

**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 of Psychiatry, Harvard Medical School**

Interview Profile and Chapter Summaries
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Interview Profile

This three-session interview with psychiatrist Carol Cooperman Nadelson, MD (b. Brooklyn, New York, in 1936) takes place in 2015 (total 5 hours 30 minutes). Dr. Nadelson's research on the unique dimensions of women's experience has expanded the field of psychiatry to address women's health and mental health. Through her mentoring, teaching and her role as Director of the Partners Office for Women's Careers at Brigham and Women's Hospital (1998 – 2012) she has had a profound impact on the advancement of women physicians and scientists in the United States and abroad. This first session of this interview is conducted at the Countway Library at the Harvard Medical School. The second takes place at Dr. Nadelson's home in Cambridge, Massachusetts. The third session takes place via telephone.¹ Tacey A. Rosolowski, PhD is the interviewer.

Dr. Nadelson received her MD from the University of Rochester School of Medicine in 1961. She was a resident psychiatry at the Massachusetts Mental Health Center (1962 – 1964) and Beth Israel Hospital (1964 – 1966). She joined the faculty of the Harvard Medical School in 1973. She is now a Professor of Psychiatry and also serves as staff psychiatrist at Brigham and Women's Hospital. Dr. Nadelson won the Alma Dea Morani Award in 2009; she joined the Board of the Foundation for the History of Women in Medicine in 2014.

In this interview, Dr. Nadelson traces her impact on the field of psychiatry and on women's mental health and health issues throughout her long career. She speaks candidly about shifting attitudes toward women in positions of leadership, speaking from the perspective of a woman learning to assume leadership roles and also from the vantage point of a leader responsible for shaping other women's careers. She shares her views on American society and culture as it

¹ Due to a technical problem during session one, approximately 60 minutes of interview materials was lost. The third session recaptured that content.

affects women and healthcare. She also comments on the experience of becoming a widow and on attitudes toward aging.

Chapter Summaries

Note 1: Time codes for chapters

Approximate time codes are indicated for the beginnings of chapters. A time code with a plus sign following it ([time stamp]+) indicates that the chapter begins some short time after the indicated time code. Conversely, a minus sign following the time stamp ([time stamp]-) indicates it begins shortly before that position in the audio file.

Note 2: Priority Content

The Chapter Summaries include notes on the following priority topics:

Leadership issues

Mentoring

Race/gender/racism/sexism

Descriptions of situations for women in medicine

The Foundation for the History of Women in Medicine and the Alma Dea Morani Award

A list of the priority issues present in a chapter appear after the chapter title. When appropriate, a time stamp is included to indicate the approximate location of the content. Chapter summaries may also include more detail on the content.

Interview Session One: 21 November 2015

Session One: Interview Identifier

[00:00:00]

Chapter One

A Close Community; Inspirations to Enter Medicine

[00:02:21]-; p. 6

Race/gender/racism/sexism, [00:02:21]+, [00:10:49]-

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.

Chapter Two

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

[00:12:51]-, p. 13

Race/gender/racism/sexism

Descriptions of situations for women in medicine

Note: the content of this chapter focuses consistently on the above two issues.

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 Einstien 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.

Chapter Three

Choosing a Specialty in Psychiatry; A Supportive Life Partner

[00:23:47]+, p. 22

Race/gender/racism/sexism, [00:27:59]-

Descriptions of situations for women in medicine [00:31:11], [00:36:21]

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, who was a very egalitarian-minded man.

Chapter Four

The Sixties and a Focus on Women's Issues and Women's Health

[00:40:12]-, p. 32

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.

Chapter Five

Early Opportunities for Career Development at Harvard Medical School

[00:47:04]+, p. 38

Race/gender/racism/sexism [00:56:28]

Descriptions of situations for women in medicine [00:47:04]+

Mentoring [00:49:47]+

Leadership [00:54:00], [01:02:52]+, [01:12:25]

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 woman 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 in 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.

Chapter Six

Thoughts on Women and Leadership, Yesterday and Today

[01:13:59]-, p. 55

Leadership [01:12:25]+,

Race/gender/racism/sexism [01:17:17+

Descriptions of situations for women in medicine [01:16:30], [01:29:55]

Note: all these topics are present and interwoven in this chapter.

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.

Chapter Seven

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

[01:34:50]+ p. 68

Race/gender/racism/sexism [01:36:28]

Leadership [01:36:28]+, [01:49:26]-

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. [Note: This discussion is continued in the Supplementary Session, conducted 22 December 2015.]

Interview Session Two: 22 November 2015

Interview Identifier

[00:00:00]

Chapter Eight

An Ethical Dilemma and Work Responsibilities in the Nineties

[00:00:33]+, p. 4

Leadership [00:01:47]

In this chapter, 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.

Chapter Nine

Developing the Partners Office for Women’s Careers at Brigham and Women’s Hospital

[00:09:37]+, p. 9

Leadership

Race/gender/racism/sexism

Descriptions of situations for women in medicine

Note: these issues intertwine throughout the chapter

Dr. Nadelson explains how she was recruited to Brigham and Women’s Hospital in 1998 to create the Partners Office for Women’s Careers—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).

Chapter Ten

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

[00:25:36]+, p., 21

Note: discussion of sexist attitudes, leadership, and situations for professional women intertwine throughout this chapter.

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.

Chapter Eleven

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

[01:00:11]-, p. 42

Race/gender/racism/sexism [01:14:50]+

Leadership [01:05:26]-

Foundation for the History of Women in Medicine [01:09:35]

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).

Chapter Twelve

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

[01:23:23]-, p. 56

Leadership

Mentoring [01:23:23]-, [01:32:45]

Foundation for the History of Women in Medicine [01:32:45]+

Descriptions of situations for women in medicine [01:26:10], [01:30:03]-

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.

Chapter Thirteen

Promotion to Full Professor at Harvard Medical School

[01:40:06]-, p. 67

Descriptions of situations for women in medicine [01:43:45]

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.

Chapter Fourteen

A Legacy Left

[01:55:15], p. 75

Leadership

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.

Chapter Fifteen

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

[02:07:35]-, p. 81

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.

Supplementary Session: 22 December 2015

Interview Identifier

[00:00:00], p. 3

Chapter Sixteen

Running for President of the American Psychiatric Association

[01:07]+, p. 4

Leadership

Sexism

Note: these issues intertwine throughout the chapter

Dr. Nadelson begins by explaining how she organized a national campaign to be the first woman President of the APA in 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.

Chapter Seventeen

President of the American Psychiatric Association

[15:01]-, p. 10

Leadership [15:01]+, [25:27]+

Race/gender/racism/sexism [19:46]

Descriptions of situations for women in medicine [25:27]-

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.

Chapter Eighteen

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

[31:04]+, p. 18

Leadership –this is the focus of this chapter

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.

Chapter Nineteen

Creating The Woman Patient Series in the 1970s

[50:49]+, p. 28

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.

Chapter Twenty

The First Course in Behavioral Science at the Harvard Medical School

[01:08:22]-, p. 36

Dr. Nadelson talks about offering the first course in behavioral science for students at the Harvard Medical School: 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.