WHEN THE PERSONAL WAS POLITICAL: FIVE WOMEN DOCTORS LOOK BACK


This concise, lively, and sometimes humorous history will interest women and men of all ages. Author Toni Martin includes the experiences of herself and four others in her book—all from the class of 1977 of the medical school of the University of California, San Francisco. Despite the small sample size, a multidimensional portrait emerges of a groundbreaking generation of women physicians who came after the pioneers but before today’s students, who often take access to education for granted. As Martin explains, “Today’s young women travel to medical school on a passport of achievement, just like the men [but] we were seen as an invading force so we could never let down our guard.”

Gender equity in medicine is elusive, despite the large number of women who are entering the field and although most men assume that it has been achieved. Thus the question Martin poses, “What does it mean to be a woman in medicine?” remains relevant. Her account is a lens through which to examine what has changed and the disadvantages that women continue to face. Although young women no longer hear, “You don’t look like a doctor,” nor do they have to “construct a woman doctor identity from scratch,” they still must try to “squeeze into the standard model,” and they then tend to ruminate over what is wrong with themselves when they do not fit. For example, similar behavior is perceived differently in men and women: he is confident, she is conceited; he pays attention to detail, she is picky. With ambition in women still considered by many to be unseemly, women tend to underestimate their own abilities, creating a kind of personal glass ceiling. Martin documents how, among herself and the classmates she profiles, “none of us recognized what we were worth.” Even though three of the five had been chief resident, it never occurred to them to use this honor as a negotiating point. Such modesty and naiveté remain characteristic of many women today and are liabilities in competitive environments.

Naturally, another of Martin’s themes is parenting, and this book is replete with examples of women doctors being “the most organized people on earth.” While Martin describes how “older women distanced themselves from us when they saw we wanted lives as well as careers,” today’s young people have many more role models. However, supportive institutional practices and good sources of advice about how to weave family and work together are still lacking. And the double standard remains in this area, too, “cutting men a lot of slack in the fatherhood department” — that is, “a good daddy is busy, don’t bother him; a good mommy is always available.”

Martin also explores other phenomena that have not been sufficiently addressed elsewhere. Because they did not consider themselves to be “empathy specialists,” Martin and her colleagues were unprepared for patients “feeling freer to vent their feelings” to them than to male physicians, and for the psychosocially complex patients “triaging themselves and being triaged” to them. Similarly, these women did not expect their orientation toward teamwork to work against them, but in the career sweepstakes, “men were always jockeying for position, lobbying the coach to be in the starting lineup and to get more playing time.”

So how are we to assess progress? Martin is rightfully proud of the progress that women physicians of her generation made toward achieving gender equity. She also points out that they gained recognition that “intimidation is not the best way
to teach critical thinking,” and influenced how communication skills are taught in medical school. But a cautionary look at the challenges that remain would have strengthened the book. Women are still much less likely than men to translate their enormous intellectual capital into career capital. This is not a “women’s issue.” The future of medicine is inextricably linked to women physicians’ realizing their potential as leaders.

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ASPERSER’S DISORDER

ASPERSER’S DISORDER IS A FASCINATING COMPIlation of scientific papers that concern a condition about which few people know anything. The book is a page turner — I could hardly put it down. The case histories could have been written by Sigmund Freud or Eugen Bleuler. There is, within the book’s 369 pages, something for everyone — geneticists, sociologists, neuropsychologists, neuropathologists, epidemiologists, and clinicians of every mental health discipline.

The preface sets the tone in the discussion of nosology. Some contributors, including Simon Baron-Cohen, argue in their chapters that “Asperger syndrome” would be a more accurate term than the term that is used in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), “Asperger disorder,” which implies a disturbance of structure or function in every case. (The term “Asperger syndrome” is used for the balance of this review.) The editors state in the preface that they would have preferred to entitle the book Asperger’s Discovery. In the first chapter, Michael Fitzgerald is equally provocative. He writes, “Hans Asperger was the first pioneer of autism research, and not Leo Kanner. I have no doubt that Leo Kanner was aware of Hans Asperger’s 1938 paper because he mentions that ‘since 1938, there have come to our attention a number of children. . . .’ Sadly he did not mention Hans Asperger’s name. This is plagiarism.” I was taught that in 1943, Kanner presented his detailed and carefully documented case histories of 11 children whose symptoms of extreme aloneness and desire for preservation with sameness at any cost occurred within the first 2 years of life. The children showed profound withdrawal from people and seemed more interested in objects. Language acquisition was disturbed. Children who could speak did not use language for communication but instead used it in other ways. It is noteworthy that in his 1944 doctoral thesis, Asperger described four boys who had intact cognitive and verbal abilities but who demonstrated severe problems with social interaction, a failure of communication, and an intense absorption in certain objects. However, Asperger’s work was largely ignored until Lorna Wing promulgated his theories in 1981, thus shedding light on this strange set of behaviors.

Wing stated that the main clinical features of the Asperger syndrome were lack of empathy, naiveté, inappropriate discourse, little or no ability to form friendships, pedantic and repetitive speech, poor nonverbal communication, intense absorption in certain subjects, and clumsy and ill-coordinated movements and odd postures. Fitzgerald’s historical summary in chapter 1 is followed by Asperger’s actual case of Fritz V., which is beautifully translated and discussed in great detail by Uta Frith, especially in regard to differential diagnosis. Frith writes, “There is much that is reminiscent of schizophrenia in Fritz: the extremely limited contact, the automaton-like behavior, and the stereotypies . . . . But the complex overall clinical impression . . . . is completely different from that of a schizophrenic.” It is logical that the following chapter — written by two of the book’s three editors, Jeffrey Rausch and Maria Johnson — is an attempt to understand the diagnosis of the Asperger syndrome in view of the numerous diagnostic challenges. Is it among the autistic spectrum disorders, with early language acquisition and high intelligence, or is it a separate, unique disorder? Rausch and Johnson supply valuable charts and tables comparing the features of the Asperger syndrome, schizophrenia, schizoid personality disorder, and schizotypal personality disorder as they are listed in the DSM-IV text revision. They provide examples of a theory-of-mind test — meaning the ability to form a notion or theory about what another person would be likely to think. Persons with the Asperger syndrome often show prominent impairment in understanding the