of behaving, what do you tell a young woman when she's suddenly confronted with, "Well, I've got to do the opposite of everything I'm used to doing"? How does she go about changing?

Carol Nadelson: Well, you know, that's really important, because look at our divorce rate or whatever. One of my daughter's friends became a widow in her forties and with a child, like all of a sudden, she's it. You know, it happens. But women need to be supported, and we need a system of support for people to look at cultural norms and to pay attention to what their wishes, their passions, and not subsume them.

[01:30:03]

For example, I'm thinking of Cheryl Sandberg. You both need support but you need to make it for yourself, and you don't

marry people by accident. You know? You know what you're getting into. You *should* know what you're getting into. I mean, we've all lived through those kinds of experiences, and young women do too. And you have to set it up in a dialogue. I remember those discussions very well with my husband, where we established where we were, but it wasn't hard because he was already accepting of that. But that's something that needs to be up front. And it's happening more. Men are doing more childcare. There's no question. My son-in-law, who for a long time has been not working, he's being doing the childcare, and he was telling me how many men show up picking their kids up from school now, and the PTO is not only the mothers. There really is a difference, but probably not enough. It needs to be more throughout the culture.

There was an article in the paper last week about women don't need to always think about "marrying up." Some women are going to "marry down" in terms of income. That's okay, if that's what everybody agrees to. You work it out. It's not an accident how you set it up. So that's an important piece of advice to people. Talk it out early. Don't wait for it to happen. Figure out from the beginning. Like my story about whose patients are more important, you know, you have to do what you have to do, and you have to make tradeoffs. Nothing's going to be perfect, but learning

both how to compromise and how to figure out what tradeoffs you can and can't make.

[01:32:45]

Tacey Rosolowski: What about looking for mentors?

Carol Nadelson: Well, I think mentorship is critically important, and it's become almost a buzzword, which bothers me, because you need mentors for different things. You need more than one mentor. There isn't one person in the world who can guide you. You need people for your career. You need people, personal-life people. You need people for transitions. And there are people in your life who are going to be important in all those roles, and those of us on the other side of it need to be there for younger women. We need to have role models.

One of the important things about the Alma Dea Morani Award and hopefully its increasing prominence in picking women who can be role models, and let's be human beings but also women who've done something. It shouldn't, for example, ever take two Nobel Prizes, like Marie Curie, to get into the French Academy of Sciences. That kind of thing shouldn't be, and it won't be in the future if we can keep allowing women in and supporting them to achieve what they can achieve. We need everybody.

[01:34:38]

Tacey Rosolowski: What advice would you give to younger men?

Carol Nadelson: That's a good question. I think they have to see themselves in a more egalitarian role also. There was an article last week in the *Times* about this. Their, quote, "feminine side," unquote, should be allowed to be expressed. They don't have to be these macho heroes. They really have the other side within them, and everybody can express their otherness, and should, wherever it is. It's okay, and I think it's becoming more okay.

Tacey Rosolowski: What about in their dealings with women in their personal lives, colleagues?

[01:35:40]

Carol Nadelson: Well, I think here there's both a cultural variant that's enormous, and there's an unconscious, because as egalitarian as they may be, they have an unconscious incorporation of another model from a culture. So they have to fight against that. They have to fight against seeing women in the role their mothers were. It takes generations for that.

I remember another anecdote from my son. He was being a congressional intern one summer and living in some housing at Georgetown, and one of the guys had his girlfriend moved in with

them. She asked my son one day if—he was ironing his trousers, and she asked him if she could help him, if he wanted her to do that for him. And he called me up and he said, “I don’t know, does she think I’m incompetent?” You know? It would never occur—because I never would try to iron anybody’s trousers [unclear].

[01:37:07]

Tacey Rosolowski: Right. What was weird is that she offered. [laughs]

Carol Nadelson: Yeah. Well, that’s what he thought. He said, “That was strange. Why would she tell me that unless she thought I wasn’t competent?” It never dawned on him—

Tacey Rosolowski: Well, it may not even have been that. It may have been, “I’m the woman. I should do it.” [laughs] Who knows?

[01:37:26]

Carol Nadelson: And people come from that, and there are expectations people have, and we have to allow people to express the other, which is slowly moving, but it’s slow. The unconscious bias that comes out is like in that paper where people rate the same paper differently if it’s men or women. It’s there in our own unconscious, and that’s going to take—that’s not easy to change.

Tacey Rosolowski: It isn't, because often people really resist self-awareness when it leads to be kind of thing.

Carol Nadelson: Exactly, exactly.

Tacey Rosolowski: And so how to get people comfortable with becoming self-aware—

Carol Nadelson: That's right.

Tacey Rosolowski: —and understanding something about themselves they may not really want to see, but that seeing it is necessary to change it.

Carol Nadelson: That's right, and it's the same with racism. The same thing happens as a process in people's minds, because we do have a stereotype and everyone has a level of it about something, and we have to open it up. I think it's happening, but it's slow.

[01:38:44]

Tacey Rosolowski: Well, kind of cultural and personal change, very, very slow, yeah.

Carol Nadelson: Seeing women—I think that's the Hillary Clinton business, seeing a woman as president of the U.S., commander-in-chief, is not in people's heads, and a lot of the activity against it relates to that bias, and it's obviously more true in some people than others.

Tacey Rosolowski: One of the comments I've always found really amusing is, "I'm not going to vote for a woman for president because men would be made very uncomfortable by that." It's like, oh, I'm supposed to vote to take care of the men in the culture. [laughs]

Carol Nadelson: That's right. But that's it, yeah.

Tacey Rosolowski: I know, it's kind of crazy. It's kind of crazy.

Carol Nadelson: Yeah, but that's an attitude that's very prevalent.

Tacey Rosolowski: It is. It is.

Chapter Thirteen

Promotion to Full Professor at Harvard Medical School

Summary: Dr. Nadelson talks about the “onerous process” of the promotion process she needed to go through to achieve promotion to full professor at Harvard Medical School. A primary requirement, she explains, was leadership in medical education. She explains how she made her case for her own impact in this area. In this midst of this story, she also tells how she never expected to achieve all that she has when she first began in her career. She recalls returning to Brooklyn College to receive an honorary degree and being touched by how many women were receiving degrees. She talks about the significance of being a Harvard full professor, telling an anecdote about receiving solicitous treatment while traveling abroad.

[01:40:06]-

Tacey Rosolowski: I wanted to make sure that we actually connected some of the professional dots, because we talked at length about your role with Brigham and Women, but what about promotion to full professor and some of the other roles that were ongoing?

[01:40:06]

Carol Nadelson: Well, it’s interesting. The full-professor story is when I came back to the Brigham, nobody did anything about the fact that I was now full-time, which meant—and I didn’t realize it for a long time, because I was a clinical professor even when I was full-time, for a long time.

Tacey Rosolowski: Right, and the clinical professor, just a reminder, that’s the part-time designation.

Carol Nadelson: They’ve changed the system now, but that was what the system was then.

[telephone interruption]

Carol Nadelson: So when it sort of dawned of me that I really fit that criteria and it was kind of inappropriate, and I talked to my chair, who I've known forever, I was, in fact, his—when he was editor of one of my journals for the press. We now share an office. But I talked to him about it, and he said, “Oh, of course,” and then kind of put the—you know, because it's a very much more onerous job to get into Harvard, I mean, all kinds of things.

[01:42:07]

One of the things that was interesting was I had to—and I think it was this is not a male-female thing, but this is a thing about looking in new directions. So, for example, you had to have an educational leadership role, because as full professor at Harvard, you have to walk on water; you know how they do that. But I said to him, “Well, I thought about the Press as that it's really education of the field.”

And he said, “Ah.”

It took me a while to think about what was I doing, and I really had that goal in mind, so I told John that, and he said, “Of course.” But people don't think about what you're doing. People think sort of in the narrow definition. So that was important.

Then I'd spent a lot of time sort of thinking about the evolution because it's a little bit different because Harvard has always had you move in a track toward a goal in one single-minded way, and my career took me in different places in different ways. It was different than the usual model.

Tacey Rosolowski: And I just want to point out, I mean, so many women say that that's how their careers evolved. It's not the unbroken track; it's multiple starts.

[01:43:45]

Carol Nadelson: That's right, and now that's becoming more modal for a lot of people. I think that was important, and so he put it through, and it has to go through all these hurdles, and it's not an easy thing to have that happen.

I can see the other thing I didn't talk about that just came to mind was thinking about my origin in Brooklyn College and not thinking of myself in the future in this and never having any concept of where we go at that point. Even in medical school or residency, I didn't think about that. I never thought beyond the five years. Some people think, oh, career. I didn't think that. But when I went to Brooklyn College, I got an honorary doctorate, I think I told you, from Brooklyn College, and the other thing that startled me was going back there and remembering, you know,

walking in the same places, the core of it looks the same, not the outer part. Of course, now it has a woman president. But looking out at the audience when this was happening was startling and incredibly moving to me, because the ceremony was not at the regular graduation because that was in the evening and that would be the most complicated. I had it in the daytime at the graduate school, and it turned out to be fortuitous because the graduate school, which didn't exist when I went, the majority of the people sitting there getting graduate degrees, Doctor of Science degrees, were women. I would say 80 percent of the group were women, and of that group, probably 80 percent were minorities. It was incredible and so moving to see that change and to think about, you know, these people really can—can we move ahead, that the courage and tenacity that these women had was astounding to me. And sort of we're living in a different world. That's why I get so inflamed by the politics of "take back our country," because it's going back a hundred years, is what they're saying, not where are we now and where are we going in the future.

[01:47:07]

It was so moving, and that, for my grandchildren, is a modal experience. They don't think about it any other way. They don't even talk about it. They don't talk about race in the same way we did. When my grandchildren talk about their friends, I have no

idea—they don't define them by the color of skin or anything. They tell me about them. My granddaughter, when she was little, used to define it by who had curly hair and who had straight hair, because she had very curly hair, so she was in the curly group, and then there were other people who had straight hair, and that was the way she would talk about her friends.

Tacey Rosolowski: Interesting.

Carol Nadelson: I had no idea who they were. And likewise with my grandson, it became who played which sport. And most of them have mixed-race friends, almost all of them, and that's what we see, is a lot of that, and just the mixtures of different people from different worlds, which is just exciting about this country and about all of us if we could pay attention to the fact that this is good.

[01:48:40]

Tacey Rosolowski: I wanted to make sure that I connected that final dot about your promotion, the process. Was it a difficult process? Was there a question about getting full professor?

Carol Nadelson: Well, I don't know. You never know about that. I'm sure there were always questions about this and that, because there's always the traditional group who likes it in this sort of way and doesn't

like all these pieces. Then there's the new group who sees that differently. So it's hard to say, but it does make a difference in a lot of ways, and some of it I don't like.

Tacey Rosolowski: Tell me about that. How does it make a difference?

Carol Nadelson: Well, I wish it didn't. Being a Harvard full professor means different things to different people, but people sort of—I guess let me put it this way. About three years ago, I was on my way to Krakow, Poland, from Vienna at a meeting. I was with a friend who's Canadian. On the plane, I had a detached retina. I knew what it was, and I said to her, "We're going to have to find an emergency room, an ophthalmologist right away." I told her what had happened. She's a physician also.

[01:50:08]

We got to the hotel, and I finally communicated enough English and Polish and whatever we would try, that I needed an ophthalmologist. They told me which emergency room to go where to do what, because it's a definite emergency. And it was kind of terrifying being in a country that I had no idea knowing I would have to have it repaired there. There's no way you could go anywhere. Thank God I had my friend with me, and she was incredible.

We got to the emergency room. But being a Harvard professor was they treated me differently. I was involved in every single decision, and I sat with them in the discussion of how to do what. It was kind of like they were in awe, and it felt good, on the one hand, because I was treated very well, but there was something uncomfortable about that, and I felt that most of the patients there were treated well, but this was different. I think people see it differently around the world, and I both like it and don't like it.

Tacey Rosolowski: What does it mean to you personally? Does it feel like an achievement or—

[01:51:49]

Carol Nadelson: Oh, very much so. I mean, I think about it a lot. I think about my grandparents, who would have been incredibly proud. My uncle. My aunt is living still, so she and I talk about it. And my parents would have been. They saw the beginning of it, because my mother died in the seventies, early seventies. So I feel that it's a long way from the *shtetl*. It's a very long way, but in a short time, really, and I would like to see that continue in the world and people can achieve what they can achieve. whoever they are, and that's important to me.

Tacey Rosolowski: I'm sorry, I mean to ask you. I didn't ask you your parents' names.

Carol Nadelson: It was Cooperman. My mother was Diana, and my father was Herman. My father died in the—let's see. The exact date, again, as I say, I have a thing where I don't remember exact dates. I think partly it stems from the loss issue. But my father died in the early seventies, because I think Robert was maybe five or six, something like that. My mother died after that. She died about ten years later, eight years later, whatever, about that. But she was part of the beginning of this, because, you know, I went through my pregnancies, she was there, and she lived here for a while when she was sick. But she came here weller and got sick. So that was a big part of—my father was incredibly proud when I graduated from medical school. The professor of psychiatry, who was a world-known, right now, figure, came to my father and told him really nice things about me, and he was so proud and happy about that. So that was—you know, he talked about that a lot after. It was to him very important that that happened. So it was good.

Chapter Fourteen

A Legacy Left

Summary: Dr. Nadelson begins by listing some of the many activities she is involved in, despite that fact that she is trying to “wind down” her career. She then talks about the legacy she feels she is leaving. She notes that she has been important to students and mentees and also served as a pioneer, proving that “you can do it.” She believes she has had an impact on her field by initiating women into leadership, serving as an activist (creating day care and rape crisis centers), and promoting different approaches and concepts for the field of psychiatry. Dr. Nadelson then talks about her views on America’s healthcare system and comments on some of the writing she has done on health issues.

[01:55:15]

Carol Nadelson: I think—I keep diverting. I keep trying to wind down in my career and do different things, and I keep winding up being busier, but I’m being busier in things I want to do. I think I mentioned I was on the board of the Society for Women’s Health Research, that I was really very involved in the sex-differences-in research issue, and then the Foundation. And I was on the Menninger Board for Psychiatry, which I was very—that was a fun experience except going to Topeka, Kansas, which was not great fun. [laughter] Those kinds of things have been important. I was feeling like I could contribute something.

Tacey Rosolowski: What do you feel you have contributed? What’s the legacy you feel you’re leaving?

[01:56:30]

Carol Nadelson: Well, that's a really good question. I feel that I have been important to a lot of my students and mentees and people who I have been able to help. I feel I've been important to help my kids and grandchildren, even at this age. But when I think about the pioneering issue, the being able to say, you know, "I did it. It can be done. You can do it," I feel that's so important. I look with incredible pleasure when one of my former mentees gets promoted to professor or gets a major award.

I get teased sometimes because people say to me, "Oh, everybody was your student at some point," and it's true. A lot of people who have become prominent in various fields have been, and they remind me of it. And I love writing letters for promotion of former students and trainees and helping them. I mean, I really love doing that, and I do a lot of that. I love helping people get elected. So I love being a mentor, and I feel that I've made a difference for a lot of people that way, and particularly for women. I love the idea that people I know now are writing books and publishing papers.

I think I mentioned yesterday that I've been ongoing email with my friend in Paris who I've been helping with her career because she experienced a lot of sexism in France in her world, and we've talked about that a lot. We just had a conversation about that on email last night and this morning. So it's kind of not

only here but it's women—and I feel a lot of my letters and things are for men who were my students and mentees, but, you know, it's especially an issue around women.

Tacey Rosolowski: What impact do you feel you've had on your field?

[01:59:27]

Carol Nadelson: Well, I think, (a), being a first, I really have been able to initiate women into leadership positions and make it okay. I've been clearly in the forefront on women's health and women's mental health. None of these things would have happened had it not been for the few of us who were in that field, and I really took a different step than a lot of psychiatrists take in being an activist, you know, doing the daycare and the rape crisis and abortion counseling stuff and all of the things over the years.

You know, people might feel we're not picking up and doing anything. We tended to be passive about it. I can get very impassioned by something, although I'm not a person who exudes that. I tend to be quieter about it, but tenacious when I want something to happen, to figure out a way and to really feel that—right now one of the things I'm very involved in is, as I said before, is healthcare, and I really passionately believe we have a miserable system and we need a single-payer healthcare system, and I think that's the only way we're going to move forward. The

current system is not working, and it's a compromise that I feel is not a good one. There are all kinds of ways we see things that people don't want to look at: the fact that we don't have an egalitarian society; people don't have opportunities.

[02:01:53]

Tacey Rosolowski: Are these issues and your involvement in some of the committees and societies you're part of now, are you working on papers or putting together information in relationship to this issue? Maybe tell me a little bit about those.

Carol Nadelson: Well, I have a college who I've been writing a lot of Op-Ed and Letters to the Editor about healthcare and people's access and the affordability of healthcare and looking at it in a big-picture way, which people don't. Learning from other cultures and other countries, I really love traveling, and that's a big—I've traveled all over the world and I've been fortunate to be able to go to all the places I've ever wanted to go to, and learning from people and thinking about what's better. You know, we're not the best at everything, we're not the best at a lot of things. And how do we change that? How do we grow?

[02:03:14]

I think we need to have, again as I had, the good fortune of going to college at a time when I could go free, and I went to

medical school free because I got scholarships. And I think that should be available to anyone who really wants to and can do it. Not only because of money; I think we need to do that. So I'm sort of troubled by the kind of lack of altruism, and I want to see that change. I think I've worked on that very hard, and the things I write about has to do with how we can make better healthcare available to more people, how we've made medicine a business, which I firmly think is the wrong thing to do. I'm against for-profit education and for-profit medicine.

I think we can learn from other examples, which we aren't good at doing as a country. So I've been really involved in a lot of those activities: Physicians for Human Rights, Physicians for a Single-Payer System. I've been doing that. I give—when I make my donations, they tend to be in those directions, you know, Emily's List and Planned Parenthood and things like that. But I think that it's important and I've always felt that way.

Tacey Rosolowski: I had just a couple of final questions, so before I ask those, I wanted to ask you if there's anything that we haven't touched on that you feel is real important to address before we close off today.

[02:05:32]

Carol Nadelson: You know, I can't think of anything. I'm sure I'll think of more things. [laughter] I can write you an email.

Tacey Rosolowski: You can write me an email for sure. For sure.

Carol Nadelson: If I think of something I think maybe you should know about. It's always had to put this all together—

Tacey Rosolowski: It is. It is.

Carol Nadelson: —and think about all the places. It's not been an easy road, and, you know, I've had to take a lot of knocks and accept that they're there. It's not smooth. And I think I've been fortunate at having supportive people who could help me through those, and having a good network of friends, some in the field, some not in the field, who I can count on and share. That's important, knowing that I can mouth-off with people who share my views about things and sort of tolerate people who don't, kind of get used to it. But I can't think of anything other than feeling that way.

Chapter Fifteen

The Experience of Being a Widow; Developing Perspective on the Last Phases of Life

Summary: Dr. Nadelson talks about the experience of her husband's death and learning to live alone and in a residence home. She talks about changed relationships with her children and her own identity. She comments on the American habit of not paying attention to issues of aging and notes gender issues in aging.

Tacey Rosolowski: Well, I wanted to ask you—I mean, we're sitting in your home today and just surrounded with all these personal mementos. So I wanted to ask you if there's something you might want to share about yourself as a human being, as an individual, you know, kind of behind the role, behind the CV, behind all of those accomplishments.

[02:07:35]

Carol Nadelson: You know, I think one thing I didn't talk about and probably is important, people don't talk about it, is what the experience of becoming a widow was. Because you mention my home, and having all these things around are all parts of my life, and each item has some meaning for me in where it came from and who. And when I move from a big house, where I didn't feel comfortable anymore being there alone—some people do it that way, some people don't. My sister did exactly what I did when the same thing happened to her, interestingly, and I don't know much I had to do with her choice. But I took with me the things that

meant something, and a lot of them are connected with my husband and getting through learning to live a different life being alone. I had never lived alone, really. I mean, lived alone for a few years here and there as a young, very young person, but not in my adult life, really.

When I came here to be a resident, I think I was alone for two years, but I wasn't really alone. I did live alone briefly. But kind of having to develop a whole new identity and world, and thinking about it, because my friends continue in this mode with husbands. More husbands than wives die, although wives too. And feeling that as a world, we haven't paid enough attention to this phase of life. Partly, people used to die younger and people are living a lot longer but living by themselves and having to see themselves in a different way.

[02:10:08]

People do stereotype and kind of manage to deal with it. It's very hard for adult children to deal with their parents aging and having different roles with their parents than they had before, and it fluctuates from regression to the old, you know, to where they were as kids and what they felt then, to seeing you as a frailer person. That's hard. It's very hard. And I suspect that that's harder for my kids than it was for me, because they see me as someone who was always on top of everything and solved

problems and could swing with it and manage it, to seeing me not being able to do some things. I see it go back and forth with them, with their expectations and then realizing maybe I really can't do that anymore.

Tacey Rosolowski: How are you with that process?

[02:11:31]

Carol Nadelson: It's hard. It's very hard, because you're not used to thinking of yourself—and I can't stand it. I have a terrible back problem, and I can't stand it because I'm a very active person. I can't stand not being active. When I get into bad back pain, I can't do some things, and I push it, but that's the good and the bad. The good is that I do push it. The bad is that I push it sometimes too hard or deny that it's really as bad as it is. I don't want them to feel that I'm frail and can't do things, yet I want them to recognize that I can't do some things.

Being alone means creating a whole new world. It's sort of taking into it other people who now start having the same experience. One after another, my friends have become widows and my friends now are a lot of people who are widowed, more women than men, which is the way it is in the world, but that's—

Tacey Rosolowski: Do you get some support from that?

Carol Nadelson: Oh, yeah. It's very important, and it's an important part of one's life, and important to be able to recognize how another person—their experience and be there for them and ask them for something, knowing where you are.

Tacey Rosolowski: Have you learned anything new about yourself going through this period of becoming a widow, being alone, dealing with that?

[02:11:31]

Carol Nadelson: I'm more confronted with my frailties and weaknesses, and that's not easy. It's not easy to see yourself as not being able to do what you wanted to do, and deciding how far to push it or not, and that's very hard.

And, you know, you think about mortality, knowing that it could happen at any point. You never know. A very close friend just died, and this is a couple—the husband just died, and her daughter sent me an email the other day about it. I've been trying to get in touch with her. I know what it's like for her. In many ways, she was more dependent on her husband in some very fundamental ways, and they were a couple in their eighties.

But being in your eighties now is modal. I have loads of friends in their eighties. People look at you in different ways, and that's hard. It's hard to be looked at as old and frail, and you fight

it, and sometimes you fight it too hard, and it's hard to confront. Like if you develop an illness—and I just had a friend had that happen in her mid-eighties—and the doctor you go to says, “You know, there's nothing really I can do. You have to live with this. This is part of aging,” and you fight it. You don't want it to be, and you don't want to live like that, and you don't want to feel like you have to ask for help, but you do.

[02:15:56]

That's a very hard transition, and as a society, we haven't done anything, and I think this is really an issue that I think about a lot now and I'm very concerned about, sort of the whole senior-living issue. Your kids take over, being in charge, and they're being helpful, but sometimes it's not because they may see you—for example, it's very common, it's happened less to me than to some of my friends, but the issue of driving, when you give up driving, and what happens to you if you're used to driving all the time. It's impossible to think of yourself not being able to do things or get places. Living here helps, because I can walk to anything, but when I can't walk, which is when I had this big back thing and then I broke my leg, that was horrible. And we haven't learned to appreciate the meaning of that to people and take care of people in a way that makes sense. As a society, we don't have that.

Having gone to a bunch of nursing homes in Norway with my friends whose parents were there, they're so much more homelike and human. We need to do more of that. The models that some of them have were really lovely. I don't know how universal it is there, but I suspect it's more than here. People would come, and when you walked in, it looked like you were walking into somebody's living room. There's a big piano and somebody comes and plays the piano. Making use of senior abilities and talents, we don't do enough of that. We don't know enough about that.

[02:18:22]

People are talking about the conversation, which is an important issue, about how people might want to end their lives, and I think that's an issue as a society we need to deal with. We're afraid of it, we don't talk about it, and we don't plan for it. What does it mean, for example—and I had this experience with several friends recently. I think we need to think about this, and I have been. When your kids want you to move nearer to them, and they're living—as a mobile society, this has become more of a problem. One of my friends who's now in her late nineties, her kids, both of them, live in different cities far away. Each of them wanted her to move to where they live. With one of them she said, “Well, what am I supposed to do with myself there? Look at the

snow?” And the other one was, “I don’t know anybody there. All my friends and my life has been here. What am I going to do there? Who am I going to have around?” We don’t think about the meaning of that.

So one of my friends moved to near one of her kids, and they thought it was a fine arrangement, and she couldn’t stand it. She felt so isolated, and she felt she’d made a big mistake. It’s not what she could do. We need to think about that.

[02:20:29]

Tacey Rosolowski: I’m kind of seeing a parallel here for women in a marriage, making decisions about moving for a husband’s career in a way that rips the woman away from all of her personal connections and her professional connections, and here towards the end of life, there’s not a gender issue involved, but the older person—

Carol Nadelson: Well, there often is.

Tacey Rosolowski: Is there?

Carol Nadelson: But maybe it’s the opposite way. I think women hang on longer. But the age issue is a big issue.

Tacey Rosolowski: But this huge thing of tearing a person away from the fabric of their life.

Carol Nadelson: Absolutely. And the other issue is men, when they're widowed, tend to remarry rather quickly, sometimes very quickly, because they get taken care of. Women, most of the women I know, go through various phases, depending on age and other things, but adapt to living alone and actually rather like it when they don't have to take care of anybody else except themselves and are more free and independent. But women tend not to marry because there are fewer men, but many of the women I know don't want to give up their independence and they feel that would happen. It's certainly something I've experienced, but most of my friends have.

[02:22:16]

Tacey Rosolowski: Interesting.

Carol Nadelson: We don't kind of think about that. So there are gender issues around that, because women feel very competent to take care of themselves because they always have taken care of people, so they know how to do it and they do it, and they take care of each other. Men are a lot more isolated that way. We haven't paid attention to that. I think about that a lot because I see it. Just every day there's somebody else I know who has this experience. And helping

people decide what they want and respecting it and seeing how you can work it out. You know, the idea that people don't want to leave their home, well, is there a way we can provide services for people? It's very expensive now, but is there a way we can do it better so people don't have to feel they're giving up everything?

I know I had one aunt who became a little demented, and as she was getting worse—but one of her sons moved her to a nursing home near where he lived, bringing her furniture and having her room like her room in home, so hanging up her—was a huge difference. Having her own bed and dresser there and some things she cared about made a big difference. In that kind of way, we don't do that; we institutionalize it. And people can't stand that. They want to stay in their own home because it's what they know and care about, yet they can be isolated.

[02:24:16]

So, thinking about how to establish communities. This building that I live in is very important that way because it's very mixed in terms of age and ethnicity, but there are people from newborns to people who are 100 in the building. There are subgroups, and people get together and share and help each other and have friendships. There's one group that meets every afternoon just to sit and talk, and anyone can join.

Tacey Rosolowski: So it has a little village feel, almost.

Carol Nadelson: Yeah, it does have that feeling. That's important because you don't feel isolated.

Tacey Rosolowski: Right. Sounds like a good model.

Carol Nadelson: When we had a terrible winter last winter and a few other times, my next-door neighbors and I used to pool what was in our freezers because we couldn't go out to get food. So we would go back and forth. It was a little village.

Tacey Rosolowski: That's neat.

[02:25:22]

Carol Nadelson: We don't set that up easily except by moving people far away. Having that around and having kids around the building is really great.

Tacey Rosolowski: Is there anything else you'd like to add or observe at this point?

Carol Nadelson: But if you think of anything, feel free to email me or call.

Tacey Rosolowski: Okay, I will, and you too. Well, it's really been a pleasure talking to you.

Carol Nadelson: Same here.

Tacey Rosolowski: It's been delightful.

Carol Nadelson: Good. It's good to really have met you.

[02:25:56]

Tacey Rosolowski: Yes. I was excited when I did the background research, and I thought, wow, this is really an interesting and amazing woman, so it was great to spend the time with you. Thanks for inviting me into your place. It's been great to see all your lovely things.

Carol Nadelson: Thank you. It's my comfort zone. [laughs]

Tacey Rosolowski: Absolutely. Well, I wanted to thank you for participating again.

Carol Nadelson: You're very welcome. It was just great. It was fun.

Tacey Rosolowski: Great. I am turning off the recorder at about ten minutes after twelve.

[End of November 22, 2015 interview]

**The Foundation for the
History of Women in Medicine**

The Renaissance Woman in Medicine Oral History Project

Carol Cooperman Nadelson, MD

Foundation Board Member

Professor, Psychiatry, Harvard Medical School

Supplementary Session to Session One

22 December 2015

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Carol Cooperman Nadelson, MD**Supplementary Session to Session One: 22 December 2015***Interview Identifier*

DR. NADELSON: Hello?

T. ROSOLOWSKI: [00:05] Hi (break in audio)

DR. NADELSON: Hi.

T. ROSOLOWSKI: -- calling back, good. OK. Well, let me just put the identifier on, Dr. Nadelson, and then we will be ready to go. So, let me just start. I'm Tacey A. Rosolowski, and today is the 22nd of December 2015. It is 3:13 Eastern Standard Time, 2:13 in Houston, Texas, where I'm calling from, and, today, I am calling Boston, Dr. Carol Nadelson, and we are doing a supplementary session to an interview session we conducted on the 21st of November, earlier this year, 2015. There was a bit of a technical problem, and, so, we are recapturing some material that was lost during that session. So, thank you, Dr. Nadelson, for agreeing to do this. I realize that you're getting ready to leave the country, and are busy, and, so, I really appreciate your time.

DR. NADELSON: [01:07] Oh, you're welcome.

Chapter Sixteen

Running for President of the American Psychiatric Association

Summary: Dr. Nadelson begins by explaining how she organized a national campaign to be the first woman President of the APA in 1984 [term year: 1985]. She had decided that she wanted to win, despite the fact that few people thought a woman could win this election at the time. She talks about the list of issues she campaigned on, including her role as a leader in medical education and her role in advancing the connections between medical and psychiatric practices. She offers her perspective on why she was able to win at that time.

T. ROSOLOWSKI: OK. Well, the first subject that I wanted to cover was the campaign that you ran when you ran to be the first president -- woman president of the American Psychiatric Association, and we had a little of material on that, but, the recorder cut off at the point when you were going to talk about how you organized your campaign, because, in fact, you kind of threw yourself into that. And, the date, if I remember correctly, was 1984?

DR. NADELSON: Yes.

T. ROSOLOWSKI: OK. And, why were you nominated, do you think, at this time?

DR. NADELSON: Well, I think (laughter) I was nominated, because, as you know, the -- we had been seeing a rise in the number of women psychiatrists in the country, and they'd never held many offices in leadership positions. Not only psychiatrists, but physicians, in general, among -- and certainly in other professions, as well, that, it's one thing to increase the numbers and the ranks, but not in the leadership. So, I think there

was a sensitivity to that, and I have, in the past, been vice president of the APA, and I had held leadership positions in other areas of the organization, and I had been the first woman president of the Massachusetts Psychiatric Society, and had been in leadership positions in other areas, as well, so I seemed -- I think I was the candidate, they felt, would at least gain enough visibility, if I ran, so that I might win the next time. It was not expected that I would win that time. That was, I think, more than clear to me. My opponent was a colleague, and actually, a friend, and has been a -- and continues to be a friend, and he really was pretty sure he was going to win.

T. ROSOLOWSKI: [03:34] And this was, who was this?

DR. NADELSON: His name is Robert Pasnau. P-A-S-N-A-U. He was at UCLA, and we had known each other for many years. So, we had agreed upon an amiable campaign. We, you know, weren't attacking each other, and, you know, we were respectful of each other, but, I decided that if I really was going to do it, I was -- I really had to go in, as people do in an election, and feel like I really was prepared to win. And, that I thought it was important, you know, for the organization, for women, in general, for women psychiatrists, and for me. So, I thought about how was I -- what was I going to do? I had never thought about a national campaign. I had always run locally for other things, except when I was APA vice president. And the first time when I ran for APA vice president, I did lose once. So, I thought about it, and had some very good friends who were really very supportive and helpful, and we talked a lot about what to do, and how to do it. And I finally decided that I really had to think in a national way. And, so, I decided that, since I really had a big network of colleagues and friends, that the way to do it might be to find a person in each -- oh, we had, the organization is divided into what's

called district branches. [05:38] It's a state-by-state organization, but some states are so large, that it's subdivided. So, there might be anywhere from one to six subdivisions in a state, you know, there are bigger ones, and smaller ones, and, you know.

T. ROSOLOWSKI: Sure.

DR. NADELSON: So, I decided to try to contact a person I knew in each one of these areas, and see if I could have them help me mobilize votes. And, I would send them material, it was before the days of email, and even fax was minimal, but people communicated mostly by letters, sending support letters out to people, because there was a roster of addresses that the organization had, and you could obtain it from them. So, I contacted people, and people were incredibly supportive, and really eager to help. And then, I went around the country, and people in these various areas organized speaking arrangements for me. So, you know, I'd be in Chicago, or Los Angeles, or Texas, someplace, and, you know, there would be a group of people invited, or I would present something, and talk about it at an organizational activity. And, since the organization had rules about it, which was if it was an organization-wide activity, of any kind, both candidates would have to be there. [07:35] And that -- you know, it had to be fair. And, so, and then people sent support letters out for me. So, you know, I went -- I really went all over the country. I traveled a huge amount, did a lot of speaking.

T. ROSOLOWSKI: What were some of the issues that you spoke on? You know, how did you present yourself as the candidate of choice?

DR. NADELSON: Well, I think in addition to the obvious, you know, that it's time for women to lead, and have our voices heard, and, I -- we were looking at some of the issues

in the field. You know, the clinical issues in the field, the research issues in the field. For example, in a lot of research that was done in psychiatry, sex differences were not considered. That was true in all of medicine. You know, that it was a sort of a standard for research, and clinical work, that didn't differentiate. You know, we started to differentiate by age, so you had, you know, child psychiatry, and geriatric psychiatry. But, we didn't look at gender. [08:54] And research didn't. It was as if men and women were the same, except for their biological organs. Not that there may be other differences that people had to think about. So, we talked about that, and then I talked about my work. I was a leader in medical education, and I, you know, was a director of training for a university medical school for psychiatry, and I had a long history in medical student and residency education of, you know, running programs and innovating programs. And then, my work in the medical psychiatric interface, which was also my opponent's area, but my area included a large focus on obstetrics in gynecology, crossed with psychiatry, which, obviously, or not so obviously, wasn't his. His was, you know, more of the straight internal medicine kind. But, I had a long history of work in that area, and of innovation in that area. So, that was another topic, what would be education, would be the role of psychiatry in the rest of medicine, and the contribution we made as a specialty in medicine. So, it was those kinds of topics.

T. ROSOLOWSKI: What happened, how did you find out that you had won?

DR. NADELSON: Well, what the -- in the system was, that -- you know, it was not electronic as it is now. (laughter) The system was counting votes, so it usually took some six weeks.

T. ROSOLOWSKI: Oh my God.

DR. NADELSON: So, thank God for that, you know. And, then they call you, and, it was -- it took -- you know, I don't remember what was the details of it, but I do remember being startled by it, because I really couldn't tell. I was optimistic, but, you know, one is (laughter) in a situation like that, I just didn't know what was going to happen.

T. ROSOLOWSKI: [11:30] Right, right.

DR. NADELSON: So, I got a phone call, and, I think I was at another meeting, or something, at the time, and, you know, I was -- got the phone call, I know my husband was there, and he was absolutely delighted.

T. ROSOLOWSKI: So why do you think, looking back, that you won, at that time? Why was that the right time?

DR. NADELSON: It's interesting. My opponent had a decide-- had used a strategy that even his wife was a little bit concerned about. He would say, you know, yes, it's -- we have to have a woman president, but this isn't the time. And, I guess it's something like what is happening politically now with Hillary Clinton.

T. ROSOLOWSKI: Right, yeah.

DR. NADELSON: But, you know, and I questioned that. Why not? Of course, it should be, and, you know, I really wanted to open up leadership for, you know, everybody, not have it, you know, be male domination. You know, the American Psychiatric Association is older than the American Medical Association.

T. ROSOLOWSKI: [Ooh, I didn't know about that?].

DR. NADELSON: So, it was 143 years of existence, and there'd never been a woman president.

T. ROSOLOWSKI: [13:17] Wow. Yeah.

DR. NADELSON: So, but -- you know, there weren't that many women leaders in the field, [that was all?] there were, some. You know, it wasn't, you know, a barren wasteland, but --

T. ROSOLOWSKI: But not (break in audio) organizations.

DR. NADELSON: Yeah, no, so, it's really self-important, and important, in terms of equality, and fairness, and, you know, and looking at the field in a more complex way.

Chapter Seventeen

President of the American Psychiatric Association

Summary: Dr. Nadelson explains the terms of the position of president. She talks about how she used the office and opportunities for national and international travel to advance her focus on women's issues within the field and develop programs. She tells many anecdotes from her term that demonstrate current sexist attitudes toward women in positions of leadership. She discusses the impact she feels she had in this role and how she herself grew as a leader.

T. ROSOLOWSKI: So, tell me about some of your experiences as you served as president. How long did you serve?

DR. NADELSON: Well, the presidency is a year. You serve as president-elect for a year, which is, kind of, a training ground, although I had been a board member before, because I had been vice president, and I'd been on the board of trustees in several capacities, so it wasn't that I didn't know what it was, but -- and then, the president-elect has certain defined responsibility, and, that a different, you know, chair, certain components of the organization, and that sort of thing. And then, you're a president for a year, and then for three years after that, you're a past president with a voting position, although, at that time, it went on for more than three years, you know, and it -- you were a voting member of the board in -- perpetually (laughter), although that was changed later. [15:01] So, you maintain an active position in the organization, and input.

T. ROSOLOWSKI: So, tell me about that year, when you were formally president. What did you feel your impact was, and what were some of your big experiences?

DR. NADELSON: Well, I -- you know, if I focus on the -- you know, some of it was, sort of, routine psychiatric politics, and decision-making, and issues, and education, and clinical care, and all of that, but, my interest in women's mental health really led to focusing on that, a little bit, because that had not been a field before. And, it emerged -- had been emerging, and so, I emphasized aspects of sex differences in psychiatric illnesses, and medical illnesses in -- even though, paying attention to issues that I was particularly interested in, reproductive-related issues, and, you know, reproductive freedom, and choice, and issues about sexual abuse of women, domestic violence, kind of things that hadn't been on the agenda before. You know, it wasn't --

T. ROSOLOWSKI: [16:35] Well, how did you use the office to draw attention to that? What sort of activities (break in audio) --

DR. NADELSON: Yeah, as president, you get to write a column in the newspaper, organizational newspaper, which comes out weekly, write lots of columns, you give lots of talks. And there's a big international presence, and I had a number of very -- some -- as I look back, startling and almost funny experiences, but, seriously, not funny. Experiences about the attitudes of -- toward women in medical leadership positions, because there weren't any. I mean, the AMA, I think, around that time, had a woman president. There were some women in other countries, and we developed close relationships, and had remained good friends, the women in other countries who were presidents at the time. There also was a woman president of the World Psychiatric Association, and, of course, it's taken that organization until now to have a second woman. That was a long time ago.

T. ROSOLOWSKI: Oh, my gosh.

DR. NADELSON: [18:05] But other organizations have, you know, Australia, Canada, Norway, all had women presidents around the same time, so we, you know, we became very close with each other, and continued to be. But -- and developed programs together to pull together psychiatric issues across countries.

T. ROSOLOWSKI: What kind of programs did you develop?

DR. NADELSON: Well, we developed a, you know, sort of, organizational [house I?], really, of, looking at, you know, women's mental health, looking at women in leadership, paying attention to links with medicine, and leadership for women in all of medicine, those kinds of links continue. And, then, you know, at international meetings, I often -- I had experiences that, when you look back on them, and we think about them now, [they're?] insane. But, you know, one experience, and, it really was fortunate for me that my husband went with me to a number of these meetings, because it would have been not only awfully lonely, but, difficult to, sort of, process, some of the discriminatory and sexist things that happened.

T. ROSOLOWSKI: [19:46] What are some of the things that happened?

DR. NADELSON: Well, things like, within Mexico, at one point, with an international meeting of, I think -- I don't remember if it was the World Psychiatric Association -- and I was the U.S. president, and there were other presidents -- whether it was that as the focal organization, but, there were presidents of a huge number of psychiatric organizations, internationally in Mexico City, and we were at a meeting, and the presidents got up, and introduced themselves from their countries, and had a few minutes

to say something. And, they -- there were, I guess, on the dais, there were probably at least 20 or 25 of us, you know, going through. I wound up -- for some reason that's hard to explain, isn't it? -- that being the last on the list, that, you know, which wouldn't have happened, I'm sure, if I was a man. We were the largest psychiatric organization.

T. ROSOLOWSKI: Wow.

DR. NADELSON: But, all of the men, one by one, spoke, and then, when it came to be my turn, the lights in the auditorium went out. And everybody started to leave.

T. ROSOLOWSKI: Oh, my gosh.

DR. NADELSON: And, you know, it was absolutely astounding. I never got to say anything.

T. ROSOLOWSKI: Oh, my gosh. They just -- your --

DR. NADELSON: So, that was one experience.

T. ROSOLOWSKI: -- your (inaudible). Wow.

DR. NADELSON: [21:37] (laughter) Another one. I mean, I can laugh now, but it was horrible, I mean, at the time. Another one was in Germany, and I remember this very vividly, because it was the time of *Einheit*, when East Berlin fell, and the wall came tumbling down, and was chopped down. Well, we were at a meeting with the German Psychiatric, and the Americans. Some -- and it was West German, because the East wasn't included at that point, wasn't part, it was a different country. Anyway, we were at a meeting in Heidelberg, and everybody was in -- we were at a dinner, and the president of the German Psychiatric was presenting gifts to the various leaders. Of course, other

countries were represented as well. And, he gave -- all the men got inscribed copies, and original copies of the works of Freud, and, you know, some major, important leaders in the field. And, the women, including me, got dishes.

T. ROSOLOWSKI: (laughter)

DR. NADELSON: That was another one of the astounding experiences. My husband got a book, and I got a dish.

T. ROSOLOWSKI: My gosh. Oh, my gosh.

DR. NADELSON: [23:25] You know, that was an example of this -- these -- this kind of microaggressions that went on. You know, and those I remember vividly, because they were [nodal?] moments, things like the experience all women have. Every woman I know in leadership has had this experience, where you make a comment at a meeting, and it's ignored, and then the man who makes it, a few people later, people will stop and say "oh, that's a wonderful idea." Probably ignore -- and that happened all the time. I also discovered, mostly from a transcript that the staff of the APA brought -- showed -- you know, brought up to me, which was, that, whenever I would gavel a meeting opening or closing, or try to put an end to a discussion, I would apologize. And, that's another characteristic that we sort of grow up with, we grew up with, doing that. And, you know, to the, sort of, calling to mind that, you know, somehow, you're not in the right position, so, I thought, you know, those were sort -- those were things that so many of the women I knew routinely did, and still sometimes do.

T. ROSOLOWSKI: Did you find that you changed your own behavior? I mean, for example, when it was brought to your attention that you apologized, did you try to change that?

DR. NADELSON: Oh, yeah. Yeah. I, you know, it was as if I was being tentative about something, or I didn't -- somehow, was communicating that it wasn't, sort of, a rightful position. And, I --

T. ROSOLOWSKI: [25:27] Were there other things? I'm sorry, go ahead.

DR. NADELSON: Yes -- no -- yes --

T. ROSOLOWSKI: Oh, but I was just going to ask you if there were other things that you learned about leadership in this, you know, very public role. Did you find that you -- how did you evolve as a leader through this role as president?

DR. NADELSON: Well, I, you know, I had to grow more comfortable -- not apologizing -- and being assertive about my position, and I tend, generally, to not be an overbearing person. Not like that's not my personality style, but, there were times when I had to make definitive decisions, and I learned to be comfortable with making a decision that might not be the way a number of people felt, if I had to, and taking a stand on something, or asserting some authority about a priority that, you know -- it takes -- it took some time, although I had, you know, I had had enough experience, so that I wasn't, you know, uncomfortable about it, it just didn't, it didn't feel right sometimes to not be overly inclusive. You know, so that's something to drag on forever, and never get settled.

T. ROSOLOWSKI: [27:08] Right, (inaudible).

DR. NADELSON: I had to learn that I had to put an end to that, sometimes, and, you know, come out with a statement.

T. ROSOLOWSKI: Interesting, (break in audio), interesting. What kind of impact do you feel you had had at the end of your role in that year as president, and then afterwards, when you were a voting member? What -- you know, what -- what did it do to have a woman president of this organization?

DR. NADELSON: Well, you know, it, in some ways, it's a little bit hard to say. As I look back on it now, it was quite a long time ago. Now, I certainly felt that the idea that it should be part of the way we think and are as a society, in our society, that women should lead as men lead. You know, that was a very important statement, and the organization has since had -- I guess we're having our ninth woman president? You know, so, it -- and, that's become less and less of an issue, that, you know, people don't think about it by gender, although, occasionally, when you look at an electoral process, that happens. And, you know, I think women -- I wouldn't have won the election if men hadn't voted for me. That was clear, because we didn't have a majority of women. We still don't. But, we're -- you know, the new people coming in are more 50/50, but not -- it wasn't that way then, and for a long time. So, clearly, there were a large number of men who felt that that was important. [29:08] And, I think some of the issues that were addressed, you know, I had been very involved in some of the issues I mentioned before, and they became issues that the organization attended to. We attended also to child care, and day care, and developing programs which enable people to have, you know, flexible times, and, you know, all of those kinds of issues became issues in the organization, and the American Psychiatric led in many of those, and medicine.

T. ROSOLOWSKI: Interesting. Huh, yeah. So, the time was really right for you to be bringing that to the organization's attention, and, you know, be kind of a lightning rod in that way.

DR. NADELSON: Yeah, yeah. I mean, you know, and I think -- so it can -- right now, you know, we have women and men running for major offices in, you know -- it's not seen as a major issue at this point in that organization now. I mean, well, you know, it continued to be for a long time. And there's also this subtle kind of unconscious bias that exists. You know, the leader as tough guy, still, it's still in play, and our society hasn't changed, and we haven't had a woman president of the country, although other major countries have.

T. ROSOLOWSKI: Right.

DR. NADELSON: [31:04] We still have that, and it's going to take a long time. I think that, as the generations move, it's going to be, hopefully, increasingly less of an issue, and I hope it's sooner rather than later. I wouldn't like to see my grandchildren handicapped.

T. ROSOLOWSKI: Is there anything else that you want to say about that role as president of the APA?

DR. NADELSON: I don't think so. OK, but --

Chapter Eighteen

Editor-in-Chief of the American Psychiatric Press, Inc

Summary: Dr. Nadelson explains how she came serve as Editor in Chief of the American Psychiatric Press, Inc (APPI), a position she held from 1986 to 2001. She notes that she took this position because she realized it would allow her to have an impact on the field of psychiatry, putting her in a position to publish books in sub areas that needed more attention and encouraging women to write more textbooks. Under her leadership, she says, the press soon became the major publisher in psychiatry. She tells some anecdotes comparing women and men writers and explains the sources of resistance to some of her ideas to expand the field's focus. She talks about the challenge of commuting to Washington, DC, to serve this role. She discusses what she feels she achieved during her tenure, noting that the role was "incredibly satisfying" and that the press had a backlist of 800-900 books and 9 journals when she left.

T. ROSOLOWSKI: Because, what I wanted to make sure that we moved on to another important role, which was that you were the first woman to assume leadership of a academic specialty publishing enterprise, and that was the American Psychiatric Press, Incorporated.

DR. NADELSON: Right.

T. ROSOLOWSKI: And was that also -- was that in 1984, 1985? When were you recruited?

DR. NADELSON: Nineteen eighty-six.

T. ROSOLOWSKI: Nineteen eighty-six.

DR. NADELSON: When I concluded my term, the publishing company had just been, kind of, a fledgling one, it was just -- it had been getting going at that period of time, and the founding editor-in-chief was retiring, and, when I thought about it, [32:39] I thought, Well, you know, that might be a really interesting thing to do, and would be an

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interesting follow-up of my presidency, because I know the field, I know the issues of the field, and I'm an educator, and I could have a role in educating the future of the profession.

T. ROSOLOWSKI: Hmmm.

DR. NADELSON: [Right?] --

T. ROSOLOWSKI: Just that touch for detail, sure.

DR. NADELSON: [Yeah?].

T. ROSOLOWSKI: I wanted to just capture detail: What's the name of the person who is the outgoing editor-in-chief?

DR. NADELSON: Shervert Frazier. F-R-A-Z-I-E-R.

T. ROSOLOWSKI: OK. And, how were you tapped into the person who was the likely one to succeed him?

DR. NADELSON: Well, I wasn't tapped. I thought about it. (laughter)

T. ROSOLOWSKI: Oh, OK, then.

DR. NADELSON: What had happened was, it was the beginning, or -- the press had just gotten going, and, basically, there were almost no books, you know, it just was at the beginning. And, you know, I don't think we had published anything but, like, maybe a few books, you know, it was very minor, it was not a big organization at all, it was small. And, it was clear to me that the person they had picked out, the medical director of the American Psychiatric Association, and whoever the editorial board at the time was, it was

a very small and in-house, kind of an old boys' network kind of thing. [34:22] And, they had picked somebody who was a relatively junior, to me, a little bit younger than I am, and, I thought, less experienced. Nice guy, but, I didn't think he had it -- certainly no more experience than I did, and probably less, because I had published a lot by that time, you know. And, so, I -- you know, I had published and edited small things, but nothing like this. So, I announced to the medical director of the organization, who had always been an incredible mentor, and support to me -- and I just said -- told him that I was really interested in that position. And he was a little startled. He really was.

T. ROSOLOWSKI: Who was this?

DR. NADELSON: And, he, you know -- I don't think he really knew what to quite say, or expect. But I said, "You know, I've been president of this organization." I had a track record. "The person you're thinking of has not even the track record that I have, and I think I'm well-qualified." And I pushed it. I, you know, didn't, sort of, back off on that. We talked about it a lot, and they finally gave me the job.

T. ROSOLOWSKI: [36:03] Wow. Who was the medical director at the time?

DR. NADELSON: His name was Melvin Sabshin. (break in audio) a wonderful man, and had been an incredible help to me when I was president, a real support. His wife had been a psychiatrist, also. And, you know, I don't think he -- he thought about it, as most of the -- my male colleagues just didn't think about it.

T. ROSOLOWSKI: [Fine with that, I just bought it?].

DR. NADELSON: And, when I made my case, he, you know, agreed.

T. ROSOLOWSKI: Yeah, [it's?] kind of that unconscious bias showing --

DR. NADELSON: Yeah!

T. ROSOLOWSKI: -- [it's selfish?] -- yeah, you're not (inaudible) on, even on the radar.

DR. NADELSON: That's right! And he said it like that, and I felt like I had to challenge that, because I knew I could -- I felt I could really do a good job, and I really saw it as the kind of opportunity to really contribute to the field's development. And, so -

T. ROSOLOWSKI: So, how did you go about doing that?

DR. NADELSON: Well, [there was?] -- it was, sort of, a, you know -- I guess I would have to say flying by the seat of one's pants, so I just decided I had to think about "how would I address this?" So, I thought about all the areas of psychiatry that psychiatrists needed to learn about. I thought about the development we had, a fledgling textbook of psychiatry. And, there had been others before. And, so, that clearly had to be developed, and new areas had to be -- these subjects that people wrote about, so I started by thinking that I would look at all the subareas of psychiatry, you know, substance abuse, consultation psychiatry, neuropsychiatry, psychiatric education, et cetera, et cetera.

[38:08] And, that I would develop products around those, and try to get an -- one of my goals was to get more women to write, because there were very few women, almost no women wrote -- were involved in textbooks. They might be on an editorial board, but, very few were. And I really felt that it was time to encourage women to do that. So, I, you know, I developed and expanded the editorial board, and developed a peer review

process, and worked with people on expanding and growing the press, so that -- it was really quite -- was a new venture. I had never done anything like that. But, I was basically running a corporation. And, I had the managing -- the director of the press, who was a businessperson, and it was very cooperative, although a bit surprised, about my taking that active and -- a role in it, and really looking at it in this larger scope. [39:36] And we worked together, and I developed, you know, panels of people who are experts in certain fields. I talked people into writing for us. We developed some journals, and, over the years, the press grew bigger and bigger, and it soon became the international major publisher of psychiatry.

T. ROSOLOWSKI: Wow, wow.

DR. NADELSON: I sort of, I said -- almost, I almost surprised myself --

T. ROSOLOWSKI: (laughter)

DR. NADELSON: -- by, you know, having done this, and, you know, it just grew, and I loved doing it. Obviously, there were controversies, and, you know, microaggressions didn't stop. But, you know, having, kind of, lived through a lot of that, I was, you know, determined to make this work.

T. ROSOLOWSKI: Yeah.

DR. NADELSON: And, I, you know, I did get lots of women to write, although the experience was so characteristic. Again, like apologizing for gaveling, but this was -- so, I would ask a man to write a book, "Why don't you write a te-- why don't you edit a textbook, or write a textbook on substance abuse, on psychotherapy?" You know,

whatever it was. If I asked a man to do it, they would rarely say no. They, you know, yeah, well, I can do that. And if I asked a woman, almost invariably, she would say, “Well, I don’t know if I know enough about that.”

T. ROSOLOWSKI: Ha, ha.

DR. NADELSON: And, it happened a lot. It didn’t -- it was not infrequent. And, so, I worked on that, because I really felt it was important that, you know, we contribute.

T. ROSOLOWSKI: I mean, you were -- [41:42] when you say you worked on it, what do you mean?

DR. NADELSON: Well, I -- you know, I would try to talk people into it. I would also -- felt that some of the topics we did, you know, write books about reproductively-related issues. We did have books on sexual violence, on abortion, on, you know, topics that weren’t ordinarily in the way psychiatrists looked at psychiatry. But, I did, you know, we had consultation with OB/GYN specialists. You know, all -- a lot of books that people wouldn’t have thought of, we had women’s mental health, you know, that kind of thing was new to the field. And --

T. ROSOLOWSKI: So, really, it was --

DR. NADELSON: [42:38] Yeah, other publishers, around, you know -- we were a university press, so, defined that way as a non-profit, structured like university presses, not like private for-profit presses.

T. ROSOLOWSKI: That seems too like it’s even more powerful, because if you were publishing books that were normally not covered by psychiatric presses, and you were

doing it under an academic umbrella, that gives those fields credibility. I mean, [am I right?].

DR. NADELSON: Exactly. Exactly. And, we really -- we actually generated a large income for the organization. We did.

T. ROSOLOWSKI: Wow, wow.

DR. NADELSON: You know, and I would take chances. There were books that I published because I felt they were important, and I knew they weren't going to break even. You know, I learned -- I spent a lot of time learning a little about accounting, about how the business of it worked. I had to think about that. We couldn't, you know, we couldn't run at a loss. We had to at least break even, or earn money for the organization. You know, I couldn't, you know, they weren't subsidizing us. So, you know, it was a -- it was -- I had to learn a lot about areas that I hadn't really thought about much before. That was interesting, and I had a lot of help, as well as a lot of resistance.

T. ROSOLOWSKI: [44:14] What -- where did the resistance come from, when you look back?

DR. NADELSON: Well, I think it was, again -- some of the topic areas were controversial. And, I don't think my male colleagues were as prepared to take a chance on some of them, or to publish things that weren't going to attract thousands of readers, that might be small, like a university press, where you publish peoples', you know, theses, or something like that, and you know that it's important to a small group of people, it isn't a bestseller. And, then I had to balance it with things I knew would be a bestseller. And, I had to think about that kind of way of putting it together, so at least the

voice was there, and a book would come out on the topic, and stimulate more work in that area.

T. ROSOLOWSKI: How long did you serve in that role?

DR. NADELSON: It was long. I stepped down in 2002.

T. ROSOLOWSKI: Oh, wow. Wow. [I was waiting?] --

DR. NADELSON: So, it was a long time, yeah, and I used to commute to Washington, which was also very funny, because I -- the office was in Washington, and, I would often take the first plane in the morning, and the last one back at night, and sometimes, I'd stay over, and be gone one night, and, you know, work two days, or, you know, the whole arrangement, [46:06] and, one of the fun things about it is sometimes, I'd get up and leave, my kids had no idea I was in Washington, and I'd call them, and we'd talk, just the way we ordinarily did, and I would show up again at night, which was not atypical. I mean, they weren't babies then, they were older, but, still, it was, kind of, a different experience in life, you know, running back and forth a lot.

T. ROSOLOWSKI: Well, also a, you know, a lesson in how important rapid transportation is, (laughter) to make [this?] possible.

DR. NADELSON: Oh, my God, yeah, I mean, we -- that's right, and we didn't really have email, so, you know, until later.

T. ROSOLOWSKI: Right.

DR. NADELSON: You know, like we do now, so it operated different. I was even on sabbatical one year at Stanford, and I was still -- I went on sabbatical from my academic

job, but not from the press. So, I would -- was in California, I would get up early in the morning, for me, which was working time for them, and I'd be on the fax there, and the phone, back and forth, with the press. And, you know, but then, my colleagues -- I was in this think tank -- my colleagues would show up, and I'd already been at work for three or four hours.

T. ROSOLOWSKI: [47:44] Wow, that's funny, wow.

DR. NADELSON: Yeah.

T. ROSOLOWSKI: (break in audio) East Coast time.

DR. NADELSON: Yeah, right. (laughter)

T. ROSOLOWSKI: Yeah, that's funny. Well, what did you -- I mean, your neighbors have said some of this, but, what did you feel you really achieved at the end of that time with the press?

DR. NADELSON: Well, I really felt that I had built something that really, in fact, met my goal, in a way, to see the field as a larger field than it had been, and encouraged the education and the development of the field. Because, once you had a major textbook in an area, it became a major area. And, so I felt that I had really contributed to the development of the field. I think, in a way, the -- because I wasn't -- not a person who toots my own horn, really, a lot, I don't do that. And, I don't think a lot of my colleagues really tuned into it the way that maybe one of my male colleagues would have used it.

T. ROSOLOWSKI: How interesting.

DR. NADELSON: You know, I saw a very successful publishing enterprise.

T. ROSOLOWSKI: Oh, it is.

DR. NADELSON: [49:17] Yeah.

T. ROSOLOWSKI: Ha, wow.

DR. NADELSON: Oh, yeah, and, they mean, it's enormous, and it really has a major international market, and translations in every language.

T. ROSOLOWSKI: Huh. So, did you know that you were an entrepreneur at heart?

DR. NADELSON: I never thought of myself that way. (laughter) But, I, you know, I certainly had a lot of help from, you know, other people in doing it, but I learned a lot about how to do that.

T. ROSOLOWSKI: Yeah, yeah. What a great experience, and, you know, a great result, too, to see that lasting impact on the field, know you had a major hand in it.

DR. NADELSON: Yeah, yeah. It really is incredibly satisfying to see, and continue to see -- you know, I have a -- my -- huge, there was a huge library. When I left, we had an enormous backlist of books. I mean, we had probably, I don't know, eight or nine hundred books, and nine journals, and we started out, I don't think we had five books, and no journals.

T. ROSOLOWSKI: Oh, my God. Wow.

DR. NADELSON: So, you know, it was, kind of, a whole exciting new thing. You know, I loved the challenge, and I really loved the sense of accomplishment that I had really contributed something.

T. ROSOLOWSKI: [50:49] What a great legacy. Congratulations on that.

DR. NADELSON: Well, thank you.

Chapter Nineteen

Creating The Woman Patient Series in the 1970s

Summary: Dr. Nadelson discusses her work on the groundbreaking series of three books in The Woman Patient series published in the 1970s by Plenum Press. She notes that, at this time, when the unique qualities of women's experiences were just being explored and were a new idea in psychiatry. She explains how the project started and describes the brainstorming sessions during which subject matter was chosen, including such topics as genetic counseling and sexual abuse, which no one was writing about at the time. Dr. Nadelson notes that work on this project gave her important experience to bring to her editorial role with the American Psychiatric Press, Inc.

T. ROSOLOWSKI: Sounds very cool. I'm wondering, did that press publish your book *The Woman Patient*?

DR. NADELSON: No. That was ten years -- that was many years before. That was in the '70s.

T. ROSOLOWSKI: Oh, OK.

DR. NADELSON: Yeah.

T. ROSOLOWSKI: Well, [I wanted -- I wanted to talk about that?].

DR. NADELSON: *The Woman Patient*, three volumes, was Plenum Press, you know, 10 -- more than 10 years earlier.

T. ROSOLOWSKI: OK. You want to tell me the story of writing that?

DR. NADELSON: Well, that was in, you know, a, sort of, a different life phase. I was, you know, a junior, I guess I was an assistant professor at Harvard, and I was at Beth Israel Medical Center at the time. And, it was an innovative and entrepreneurial

editor of Plenum, who was looking for emerging areas, and, you know, got a couple of us together, to talk about it, people who she saw as potential leaders in medical areas, and feminists, and, you know, people who might be willing to -- [52:10] are interested in developing this area for this publishing company. And, my --

T. ROSOLOWSKI: Interesting, what was her name?

DR. NADELSON: Oh, I -- you know, I can't remember at this moment. It will come to me.

T. ROSOLOWSKI: OK, I'll make a note. Sure.

DR. NADELSON: But, it will -- I'm sure I will remember it, probably in a couple of hours. (laughter) But, you know, when this happens, you know --

T. ROSOLOWSKI: That's the great advantage of transcript review, you can stick it in later.

DR. NADELSON: Yeah, that's right.

T. ROSOLOWSKI: Oh, that's cool, she was really looking for leaders in these emerging areas, and --

DR. NADELSON: Yeah. And, you know, so we had -- she invited a number of us to some meetings in New York, and we went down, and brainstormed. It was really great fun, and with people -- many of whom I knew, because we were all involved in the early feminist movement, and women in medicine, and women in leadership, and Boston was kind of a hotbed of a lot of, you know, that kind of generation of ideas, and thinking.

And, we talked about, and came to this place -- there's never been a book about women

as patients, and what were their experiences, and the areas that didn't get covered. So, that's how we sort of came up with this series, and there was a series with, you know, a number of areas. And *The Woman Patient* -- my colleague, who I continued to write with 50 years later, Malka Notman, Malka and I, sort of, sat down, and we worked together very closely during this period of time. And, we came up with areas that we thought would be important, in -- what are women's unique experiences as patients? [52:26] At the time, there was a lot of discussion about paternalism in medicine, and most doctors were men, there weren't very many women, it was the beginning of when we were -- and I think I mentioned this earlier, in probably a previous transcript -- there were a number of areas that people had never really thought about separately. I mean, nobody talked about genetic counseling, or infertility, and what's the psychiatric medical interface, or sexual abuse, or anything like that, and we, sort of, developed this series of topics. And, we asked people to write chapters, and, we put together these three volumes that we edited, and people wrote. And we wrote some of them ourselves, and we got other people we knew to write other sections in the books, and, the -- [55:41] it was really a groundbreaking experience, and it was a, you know, very successful. In fact, I don't know if I mentioned it before, but, I was on a trip to Australia and New Zealand, and my husband and I had been in an automobile accident in New Zealand, you know, that they were kind of used to, because they drive on the other side of the road. And, we were, sort of, recovering from that in a new rental car, and we had gotten, sort of, stuck in a traffic situation, and, not -- would not -- we couldn't find a place to stay, and we were driving in the south of the south island, and, I said, "you know, there's a university here that I know there are several people who have written a lot." There's a journal that comes out, the

Australian/New Zealand Journal of Psychiatry, which I knew, and the president of the Australia Psychiatric Royal College of Psychiatrists there had become a friend of mine, and we were visiting -- we had visited her in Australia, and came to New Zealand, and I said "you know, we're in the area. Why don't we go and see what this town is like, and maybe look at the university?" And, we did. It was Dunedin, New Zealand, which I've logged more time in than I think anybody else I know, except people who live there, and, we [called?] -- when we got there, I said, "Call the university, and find out if we can talk to somebody in the psychiatry department." And, so they, you know, set up a time for me, and we went over to the university, and walked into the office of one of the faculty there, and she looked up at the time, and she said, "Oh, my God, I can't believe it! I was just reading your book! And here you are!" (laughter)

T. ROSOLOWSKI: [58:18] Oh, my God.

DR. NADELSON: It was such a startling experience, and we became good friends.

T. ROSOLOWSKI: Ha.

DR. NADELSON: It was just, you know, it was a -- I was amazed to see it being read in this remote place. And, [she?] --

T. ROSOLOWSKI: Yeah, so, it's really having an impact.

DR. NADELSON: Yeah, it was -- I mean, that -- there hadn't been anything like that before, you know, and, I -- you know, the group of us who got together, and the publishing company, really were incredible in helping this get going.

T. ROSOLOWSKI: Now, when you said that everybody got together, and was, kind of, brainstorming, it -- was that an unusual thing to do? I mean, it doesn't sound like the way that books are put together now, but --

DR. NADELSON: No, and I don't know [about when?]. You know, we did it at -- I don't know whether other -- you know, I certainly did it when I ran the press, [59:27] because it was a model I then knew about.

T. ROSOLOWSKI: Right, right, how interesting.

DR. NADELSON: But, you know --

T. ROSOLOWSKI: But that (break in audio) --

DR. NADELSON: Yeah, and it was a departure from, you know, their usual, and I think they did very well with us.

T. ROSOLOWSKI: Interesting, (break in audio).

DR. NADELSON: Yeah, I mean --

T. ROSOLOWSKI: So, what were some of the other ways in which you felt the book had an impact? I mean, you know, it's been -- is it still in print, and --

DR. NADELSON: Well, you know, (laughter), [at this article?] -- I mean, I think it's out of date, considerably now. But, you know, but it was a beginning. It was not anything anybody had done before, and, you know, we had -- the series included people like Matina Horner, who was the president of Radcliffe at the time. There were people from California, one of my colleague -- two of my colleagues, who were in Washington,

from the APA. And, you know, so it was a large group of people, who -- and topics that just, you know, the three volumes covered a huge area of work. And it wasn't only women who were writing in it. I mean, we had a number of men as well writing in the book, in one -- in each of the volumes. We -- Mark and I did three volumes. And, there were other volumes that other people did in the series. It became, you know, a fairly, a really fairly well-known series. [01:01:23] And, you know, so there was -- you know, a lot of attention to it, and I think it was, again, sort of calling peoples' attention to an absence in the field, that, you know, sort of looking at women, it just -- it's like not seeing children as junior adults, but seeing children as children. Well, this was -- women weren't junior men or, you know, some variance of -- and men were the modal, which is the way things always were. Even in our language, you know, we didn't use "he/she," we just used "he." And a lot of our references are as if we were all "he."

T. ROSOLOWSKI: Is that your challenge? I mean, as you're describing this experience, it sounds like it was, in a sense, a bit of a training ground for the editorial role you took on later.

DR. NADELSON: Well, yeah. I mean, editing these three volumes, conceptualizing, and editing them, that's correct. And it really, you know -- and it represented -- and it also was a ground for thinking about who was thinking about different topics, writing about it, and several of the people who we tapped for writing, you know, when I was running APPI, wrote, [01:03:04] you know, were there also. So, they, you know -- and we -- and, not only did we talk about patienthood as, you know, this, sort of -- like the first volume, the subtitle was *Sexual and Reproductive Aspects of Women's Health Care*. The second one was *Concepts of Femininity in the Life Cycle*. The third one was

Aggression, Adaptations, and Psychotherapy. So, these were areas that people didn't, you know, sort of think about before, or write about.

T. ROSOLOWSKI: So, then, that would be --

DR. NADELSON: And, the group of us really worked well together. I mean, there were, I think there were about eight of us.

T. ROSOLOWSKI: Wow, wow.

DR. NADELSON: Yeah, and --

T. ROSOLOWSKI: Who were some of the other people involved?

DR. NADELSON: Well, as I said, Matina Horner, Martha Kirkpatrick, Claire Kopp, both of them were in Los Angeles. Mark and I, Carolyn Rabinowitz, Jean Spurlock, who was, at the time, one of the leaders in diversity. We didn't call it that then at the APA. She was an African American woman child psychiatrist who was a leader in the field. You know, so, we, you know, had a fairly extensive experience. And, at the time, I was also at Tufts at the time that I -- I think that when the second and third volumes came out, I had moved over to Tufts at that point. [01:05:04] And, you know, so that -- and then, I had learned, I guess, you know, to sort of see the bigger picture. And that's what really did simulate some of what happened later. We also -- interestingly, I think about it -- we developed, kind of, a glossary of terms and -- because a lot of people didn't really know about it, because -- and we were trying to address a large audience. It isn't, you know, we hoped that it would be -- the books would be read by more than just psychiatrists, or, you know, in fact, some of the people weren't psychiatrists. Now, Matina certainly

wasn't a psychiatrist, and, you know, there were others who were not, and, you know, there were people from a number of related, in some ways, fields. But, it wasn't always all psychiatrists.

T. ROSOLOWSKI: Interesting. Huh, interesting. Was there anything else you wanted to say to close off that part of the discussion about the book?

DR. NADELSON: I don't think so, as I'm thinking about it now, I, [you know, I think?] --

T. ROSOLOWSKI: OK. Yeah, you know, I'm interested that you were, you know, committed to having it read by people outside the field, (break in audio) kind of broadening the audience.

DR. NADELSON: [01:06:51] Well, you know, one of the things that happened in Boston at the time -- and Mark and I were very much in the forefront in this area of really seeing psychiatry as being connected with sociology, and anthropology, and psychology, and, kind of, broadening the context of it. Psychiatry, at the time, early in that period, was much more psychoanalytic. And, even though both of us were psychoanalysts, we were looking beyond only psychoanalysis. And the feminist movement in Boston included a range of other people, who we were concerned with.

T. ROSOLOWSKI: Interesting.

DR. NADELSON: (inaudible) --

T. ROSOLOWSKI: I -- I'm sorry, go ahead.

DR. NADELSON: No, [I?] -- sure.

Chapter Twenty

The First Course in Behavioral Science at the Harvard Medical School

Summary: Dr. Nadelson talks about offering the first course in behavioral science for students at the Harvard Medical School during the sixties: this was designed to strengthen the interface between medicine and psychiatry, looking at patients and human development in a context that was much broader than disease. She talks about innovative teaching approaches she used and notes that the course was very successful. She also explains that her focus in this course had its origins in her work at the University of Rochester, where the program acknowledged the mind/body connection.

T. ROSOLOWSKI: I wanted to also talk about the course in the behavioral sciences that you did at the Harvard Medical School, and I wasn't sure when you began offering that. Can you tell me about that?

DR. NADELSON: The -- could you go back for a minute? I had lost you for a minute. The behavioral science course?

T. ROSOLOWSKI: Yeah, the course in behavioral sciences at the Harvard Medical School.

DR. NADELSON: [01:08:22] Well, that was very early. That was in the late '60s, so that was, like, 47 years ago, 48 years ago.

T. ROSOLOWSKI: Wow! (laughter)

DR. NADELSON: You know, that was when -- at the very beginning of my career. [That is?] a nodal point to remember, because it's my daughter's birthday. (laughter) It was in '68 when that was happening. But, the -- I was a junior faculty member, and thinking about -- I was very interested in the -- in working with medical students in

behavioral sciences. And, because we had -- you know, the whole idea of the medical psychiatric interface was important. And, so, I, you know, with a couple of colleagues, we kind of developed a curriculum. We were part of the Harvard Medical School group thinking about this, and we -- thinking about how medical students could learn patients in a different way. So, it was, you know, you learned about older patients by going to facilities, you know, what we would call homes for the aged, or -- and, there weren't -- and, that was a big part of -- we don't call it that anymore, but -- so, we were looking at learning about kids, by going and visiting a school and a kindergarten. You know, that kind of thing. [01:10:29] It was, kind of, looking at human development in the larger context, and not only just medical diseases.

T. ROSOLOWSKI: Hmm, interesting.

DR. NADELSON: And -- yeah, so then, that idea kind of grew, and we developed this course, where, I guess it was one morning a week for, [I don't know?], I don't remember, it was, like, a semester. I guess it would be the equivalent, if medical schools don't work quite the same way. But, we -- and, so, and the course was, there was, you know, some class lecture, but not the same kind of formal lecture. But, to try to get human development across to medical students in a more innovative, hands-on way. And so, that was one of the things that was very involved, in developing, and teaching, and did that for a number of years, with a number of colleagues. And the medical school, you know, over time, and, you know, over many years, the course, sort of -- it was on the -- in the curriculum that way for a long time, and then there's always -- everybody's always changing a curriculum, and then reinventing something. And, then it becomes a new innovation, even though, you know, you did it 25 years before, and that happens all the

time. [01:12:18] And, so that was an extremely successful course, and I'm still in touch with a lot of my former students. In fact, people tease me about the fact that everybody was my former student. (laughter) But, you know, there were many of us, and it was a fun experience, and I was (break in audio) -- hello?

T. ROSOLOWSKI: Yes, yes, I'm here.

DR. NADELSON: Yes. I think there was somebody trying to get me on the line. But, yeah, that beep is -- I'll just ignore it, but --

T. ROSOLOWSKI: OK.

DR. NADELSON: We're running late on time here.

T. ROSOLOWSKI: OK, we can close off soon, if you would like. I mean, if you need to.

DR. NADELSON: Well, yeah, I think I probably need -- can go about another, little bit, maybe if there were other things we can do at another time.

T. ROSOLOWSKI: Sure. We're almost done, anyways, so --

DR. NADELSON: Oh, OK.

T. ROSOLOWSKI: -- it won't be a problem, yeah, yeah. So, I guess I just had a couple questions, but, I mean, just about the behavioral sciences class. How did you know it was having an impact? I mean, you were obviously -- had a great connection with your students, so, what did you see happening that was different from the usual education?

DR. NADELSON: [01:13:50] Well, the usual education was lectures about things, and what became clear is that this -- most students, and I knew it from my own experience, but -- my medical school experience was a lot different than many people, because it was a major focus. I was at the University of Rochester Medical School, and there was a major focus on a lot of mind/body -- or behavioral science was part of the way people thought. And I thought that was pretty modal. I didn't realize that it wasn't. But, you know, we didn't -- but, the whole idea of not just sitting there, and lectures, but, learning about people by seeing them. And, you know, learning what it was like to be at a certain age, or in a certain situation. So, you know, that was the idea behind it. And, it, you know, as I said before, these things go in cycles, and they come back again, and, you know, that becomes a new innovation. So, that, for a while, they weren't doing behavioral science, then they did it again, and the other course that I did, which I was asked to develop, was the human sexuality course at Harvard Medical School, that hadn't been before. Then, it gradually fell out, and then got reinvented again later on. You know, that kind of thing happens when people are always doing curricular revisions, and rethinking, and, you know, you can't teach everything. [01:15:51] You know, when people talk about -- there are only six hours devoted to this, and seven hours devoted to that, there's no possibility that everything in everyone's experience, can possibly be captured in one curriculum.

T. ROSOLOWSKI: Right, right.

DR. NADELSON: You know, so things fall out, or get, kind of, sidetracked, when there's a new priority, and then people come back to it.

T. ROSOLOWSKI: But, I'm certainly seeing that, you know, in terms of the evolution of your career, the experiential is really -- has been an important category, even though today, in this conversation, we've kind of moved backwards chronologically from, you know, your work in the press, and in the presidency, and now, to this course that was real early in your career. I mean, the one thing that you've been focusing on is experience, the experience of patients, the experience of women, and how important it is for, I mean, obviously, psychiatrists, but certainly, the medical profession, too, to have a grasp of that.

DR. NADELSON: Yeah, very much.

T. ROSOLOWSKI: Yeah, yeah. Yeah.

DR. NADELSON: [01:17:05] You know -- yeah, I think I'm going to have to go, it's almost 4:30.

T. ROSOLOWSKI: Sure. That's fine. I was just going to say that we can certainly close off now, if you would like to.

DR. NADELSON: Yeah, and, you know, I'm perfectly happy to, you know, as you see it, go back, and pick up if we've not covered something, or that you had more questions. It's just that I have to get myself together (laughter) [badly?].

T. ROSOLOWSKI: Absolutely. No, I completely understand. And, in fact, we're pretty much at the end of my questions for today, anyway, so I think we're good. And, once you get the transcript, you can have a look, and see if there would be anything else that you feel is a glaring o--

DR. NADELSON: Yeah, or, as you look at it, you might find, you know, some holes.

T. ROSOLOWSKI: OK. Well, I really app-- (break in audio) taking the time today, Dr. Nadelson, and thank you, and I hope you have a wonderful trip to Italy.

DR. NADELSON: [01:18:02] Thank you. I'm looking forward to it.

T. ROSOLOWSKI: [Great?]. And Happy New Year too!

DR. NADELSON: You too, you too! And I was -- it was great talking with you.

T. ROSOLOWSKI: Good to talk to you, too.

DR. NADELSON: Right. Great.

T. ROSOLOWSKI: Right. Bon voyage. Thanks.

DR. NADELSON: Thanks. Bye-bye.

T. ROSOLOWSKI: All right, bye-bye.

END OF AUDIO FILE