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WOMEN'S VOICES IN PSYCHIATRY

A Collection of Essays



EDITED BY GIANETTA RANDS

Women's Voices in Psychiatry

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Edited by

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Great Clarendon Street, Oxford, OX2 6DP,
United Kingdom

Oxford University Press is a department of the University of Oxford.
It furthers the University's objective of excellence in research, scholarship,
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First Edition published in 2018

Impression: 1

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Published in the United States of America by Oxford University Press
198 Madison Avenue, New York, NY 10016, United States of America

British Library Cataloguing in Publication Data

Data available

Library of Congress Control Number: 2017962124

ISBN 978-0-19-878548-4

Printed in Great Britain by
Ashford Colour Press Ltd, Gosport, Hampshire

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Foreword

Gianetta Rands and I began to ruminate over dinner one evening about how faint the voices were of women in the public discourse of psychiatry, even those of the most successful in career terms, compared with men. Perhaps that is because women have often contributed in ways that have been traditionally less valued in a man's world, although the leadership and personal drive that are required to devise improved service models and change the way society regards mental disorders and disturbed families are as intellectually demanding and challenging as any research project. Gianetta suggested we needed to do more shouting about women's achievements. I agreed and this book is the fascinating result.

Women's lives have changed immeasurably in the last century but we are often still chasing an elusive cultural ideal of fulfilling many roles at the same time, negotiating the shifting priorities of love, children, ambition and financial necessity throughout our careers. Emily Wills' final marvellous poem on page 298 'The Other Women in the Wardrobe' articulates the inevitable regrets, the difficult choices, the acceptance of change and also an elegy for opportunities lost or abandoned. All these are reflected in the chapters that follow, giving women psychiatrists a chance to describe what has been important to them, not only as clinicians, scientists and professional carers but as patients, writers and prominent leaders of the profession in the United Kingdom. There are good stories here to inspire any man or woman embarking on a career in medicine today, stories which capture the essence of our recent history and provide a launchpad for the next generation of psychiatrists.

Baroness Elaine Murphy,
Member of the House of Lords
Formerly Professor of Old Age Psychiatry, University of London

Preface

To quote a companion book preface ‘The provenance of this volume of essays is two-fold.’¹ First, in summer 2015, on retirement from NHS work, I presented an exit seminar entitled ‘Career Reflections of a 1970s Feminist’. A colleague warned me not to be boringly nostalgic. On the contrary: I didn’t feel warm nostalgia from reciting my reminiscences. Many events in my career should not be repeated. Many areas showed evidence of change for the better over the past 40 years. An aim of writing about this is to record this history so that services for people when they are mentally ill can improve. A separate aim is to describe the professional work of women psychiatrists in the twentieth century.

A version of my seminar is the first chapter in this anthology. Feedback from current psychiatry trainees made it clear how important this book is and that advances in feminism, equality, education, and our profession happen in waves, with troughs as well as peaks.

Second, I read a book review by Baroness Elaine Murphy² of a collection of essays called *Psychiatry: Past, Present, and Prospect*.¹ It had 3 male editors from the United States, Australia, and the United Kingdom, and 28 authors, only 3 of which were women. Where are the women’s voices? Baroness Murphy’s role was as reviewer; there was no reference to her ground-breaking psychiatric career as clinician, researcher, senior manager, and Cross-Bench Peer in the House of Lords.

I contacted Oxford University Press, the publisher of the book and suggested that this was a clear example of gender bias in scientific publications, adding that over 50 per cent of UK medical students and nearly 50 per cent of its psychiatrists are now women. Where were the women’s voices?

For this book, I was in the right place at the right time. After years of contributing to Royal College of Psychiatrists committees I have connections with women psychiatrists and trainees throughout the United Kingdom. I had just left my National Health Service (NHS) job so had time, momentum, and energy available to dedicate to what I believe is a very important record.

This project

This book is an anthology, a collection of chapters written by women psychiatrists working in England and Wales. There is a wide age range of authors from colleagues in their 80s to colleagues in their 20s. All authors are psychiatrists, with the addition of a medical journalist and a senior NHS manager.

The range of topics covered is diverse. Women professionals seem to get themselves into niche areas for reasons that will become apparent in the chapters that follow and are largely specific to socio-political attitudes of the late twentieth century. Interspersed

between the chapters are short biographical profiles of pioneering women who have contributed to psychiatry and mental health services. There is a wide range of writing styles. Some are autobiographical, some biographies, some are descriptive, and some more evidence-based analyses.

This is not meant to be a textbook. There are excellent textbooks of psychiatry that are regularly updated. This is also not a guide to mental illnesses. The Royal College of Psychiatrists has many acclaimed information leaflets about mental illnesses³ and in 2017 published ‘The Female Mind: A User’s Guide’ edited by Kathryn Abel and Rosalind Ramsay, both psychiatrists.

This is a collection of thoughts, opinions, and experiences of women doctors specializing in modern-day psychiatry. It is intended to be accessible to all readers interested in the mind, mental health services, and women’s roles in medicine. Psychiatry and mental illnesses can be scary and mysterious, especially as portrayed in some films and literature. However, the more we understand diseases of the brain and disorders of the mind, the more fascinating they become, and the more treatable. Some emotional and personality disorders can be attributed to ‘man’s inhumanity to man’ and that is an issue that requires research from many specialties.

I hope that the chapters in this book go some way to demystifying this fascinating specialty, to destigmatize mental illness, and to encourage young people interested in the mind to think about careers in psychiatry. Whatever the structure of health services in the future, there will always be a need for psychiatrists and other mental health professionals.

Pictures and poems

As a psychology student in the 1970s I often wondered about visual imagery and its role in memory, thinking, understanding, and problem-solving. At the time, cognitive research was predominantly about verbal skills and strategies, with little recognition of non-verbal components. In this anthology, I have encouraged authors to include pictures. This was for two main reasons: first, many of us use visual imagery to think and learn, and second because they offer stepping stones to ponder the content of these chapters. Similarly with the inclusion of poems, as they can challenge our assumptions, prompt imagery, and reframe some attitudes.

Patchworks

As I have pieced together these writings, these individual contributions from women colleagues, each carefully crafted with their own personal style and stories, I have thought about patchworks created by other groups of women and how their collective voices can still be heard. In particular, I think about the Changi quilts.

There are four Changi quilts: two in Australia, the Girl Guide quilt at the Imperial War museum, and the British quilt now in the Red Cross archive and reproduced here with their kind permission (see Figure P.1).

These quilts were embroidered by women and child prisoners of war, held in Changi jail, during the Japanese occupation of Singapore, 1942–45. Each square was embroidered by one person, telling something of herself and her family. Thread was scavenged

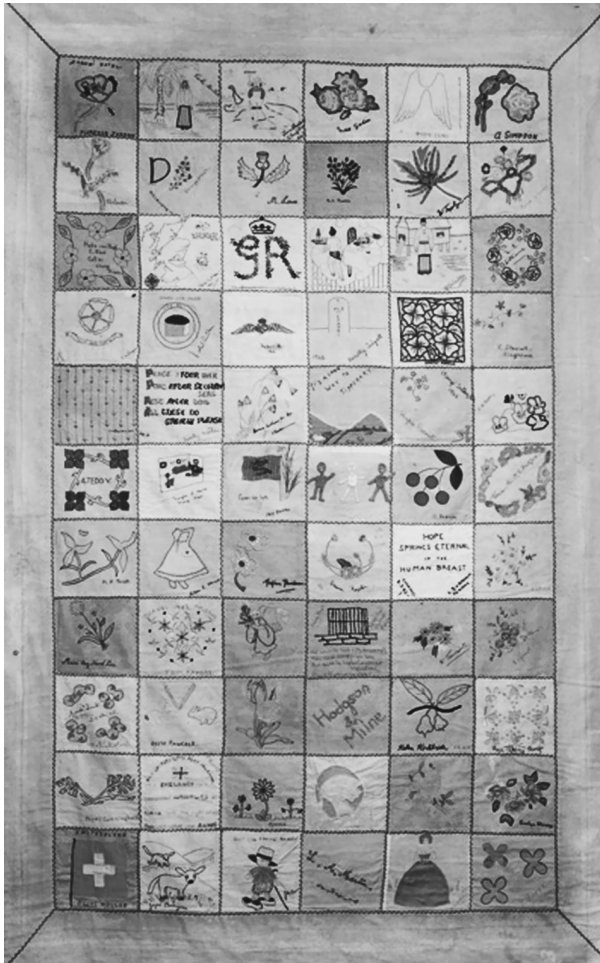


Figure P.1 The British Changi Quilt, 1942

© British Red Cross

from the seams of rotting garments and needles were precious prison trophies, sharpened on the concrete floors.

Many of the women, and men, in Changi jail in 1942 were captured during the aftermath of the Alexandra Military Hospital massacre in which hundreds of doctors, nurses and patients (including one person under anaesthetic) were killed. This hospital had been a beacon of excellence, one of the first to undertake limb re-attachments, and provided medical treatments to thousands injured during the Second World War.

After the War, the hospital continued as a centre of medical excellence and incorporated maternity services. Many baby boomers were born there, including me. Since 1971 it has been incorporated into Singapore medical services and university. Its lush gardens are treasured, especially the serene remembrance garden with its commemorative plaque.

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Acknowledgements

This book exists thanks to its contributors, their writing, ideas, suggestions, edits, enthusiasm, and encouragement. Baroness Elaine Murphy discussed her book review (mentioned earlier) and my thoughts about the underrepresentation of women colleagues in psychiatry publications. She gave good advice: first, find a publisher.

Along the way I have sought advice from many people; I am grateful to Colin Gale, archivist of Bethlem Museum of the Mind for ideas, introductions, and access to that archive. To Alice White, Wikimedian in Residence, Wellcome Library, for guidance on finding images, locating Wellcome treasures, and warnings of ‘weasel words’ and ‘peacock terms’. To Frances Maunze, Archivist and Librarian of the Royal College of Psychiatrists (RCPsych), for support and access to that archive, and to Vanessa Cameron, past Chief Executive of the RCPsych, for encouragement with the writing of this book.

A special thanks to Emily Wills for permission to use her poems; as a poet and general practitioner, she has a medical woman’s observations and a poet’s skill for using words that create mind-loops, imagery, and essence of emotions. Thanks also to Belinda Rathbone for tips and for drawing my attention to the allegory of truth and time as described in her book, *The Boston Raphael* (Boston, MA: Godine, 2014). Dr Miles Allison generously contributed text from his father, Anthony C Allison, in Profile on Helen Green Allison. I am indebted to Dr Koravangattu Valsraj, Consultant Psychiatrist and Associate Clinical Director, for his enthusiasm about this project and for giving generously of his time and knowledge on Chapter 8.

Helpful comments and corrections have been made to several of these chapters, thanks to Rose Rands, Annabel Rands, Jane Mellanby, Joanna Collicutt, Simon Adelman, Amy Enfield-Bance, Elinor Hynes, Emma Johnson-Gilbert, and Emily Wills.

My effusive gratitude also must be extended to Oxford University Press editors, Peter Stevenson and Lauren Tiley, who have been skilled midwives to this creation.

Gianetta Rands
2017

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Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder	CPN	Community Psychiatric Nurse
AEGIS	Aid for the Elderly in Government Institutions	CQC	Care Quality Commission
AGENDA	Alliance for Women and Girls at Risk	CSIP	Care Services Improvement Partnership
ALA	Alpha linoleic acid	DBT	Dialectical Behaviour Therapy
ASPD	Antisocial Personality Disorder	DC-LD	Diagnostic Criteria for Learning Disabilities, RCPsych 2001
BBC	British Broadcasting Corporation	DGH	District General Hospital
BDNF	Brain-derived neurotropic factor	DHA	Docosahexanoic acid
BMA	British Medical Association	DHSS	Department of Health and Social Security
BME	black and minority ethnic	DLB	Dementia with Lewy bodies
BMI	Body mass index	DNAR	do not attempt resuscitation
BMJ	British Medical Journal	DoH	Department of Health
BPD	Borderline Personality Disorder	DOLS	Deprivation of Liberty Safeguards, under the Mental Capacity Act (2005); Schedule A1
CAIDE	Cardiovascular risk factors, Aging and Dementia	DRCOG	Diploma of the Royal College of Obstetricians and Gynaecologists
CAMHS	Child and Adolescent Mental Health Services	DSM	Diagnostic and Statistical Manual
CASC	Clinical Assessment of Skills and Competencies	ECT	Electroconvulsive Therapy
CBT	Cognitive Behavioural Therapy	EFCAP	European Association for Forensic Child and Adolescent Psychiatry Psychology
CCT	Certificate of Completed Training	EMDR	Eye Movement Desensitization and Reprocessing
CEMD	Confidential Enquiries into Maternal Deaths	EPA	Eicosapentanoic acid
CIA	Central Intelligence Agency	EPDS	Edinburgh Postnatal Depression Scale
CHAT	Comprehensive Health Assessment Tool	ESMI	Effectiveness of Services for Mothers with Mental Illness
CMHT	Community Mental Health Team	Exec	SIG Executive Committee
CoP	Court of Protection		
CPA	Care Programme Approach		
CPD	Continuing Professional Development		

FCAMHS	Forensic Child and Adolescent Mental Health Services
FMFS	False Memory Syndrome Foundation
FRCPsych	Fellow, Royal College of Psychiatry
FTD	Frontotemporal dementia
GABA	gamma amino-butyric acid
GDP	gross domestic product
GMC	General Medical Council
GP	General Practitioner
HC	House of Commons
HCSA	Historical Child Sexual Abuse
HL	House of Lords
HMP	Her Majesty's Prison
HO	House Officer
IAPT	Improving access to psychological therapies
ICD	International Classification of Diseases
ID	Intellectual Disability
IMHA	Independent Mental Health Advocates
IoPPN	Institute of Psychiatry, Psychology, and Neuroscience
IPT	Interpersonal Therapy
IQ	Intelligence Quotient
IWL	Improving Working Lives initiative
KQCPI	King's and Queen's College of Physicians of Ireland
LEA	Local Education Authority
LMA	London Metropolitan Archives
LMH	Lady Margaret Hall
LSA	Licentiate of the Society of Apothecaries
LSD	Lysergic acid diethylamide
LTFT	Less than full-time (Training)
MAOI	Monoamine Oxidase Inhibitor

MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MBU	Mother and Baby Unit
MCA	Mental Capacity Act
MCI	Mild cognitive impairment
MDT	Multidisciplinary team
MH	Mental health
MHA	Mental Health Act
MHLT	Mental Health Liaison Team
MHT	Mental Health Trust
MMC	Modernising Medical Careers
MMHA	Maternal Mental Health Alliance
MoH	Ministry of Health
MP	Member of Parliament
MPS	Medical Protection Society
MRCGP	Member of the Royal College of GPs
MRCPsych	Membership of the Royal College of Psychiatrists
MTAS	Medical Training Application Service
MWF	Medical Women's Federation
NAMH	National Association for Mental Health (later, Mind)
NAS	National Autistic Society
NaSSA	Noradrenergic and Specific Serotonergic Antidepressant
NET	Narrative Exposure Therapy
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NIMHE	National Institute for Mental Health in England
NTN	National Training Number
NWMRHB	North West Metropolitan Regional Hospital Board

OCD	Obsessive Compulsive Disorder	Section 12	Of the Mental Health Act (2007), conferring authority to instigate compulsory treatment
OOPE	Out-of-Programme Experience		
OSS	Overseas Special Service	SHO	Senior House Officer
OT	Occupational Therapist	SIG	Special Interest Group
PALS	Patient Advice and Liaison Services	SIG Exec	Special Interest Group Executive Committee
PAR	Population attributable risk	SNRI	Serotonin and Noradrenaline Reuptake Inhibitor
PEG	Percutaneous endoscopic gastrostomy	SPL	Shared Parental Leave
PFI	Private Finance Initiative	SRN	State Registered Nurse
PICU	Psychiatric Intensive Care Unit	SSRI	Selective Serotonin Reuptake Inhibitor
PIE	Paedophile Information Exchange	ST	sanitary towel
PHP	Practitioner Health Programme	STD	sexually transmitted disease
PMP	Patient Management Problem	SWH	Scottish Women's Hospitals Committee
PPP	Philosophy, Physiology, and Psychology	TCA	Tricyclic Antidepressant
PSS	Psychiatrists' Support Service	tf-CBT	Trauma Focused Cognitive Behavioural Therapy
PTSD	Post-Traumatic Stress Disorder	TNA	The National Archives
RAE	Research Assessment Exercise	TPD	Training Programme Director
RAMC	Royal Army Medical Corps	UCL	University College London
RCPsych	Royal College of Psychiatrists	UCLMS	University College London Medical School
RCT	Randomized controlled trial	UK	United Kingdom
RFH	Royal Free Hospital	USA	United States of America
RFHSM	Royal Free Hospital School of Medicine	UWMRC	University of Warwick Modern Records Collection
RHB	Regional Hospital Board	VAD	Voluntary aid detachment
RIMA	Reversible Inhibition of Monoamine Oxidase Type A	WAAC	Women's Army Auxiliary Corps
RITA	Record of In-Training Assessment	WHC	Women's Hospital Corps
RMN	Registered Mental Nurse	WHO	World Health Organization
RUI	Royal University of Ireland	WIPSIG	Women in Psychiatry Special Interest Group
SAC	Society for Autistic Children	WMHSIG	Women's Mental Health Special Interest Group
SAIS	School for Advanced International Studies	WIST	Women in Surgical Training
		YOI	Young Offenders' Institute

Contributors

Itunuayo V. Ayeni graduated from Kings College London and has an intercalated BSc in psychology. She is a Specialist Registrar in Old Age and General Adult Psychiatry in London, with a particular interest in the interface between mental and physical health.

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Victoria Barker studied physiology at the University of St Andrews before going on to complete a PhD in Neuroscience at the University of Edinburgh. She qualified in medicine at the University of Manchester in 2006 and returned to Edinburgh to train in general adult psychiatry where she held a post as Clinical Lecturer in the Department of Psychiatry at the University of Edinburgh. Her research interests include early life programming and how developmental stressors perturb the development of the brain and contribute to the development of psychiatric illness, and the potential for reversal of these through psychotherapeutic treatment. She has a particular interest in childhood maltreatment and the impact of this on the development of psychotic symptoms and was awarded the British Medical Association's Margaret Temple grant in 2014 to investigate epigenetic changes in genes involved the stress response pathway in those with schizophrenia and schizoaffective disorder associated with childhood maltreatment. In 2015 she began a psychiatric training in psychodynamic psychotherapy at the Tavistock Centre in London.

Annie Bartlett is Professor of Offender Health Care at St George's, University of London, and an Honorary Consultant in Forensic Psychiatry. She is Deputy Head of the Graduate School at St George's, University of London and Clinical Director for the Health in Justice Clinical Network NHS England. She has published extensively on social exclusion and mental health (with particular reference to women and sexual orientation) and the culture of secure institutions.

Ann Boyle is a Consultant Old Age Psychiatrist in Leicestershire Partnership Trust. She is also a Specialist Advisor for the Foundation Programmes for the Royal College of Psychiatrists and Associate Postgraduate Dean at Health Education England.

Wendy Burn became a Consultant Old Age Psychiatrist in Leeds in 1990. She currently works in a community post. Her main clinical interest is dementia. She has held roles in the organization and delivery of postgraduate training since she started as a consultant. She set up the Yorkshire School of Psychiatry and was the first Head of

School. She was Dean of the Royal College of Psychiatrists from 2011 to 2016. In 2017 she was elected as President of the College and took office in June.

Fiona Caldicott is the Chair of the Oxford University Hospital NHS Foundation Trust. In 2014 Dame Fiona was appointed National Data Guardian of Health and Social Care by the Secretary of State for Health. As President of the Royal College of Psychiatrists (1993–96) she was also Chair of the Academy of Medical Royal Colleges (1995–96). From 1996–97 she chaired the Caldicott Committee on patient-identifiable data for the NHS, leading to the creation and appointment of ‘Caldicott Guardians’ in all providers of healthcare in the NHS. Since then she has led two further national reviews on the security and sharing of health and care data.

Anne Cremona was previously a Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust based at St Thomas’s Hospital, and now works in the private sector, based at Nightingale Hospital and in the City of London. She was the founding Chairman of the Women in Psychiatry Special Interest Group at the Royal College of Psychiatrists. She has a long-standing interest in the equality of career opportunities for female psychiatrists and for all women doctors.

Rupal Dave is a Specialist Registrar in the Psychiatry of Intellectual Disability; she is currently a Clinician in the Westminster Learning Disability Service. Rupal has an interest in medical education and particularly enjoys teaching and mentoring medical students and junior trainees in London.

Sandra Evans is a Consultant in General and Old Age Psychiatry and has also trained as a group analyst. Her interest in psychological therapies has informed her work with older people in the City of London and Hackney, and in younger people in her role in student health and pastoral care at Bart’s and the London Medical School, where she is a senior academic.

Maria Eyres qualified in medicine in 1991 and started working as a psychiatrist and psychotherapist in 1997, becoming a member of Royal College of Psychiatrists in 2002. She trained in medical psychotherapy and psychoanalytic psychotherapy at the Tavistock Centre in London between 2002 and 2008 where she was a member of the Trauma Unit. She joined East London Foundation Trust in 2002 where she continues to work with patients presenting with complex trauma. She received training in the number of therapeutic approaches to trauma, including tf-CBT (trauma focused Cognitive Behaviour Therapy), Narrative Exposure Therapy (NET), and DBT (Dialectical Behaviour Therapy), although she practises mainly using psychodynamic and psychoanalytic psychotherapy. Together with Dr Joanne Stubble she is a founding member and co-chair of the Historical Childhood Sexual Abuse task group at the Faculty of Medical Psychotherapy at the Royal College of Psychiatrists.

Hannah Fosker is a fourth-year Specialist Registrar in General Psychiatry with Leicestershire Partnership Trust. She has been committed to a career in Psychiatry since during her undergraduate training, and recently passed her RCPsych membership examinations.

Georgina Fozard studied preclinical medicine at the University of Cambridge, where she took her Part II examinations in philosophy, before going on to complete

clinical school at King's College London School of Medicine. She completed her core training in psychiatry in North Thames Deanery where she became particularly interested in psychotherapy, personality disorders, and child and adolescent psychiatry. During the junior doctors contract dispute, she wrote on the subject for the *Independent* newspaper and *Grazia* magazine. She is currently a Specialist Registrar in Child and Adolescent Psychiatry on the Tavistock training scheme.

Jane Garner was a Consultant in Old Age Psychiatry in a team in North London for many years and then worked with students at University College London. She held honorary positions at the Royal College of Psychiatrists and is a founder member of the Older Adults Section of the Association for Psychoanalytic Psychotherapy in the NHS. Her academic and clinical interests include psychotherapy with older adults, institutional abuse, continuing care in dementia, and use of psychodynamic practice. She is currently retired from clinical work.

Philippa Greenfield is a Consultant Psychiatrist working in a psychosis service in inner London. She studied medicine at Queen Mary's University London (Barts and the Royal London) before undertaking her psychiatry training in North London. Her clinical interests are in first-onset psychosis and she has published work in this field. She also has interests in patient and carer engagement.

Angela Hassiotis is Professor of Psychiatry of Intellectual Disability at the University College London Division of Psychiatry and also has a clinical role as Consultant Psychiatrist in the Camden Intellectual Disability Service. Angela is committed to improving the lives of people with intellectual disabilities through evidence-based clinical practice and research, especially into clinical and cost-effectiveness of interventions. She strives to increase awareness of intellectual disability and associated issues on health and stigma through education and national and international appointments.

Claire Hilton was a consultant Old Age Psychiatrist in the National Health Service in north-west London from 1998 to 2017. She is also passionate about history. In 2014 she was awarded her PhD for her thesis: 'The development of psychogeriatric services in England, c. 1940–1989'. The chapter she has contributed to this book was written while on a Wellcome Trust-funded humanities sabbatical.

Jacqueline Humphreys is a Consultant Perinatal Psychiatrist working in Newham in east London. She graduated from Leicester Medical School in 2008 and completed her foundation medical years in the West Midlands. She moved to north London in 2010 to train as a psychiatrist, and decided to specialize in perinatal psychiatry in order to improve the health and well-being of women and their families.

Nikita Hyare is currently entering her final year of medical school at St George's University of London, and has always had a deep interest in mental illnesses and their wider impact on patients' quality of life. She has undertaken many special interest projects related to mental health, particularly its history and its relationship with the media and the lay public. Most recently, after undertaking an intercalated BSc in global health, she has become fascinated by the global distribution of mental illness, and

how resources can reach the most deprived areas. Nikita hopes to pursue a career in psychiatry in the future.

Katherine Kennet is a core trainee in psychiatry based in north London. She sits on the Royal College of Psychiatry Sustainability Committee and is co-editor of *The Greening of Health; Healthcare, Health Systems and Wellbeing* (The Green Economics Institute, 2013. <<http://www.greeneconomicsinstitute.com/>>). She studied global health with history of medicine as an intercalated BSc and her professional interests include history of medicine and psychiatry, philosophy of psychiatry, and global health psychiatry.

Rosemary Lethem is a General Adult Psychiatrist who has suffered from bipolar 2 disorder for most of her life. In 2008, she retired early on grounds of ill health from her consultant post in Sheffield and since then has pursued a portfolio of activities in and out of medicine.

Clementine Maddock has trained in medicine and law. She completed psychiatric training at the Maudsley Hospital in London and was awarded the Laughlin Prize for the Highest Marks in the Royal College of Psychiatrists' membership exam. Dr Maddock became interested in law while conducting research into the incidence and predictors of mental capacity to make treatment decisions amongst psychiatric inpatients. Dr Maddock completed the Graduate Diploma in Law (GDL) at Swansea University in 2012 and was awarded a Prince of Wales Scholarship by Gray's Inn to study the Bar Professional Training Course at Cardiff University in 2013. Dr Maddock was called to the Bar of Gray's Inn in November 2014. She has a special interest in deprivation of liberty and was awarded the best GDL entry in the Bar Council Law Reform Essay Competition in 2012 for her essay entitled 'Are Deprivation of Liberty Safeguards Protecting Vulnerable Adults? The Case for Reform'. Dr Maddock currently works as a Consultant Psychiatrist at Abertawe Bro Morgannwg University Health Board and is an Honorary Senior Lecturer at Swansea University. She is a member of the Royal College of Psychiatrists Committee on Professional Practice and Ethics and their Specialist Advisor on Mental Health and Mental Capacity Law.

Jane Mounty is a Consultant Psychiatrist and Fellow of the Royal College of Psychiatrists, and she currently volunteers with the College and with Medical Justice. She worked at Greenwich District Hospital, was Clinical Tutor at South Buckinghamshire NHS Trust, and in 1997 was appointed Senior Lecturer in Rehabilitation Psychiatry at Lewisham Hospital, a borough of Lewisham within the South London and Maudsley NHS Trust. She became Lead Clinician and Champion for Carers in Low Secure Rehabilitation in the Avon and Wiltshire NHS Trust in 2006. She has always sought to promote the rights of minority groups.

Claire Murdoch is currently the National Mental Health Director at NHS England and the Chief Executive of the Central and North West London NHS Foundation Trust. Having trained as a Registered Mental Health Nurse in 1983, she has subsequently held a number of positions in the NHS in mental health and community services and has been active on various boards (currently Chair of the Cavendish Square Group),

and is associated with raising the standard of mental health services and awareness of their vital contribution to twenty-first-century healthcare.

Jo O'Reilly is a consultant psychiatrist and a psychoanalyst. She completed medical and psychiatric training in London and undertook further training both at the Tavistock Clinic and the British Psychoanalytic Society in London. She works in the NHS in an inner city Mental Health Trust and has a keen interest in the application of psychoanalytic ideas to psychosis and severe psychiatric disorders.

Rosalind Ramsay is a Consultant Psychiatrist and Deputy Medical Director at the South London and Maudsley NHS Foundation Trust. She was a founder member of the Women in Psychiatry Special Interest Group at the Royal College of Psychiatrists, and previous Executive member with roles as secretary, newsletter editor, and from 2004 to 2007 she was the SIG Chair. She has worked to support the needs of women with mental illness and to develop the careers of women psychiatrists.

Gianetta Rands trained in Oxford and London and worked for 34 years in the NHS. She was Consultant in the Camden and Islington Mental Health Trust, Honorary Senior Lecturer at UCL, and Honorary Consultant at the Whittington and the Royal Free Hospitals. She now works with Recognition Health as a Consultant Psychiatrist with special interests in dementias and mental capacity. She has had many roles with the Royal College of Psychiatrists including College Tutor, Examiner, CPD Representative, Recruitment Committee Member, and Mental Capacity Adviser.

Abi Rimmer is the Deputy Editor of BMJ Careers. She has worked in medical journalism for a number of years, after completing a degree in Classical Literature and Civilization and Italian.

Joanne Rodda is a Consultant in Old Age Psychiatry in the North East London Mental Health Trust in north-east London and works primarily within the memory clinic. Her research interests include the identification of early symptoms of dementia, health, and lifestyle interventions for dementia, and initiatives to improve opportunities for people to be involved in dementia research. She is a keen triathlete and endurance runner.

Aoife Rajyaluxmi Singh trained at University of Leicester Medical School and is currently a Specialist Trainee in General Adult Psychiatry at the South London and Maudsley NHS Foundation Trust.

Joanne Stublely is a Consultant Psychiatrist in Psychotherapy at the Tavistock Clinic. She leads the Tavistock Trauma Service, and has considerable experience of working with individuals, groups, and organizations who have experienced trauma. She is actively involved in teaching and training in this field, with a particular interest in complex trauma. Dr Stublely is a member of the British Psychoanalytic Society, and is trained in Trauma Focused Cognitive Behavioural Therapy (tf-CBT) and Eye Movement Desensitization and Reprocessing (EMDR).

Fiona Subotsky was brought up on Denmark Hill in south London, near the Maudsley Hospital, where she later trained as a psychiatrist and subsequently became Medical Director. She has a long-standing commitment to promoting the interests of women as patients and as doctors, and was president of the Medical Women's Federation from

1999 to 2000. In retirement she pursues interests in medical history and literature, especially involving psychiatry.

Amanda Thompsell is the Chair of the Royal College of Psychiatry's Faculty of Old Age Psychiatry. She trained and worked as a general practitioner and then in old age medicine before meeting Nori Graham, who inspired her to retrain in old age psychiatry. As a consultant she now provides clinical leadership to a specialist care ward. She has a particular interest in care homes and for seven years was the clinical lead for a team working with care homes with nursing. Her other interests include, end-of-life care, the use of technology to support people who have dementia, and mental health tribunals.

Rashmi Verma is a Consultant Child and Adolescent Psychiatrist who graduated from The University of Sheffield Medical School in 2004. She completed her higher training in Child and Adolescent Psychiatry at The Tavistock Centre, London, achieving her MRCPsych and Diploma in Infant Mental Health. She works at The Tavistock Centre and, as a mother of three young children, she was particularly interested in learning about Dora Black's reflections on the work-life balance.

Emily Wills has two collections, *Diverting the Sea* (2000) and *Developing the Negative* (2008), and a pamphlet, *Unmapped* (2014), all published by The Rialto. She has won the Frogmore poetry competition three times and has been shortlisted for the Manchester prize. She works as a GP in Gloucestershire. www.emilywills.co.uk.

Domestic Confessional

I am trying to write a manly poem.

You would think, in this twenty-first century
postmodern have-it-all, this would be easy. You might say
that the programming of multiple white goods

has rendered obsolete words like *fairy* and *marigold* –
you might observe that we all have to eat –
but such concerns do not belong in the manly poem.

The manly poem may sit at a desk of managed forest
Or cheap laminate, brew unsourced coffee, stare out perceptively
At a pedestrian crossing, a rank of bins, a potted plant;

the manly poem has – presumably – a navel, with its fascinator
of blue fluff, but on these things both muse and man
must be silent. For the manly poem

is a crystal of pure thought, with no bodily needs,
apart from sex, of course – the consequences of which
may occasionally be permitted to enter

provided they wash their hands. Alas, there is no soap
or running water in the manly poem
and the children are hungry or sulky or tired.

For the manly poem, despite its umbilical scar, arrived
fully formed, punctuated with profound utterances,
a tendency to syllable count

and complex forms; also politics, apocalypses,
great themes. The manly poem
has a purpose, the manly poem must Lead The Way –

but with such rules, taboos, and no breakfast, the Inner Critic
– vestigial, but still lurking – convulses and dies,
not literally, you understand, with a lingering quotation,

but in the usual mess of grief and bodily fluids
which have to be dealt with, of course,
in another kind of poem.

Emily Wills

(Reproduced from *Unmapped*, published by The Rialto, 2014)

Chapter 1

Career Reflections of a 1970s Feminist

Gianetta Rands

In 1975, just over 40 years ago, I applied to medical school. That year Harold Wilson was the Prime Minister and Margaret Thatcher was elected Leader of the Conservative Party. In a televised interview, she said ‘I doubt if we will see a female Prime Minister in my life time.’¹ The coal miners accepted a 35 per cent pay increase, 67 per cent of UK referendum voters chose to stay in the European Economic Community, there were Irish Republican Army bombings, Cod Wars, and football hooliganism. Newly released films included *Monty Python and the Holy Grail*, *One Flew Over the Cuckoo’s Nest*, and *The Stepford Wives*. *Chicago: The Musical* opened on Broadway.

Our generation had adjusted to and enjoyed miniskirts and tights so the 1975 trend for maxi skirts and platform shoes was just another stage of fashion fun. We all had at least one item of clothing from Laura Ashley. The sports bra was invented in 1975 as ‘the free-swing tennis bra’; in 1977 the ‘jockbra’ was created from two jockstraps sewn together. Examples are now in the Smithsonian Museum and the New York Metropolitan Museum of Art. The contraceptive pill was the big event of the 1970s and there were three choices—Microgynon, Eugynon 50, or Eugynon 30. It was prescribed for everything—moodiness, spots, heavy or irregular periods, pre-exam nerves, and as contraception. The only tampons available were Tampax which, we were told, should not be used until after a full-term pregnancy. This dogma lacked evidence so as the other option was sanitary towels (STs), which were attached to an ST-belt with loops and hence more restrictive than modern stick on pads, many young women of the 1970s chose tampons.

The National Health Service (NHS) was based on primary care services provided by general practitioners (GPs) and district general hospitals (DGHs); it was early days for specialist clinics such as family planning and sexually transmitted diseases (STD) clinics. On 29 December 1975 the Sex Discrimination Act 1975 and Equal Pay Act 1970 came into force aiming to end unequal pay and conditions for men and women.²

In this chapter, I describe some of my experiences as a doctor over the past 40 years. All events occurred but names, locations, and case stories may have been altered to protect identities. I have selected events that are relevant to trainee doctors, particularly women, and to the evolution of feminism. Some events are examples of the ways in which awareness, knowledge, and research develop.



Figure 1.1 *Punch* suffragette cartoon, 1909
© Punch Limited

This 1909 cartoon from *Punch* (Figure 1.1) shows a suffragette mother visiting her daughter's nursery to find that all her toys provide no comfort and what she wants is the same as her mother: the vote. Trainee doctors these days still want many of the things we strived for—equal opportunities, equal pay and conditions, the right to practice without harassment, and fair attribution.

1975: Undergraduate Studies

In 1975 I started my final year at Lady Margaret Hall, Oxford, where I was studying experimental psychology. I had matriculated in 1973 in PPP (Philosophy, Physiology, and Psychology) and swapped to experimental psychology which was a new and exciting science. In 1973, women undergraduates at Oxford could only go to women's colleges, of which there were five. There were about 35 colleges for men so the ratio of men to women undergraduates was about 10:1. In 1974, five men's colleges experimented with co-education ('co-ed') so women and men had a choice of single-sex or co-ed colleges. Nowadays all undergraduate colleges at Oxford are non-gendered.

My tutorial group at Lady Margaret Hall consisted of Joanna Collicutt, Jonquil Drinkwater, Georgina Ferry, and Gianetta Rands. We had tutorials in twos so the four of us could be combined in six different pairs. This caused confusion to many of our tutors who gave us each other's marked essays and end-of-term reports, which we still find hilarious. We were selected by physiology tutor, Professor Alison Brading

(1939–2011). As a student she contracted polio and her place at medical school was withheld. After being saved by an iron lung, she studied physiology. Her research into the functioning of smooth muscle, particularly bladder, made her a world-wide authority in this field. We have often wondered how she chose us: we had unusual backgrounds and disrupted educations; her selection changed our lives.

In our final year, we each completed a research dissertation. Dr Jane Mellanby supervised mine: ‘An investigation of the effect of temporarily blocking inhibitory synapses in the hippocampus of rats by the injection of tetanus toxin.’ Even then it was known that the hippocampus was important in memory storage and retrieval mechanisms. Tetanus toxin binds to presynaptic GABA (gamma amino-butyric acid) neurons blocking GABA release. GABA is the most ubiquitous inhibitory neurotransmitter in the human nervous system and modulates nerve and muscle activity. Whilst GABA was inhibited rats developed a syndrome with memory retrieval deficits, learning deficits, seizures, and behaviour changes. These all reversed after 8 to 12 weeks. Our electron microscopy slides showed neurons resprouting but other mechanisms such as toxin degradation were also probable. Our key finding was that a memory learned pre-intervention could not be retrieved whilst hippocampal GABA neurons were inhibited but could be retrieved after recovery. A second finding was that inhibiting GABA neurons in the CA3 area of the hippocampus caused a reversible impairment in the ability to learn a new task. It seemed that GABA was important for both retrieval and formation of memories.^{3,4}

Forty years later, GABA is beginning to get attention as a possible treatment for some dementia symptoms,⁵ and the hippocampi are routinely analysed in brain scans of people being investigated for memory and cognitive problems.⁶ Dr Jane Mellanby now researches why women undergraduates underperform in university exams, despite their academic abilities, and has shown that one reason is lowered academic self-concept; that is, the belief in their own ability to achieve academically.⁷

The Royal Free Hospital School of Medicine (RFHSM)

I went to my interview at RFHSM by Tube to Russell Square. It was lunchtime and my carriage was not full. Most passengers were men in suits in various shades of grey, not the global collection of Londoners and tourists who use London Transport these days. They slowly migrated to the other end of the carriage when they noticed that the man opposite me was masturbating. He was in a trance, fingers fumbling his floppiness; he didn’t pose a risk to me. I got out at Russell Square and went for my interview with a panel of men—in shades-of-grey suits—including Dennis Thatcher as the lay member.

In 1975 this sort of occurrence was not unusual. Many men leered at young women, fondled them if they could, flashed, frotteurized, whistled, and shouted at them. We all witnessed this sort of behaviour; it was one of the spurs to feminism. Most unfair, though, was that it was nearly always our fault—for wearing a shirt or skirt that was too short or tight or revealing or tantalizing; for wearing too much or the wrong kind of make-up; for looking too available; behaving provocatively. Our fault for being young women. These days, the term ‘victim blaming’ is helpful to describe these situations.

In 2016, this sort of occurrence was still not unusual; a YouGov survey of women found that nearly two-thirds had experienced some form of sexual harassment whilst

in a public place, and that 35 per cent reported unwanted sexual touching. More than a quarter of these women were under 16 years old when the offence happened, and 75 per cent were under 21 years.⁸

As well as evidence, time unveils truth. In the news, we regularly hear about sexual behaviour towards non-consenting individuals, be they men, women, or children. We hear, retrospectively, about serial sex predators such as Jimmy Saville, Gary Glitter, and Frank Beck. In the last 40 years, attitudes towards non-consenting sexual behaviours have changed in most cultures. The extent of this problem may still be underestimated and its devastating impact still under-researched (see Chapter 11).

The literary form of allegory has been used since Plato, and this artistic version of the allegory of truth and time from 1733 (Figure 1.2) is not only a beautiful painting



Figure 1.2 *Time unveiling Truth* (1733) by Jean-Francois Detroy

Time, the winged old man, flies. In so doing he unveils Truth, a beautiful woman, as she unmasks Deceit. Her companions, the Cardinal Virtues, are:

Fortitude, who rests by a lion, indicating her courage

Justice, who carries a sword and scales, symbolizing her power and impartiality

Temperance, with a pitcher of water, signifying abstinence

Prudence, who carries a snake, an allusion to her wisdom.

The Allegory of Truth and Time is that Time unveils Truth.

© The National Gallery, London

but also an optimistic one. It invokes the possibility that with the help of fortitude, justice, temperance, and prudence the truth, and deceit, will be revealed.

In 1875 the Royal Free Hospital (RFH) was the first hospital in London to admit women for medical training. In 1976, about a third of medical students were women; now the proportion is just over half. In the 1970s, the RFHMS was special because it led the way with mature student, or non-school leaver, entry to medical schools; my cohort was approximately 15 per cent mature students, including graduates.

In 1976, there were no student loans to fund degrees. Local Education Authority (LEA) grants were available and means tested according to parental income. Like other graduates not eligible for a second LEA grant, I had to fund myself with a collection of menial jobs until I successfully applied for a discretionary grant for clinical studies. It was a tough few years of flexible work, learning to do just enough to pass all those exams, very little socializing, and discovering just how many meals could be eked out of a bag of chickpeas and a cabbage. We didn't have loans or credit cards so money had to be earned up front.

Teaching was didactic, which required some adjustments after the Oxford tutorial system. A surgeon once said 'do not ask another question until you have looked it up in every book in the library and not found the answer'. Our cohort was the first to use problem-based medical records, a way of recording patient symptoms, medical history and physical signs, and analysing them in a problem list, each problem with its management plan outlined. The once-novel yellow student notepaper we used was still in use when I retired in 2015. The big student protest of our time was 'No Flowers for the Free' in which we successfully postponed a merger with University College London Medical School (UCLMS) until 1998.

1981: Junior Doctor

My first House Office (HO) job was at the RFH with the Renal and Diabetic teams. I was contracted to work 104 hours per week. That was 40 hours (office hours) plus 64 hours nights and weekends, which left 64 hours for the week's sleep ration and everything else. Even though our nights and weekend rate was about £1.92 per hour before tax, our hours were so long that funds soon built up. We had benefits, such as hospital accommodation, a doctors' mess, teamwork, control of our rotas, and the belief that we worked in a world-class system of social health care; most of these are not enjoyed by today's young doctors.

On my first morning at work in August 1981, a colleague put his hand up my skirt and pinched my bottom, an annoying memory of my first few hours as a doctor. I had to be defensive from the very start. In 2015, the Twitter storm '#DistractinglySexy' was a refreshing and humorous approach in response to this sort of attitude.⁹ Over 50 per cent of all women still experience sexual harassment at work,^{10,11} a sad reflection of its intransigence over the past 40 years. There is clearly a need to research the attitudes and behaviours, both individual and systemic, which perpetuate this problem.

We were told at medical school that 20 per cent of what we learned would be redundant or wrong a year after qualifying, and this would continue for each following year,