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Can Women Have It All? Psychiatry and the Gender Gap

Anne-Marie Slaughter recently published an article in *The Atlantic* entitled, “Why Women Still Can’t Have It All.”¹ Slaughter was the first female director of policy planning in the US State Department and left the position because of the unrelenting schedule, travel, and time away from her family. In her piece, Ms Slaughter discusses the challenges that limit the ranks of women in leadership positions across arenas such as government and the private business sector. She discusses the conflicts among feminist opinions that today’s younger women do not dream, strive, or sacrifice enough to attain the top positions in their fields, and she specifically debates some talking points made by Facebook Chief Operating Officer Sheryl Sandberg. As summarized in a recent *New York Times* article,² Sandberg has publicly instructed women “to change their lot themselves by following three rules: require your partner to do half the work at home, don’t underestimate your own abilities, and don’t cut back on ambition out of fear that you won’t be able to balance work and children.” This advice has been described by her critics as overly simplistic and optimistic. Slaughter maintains that the attitude that women just don’t aim high enough or try hard enough minimizes the conflicts posed by demands on time from high-powered careers and family. Indeed, she writes that, in Washington, DC, “leaving to spend more time with family” is a euphemism for being fired.

Notably, the practice of psychiatry is not observing a shortage of women in the workplace. The shortage, rather, is found in the number of women who occupy positions of leadership in our field.

The question “Can women have it all?” seems to be only part of a larger issue. It is curious that the question “Can *anyone* have it all?” is not more frequently posed. Balancing work and family remains an essential issue for women. What seems to have changed over generations is how widely this balance is embraced as a priority for men.

So, what exactly are women’s issues in our field? Thanks to efforts of women and men in the past, gender-specific issues facing women seem to be few today. My personal experience was having no maternity leave at either of the two academic medical institutions where I worked as a junior faculty member when I had my daughters.

Short of such an egregious example, most women’s issues related to “having it all” can actually be viewed as unisex parenting issues. Company policies that are family friendly surely make mothers more comfortable and productive, but those policies benefit men and their families as well. I have also found it heartening that much of my mentorship in the realm of work-family balance has come from men.

So, *can* women have it all? Can anyone?

In my opinion, here is what is needed:

- **Excellent, affordable childcare through adolescence.** Individuals with resources have a better opportunity to “have it all,” since work-family balance requires excellent childcare and support at every age of the child. More heed is often paid to childcare at early ages, but the needs don’t come close to stopping there. Ms Slaughter left her position at the top ranks of government when she had older children, finding that periods away from home were not conducive to raising a teenager. Families are often piecing together complicated and stressful arrangements for after-school hours, summers, and other school holidays.
- **Flexible schedules.** Ms Slaughter also addresses this in her article, stating that “working long hours on someone else’s schedule, I could no longer be both the parent and the professional I wanted to be” and that “having it all . . . depended almost entirely on what type of job I had. . . . having it all

was not possible in many types of jobs.” In patient care and administrative positions, some roles allow more flexibility than others. However, many women (and men) can and will be extraordinarily productive if allowed some leeway in getting the work done during nontraditional hours, such as in the evening and on the weekends from home.

- **Attitude and cultural adjustment to juggling of roles.** It should not be seen as weak or “less than” to get the job done “outside the box.” Working from home, working shifts that start later or earlier than traditional hours, and being able to schedule hours off as needed can make all the difference. Being physically present in the office doesn’t mean that someone is working productively. As long as the work is being done and being done well, toleration of individual schedule setting makes a tremendous difference in the balance of work and family.

Early career psychiatrists and their mentors should be cognizant of these issues to allow promotion of the most talented individuals in our field. Indeed, balancing work and family life is an important topic for mentorship and role modeling. Early career psychiatrists should seek mentors in this area just as

they would seek out mentors in other key areas of their career development. Without this guidance, career goals may seem—or even truly be—unattainable.

As always, we hope that you enjoy the offerings in this Early Career Psychiatrists section, and if you have questions or feedback, please contact me at mfreeman@psychiatrist.com.

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Editor's Note: We encourage authors to submit papers for consideration as a part of our Early Career Psychiatrists section. Please contact Marlene P. Freeman, MD, at mfreeman@psychiatrist.com.