

BECOMING A DOCTOR

Lorraine D. Siggins

Today, as so often, I'm reminded of something my mother used to say when I was young: "Be careful about the friends that you make because you tend to become more like them as time goes on." I doubted those words of wisdom when I was a teenager (typical for that age!). But it turns out that my wise mother was, as usual, right. In fact, this lesson is a good way to start my trajectory. As a psychiatrist, as we try to explore a psychological understanding of personal development, one central factor is internalization. Internalization describes our taking on certain characteristics of those people to whom we are close: teachers, mentors, family, close friends, and those we love. We internalize aspects of these people: their character, their personality, their ideals, their values or ways of speaking. In other words, many of you here today have influenced me and contributed to the decisions I have made as part of my intellectual trajectory. For my part, I have learnt that, with respect to the influences of people on my development, my mother (very often) proved to be correct.

For all of us who have been around for a long time, it would be easy to write volumes on all that has happened in our lives, of those who have influenced us and the choices that we have made. In an attempt to be selective, I decided to focus on a few representative episodes in my life that contributed to my decision to become a doctor, rather than a description of my trajectory while I was a doctor. At the time, one is often unaware that a particular event is going to have a significant influence on the rest of one's life. I was not following any family members in becoming a doctor since there were no doctors in my family. My family included people in finance, teachers, an aunt (a nurse) who ran a private obstetrical hospital, entrepreneurs, racehorse owners, a mayor, and farmers, but no doctors.

I was born in Melbourne, Australia, and have only lived in two places in my entire life; they just happened to be twelve-thousand miles from each other and halfway

Lorraine D. Siggins is clinical professor emeritus of psychiatry at Yale School of Medicine and director emeritus of Mental Health and Counseling for students at Yale Health. She graduated from the Western New England Institute for Psychoanalysis and came to Yale in the 1960s to do her residency in psychiatry after graduating from the University of Melbourne Medical School in Australia. In 1990, she was named clinical professor of psychiatry at Yale and served as interim director of Yale Health later that decade. Dr. Siggins has been the recipient of numerous awards for clinical excellence and has published on a wide range of topics including college mental health, mourning, and psychoanalysis and ritual. She served on visiting committees to other universities including Harvard, Princeton, and MIT and has been invited to participate in reviews of the mental health programs of many colleges and universities. She has also served on the editorial boards of scholarly journals including the *American Journal of Psychiatry* and the *Psychoanalytic Quarterly*.

around the world. My early life through graduating from medical school was in Melbourne, and my adult professional life has been in New Haven, Connecticut. My professional home as a physician became the field of psychiatry, specializing in college and university student mental health. I have worked for over fifty years in what is now called Mental Health and Counseling at Yale Health Center. In a previous iteration at Yale this department was called “Mental Hygiene.” As well as directing the clinic, I enjoyed teaching residents and postdoctoral fellows in the medical school where I became a clinical professor of psychiatry. Obviously, over the past fifty years, the fields of psychiatry and college mental health have undergone many changes. New treatment modalities and medications have become available. With the advances in brain imaging, we can see the changes in neurons and their connection, which has proved a rich source of information and understanding. It has been remarkably rewarding to experience such enormous advances.

When I first came into the field in the late '60s and '70s, the way of understanding mental illness was within a psychoanalytic framework. Now, while I am a psychoanalyst, and there is much to be said for the current psychoanalytic views, the understanding at that time was that all psychiatric illness, including schizophrenia, was caused by a “cold” mother not being able to “mother” her child. This did not make any sense as something like schizophrenia and bipolar disorder were such severe illnesses. Ten to twenty years later, however, the field of genetics had made great advances, and it was confirmed that many people who have serious mental illness such as schizophrenia have a strong genetic predisposition. At that time all that mattered was genetics: what one was born with. What happened to one during life did not have much effect. However, this totally genetic point of view made no more sense to me than the earlier claim that everything was psychological. Nevertheless, at the present time with all the advances made in neuroscience including imaging studies, it turns out, of course, to be both. It is both genetic background and the emotional, stressful events that occur during one's life that lead to serious mental illness. When I am teaching residents, I say that I am delighted to have lived long enough that finally the field I am in, psychiatry, makes sense. (In the interest of time I have given abbreviated and somewhat caricatured accounts of the above.)

One of the new understandings that we now have is, for example, that neurons can change during adult life as well as during development. It used to be thought that neurons could not regenerate, but now with our advances in neuroimaging we find that neurons can regenerate (even if slowly) and that life events themselves can alter neuronal connections. The experiences that one has in life – the emotional experiences, the relationships, traumas – do affect the neurons. The experiences one has during life are an intrinsic part of who we are, who we become. Obviously there are differences between individuals as to the relative impact of genetics on the one hand and experience on the other. This awareness has been a major change in our understanding of people and their development. It also shows that the psychological phase

of treatment can help repair some things. It is a two-way street. It is not just that we can be negatively affected by experiences, but also other experiences can be positive and help stimulate neuronal production and connection.

Given these fundamentals, I would now like to address some of the experiences that shaped my decision to become a doctor in the first place and eventually to become a psychiatrist.

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Of course, I shall start with my family and my childhood. I was an only child who grew up in Melbourne, Australia, with my mother and father. My mother's family came from England in the late 1800s and her family names were Pearce and Whiteley. My mother's great-grandfather was an architect who came from England to Melbourne, as Melbourne was a planned city, and there was need for architects. The one picture we have of him is him standing by a camel with his manservant. My father's side of the family were Scottish farmers. After a very difficult time farming in Scotland, they came to Australia as a place that offered a more opportunity. Their family names were McPherson and Anderson. They settled in Gippsland, an area in southeast Australia about a hundred miles from Melbourne. The family stayed in that area for several generations.

In my mother's family, she was the eldest, with a younger sister and brother. Her family was financially comfortable. My mother's father was in finance and worked as a member of the treasury for the state of Victoria. Australia has seven states, and Victoria is in the southeast, and Melbourne is the capital with a population of two to three million when I was growing up. My grandfather had his office in the treasury building, which is a Victorian building in the middle of the city of Melbourne. He had a corner office on the third floor, which my mother used to tell me about because as children she and her siblings would visit if there was a parade or other event in the city. They would be able to go up to his office and have a wonderful view of what was happening down below. He was also prominent in his local community and a leader in civic undertakings. He developed pernicious anemia during his life, and by the time I was born, he was in a wheelchair. He died two or three years after I was born but not before it is reputed that he taught me to play cards. This was one of the family myths. Whenever as a child I did something that was risky or unusual, my mother's family would disapprovingly say, "What can you expect from her when her grandfather taught her to take risks by teaching her to play cards when she was a toddler?" Another family myth was that because I was born on St Valentine's Day, I would lead a happy life. A third family myth originated from one of the nurses in the hospital where I was born. (One of my father's sisters was the chief nurse and director of the obstetrical hospital where I was born.) The nurse had said that I had nice long fingers and that I would be a pianist or a surgeon. So when I went to medical school, my mother thought that this myth had turned out to be true.

In Melbourne it was part of the social scene at that time, that women only worked if their husbands could not support them. Women were generally expected to marry so that they did not have to work; clearly, their husbands should be able to support

them. When my mother came along, she fit into the social scene – at least at the beginning. She did well in school, had excellent manners, and was well behaved. That was very important to her. On the other hand, it turned out that she went against many of her family's traditions and wishes in the long run. My mother had always wanted to be a teacher. Her family thought, well, that was appropriate for a year or two until she got married. However, Australia was affected by the financial depression that hit the US in 1929, though it did not come to Australia until a little later. My mother's family certainly felt its impact, although not to an extreme degree. Nevertheless, it was like a scene in a Jane Austen novel; my mother's family were counting on her to bring wealth back into the family by making a good marriage. My mother was beautiful (unfortunately I look like my father's side of the family). She had dark black hair, parted in the middle, green eyes, beautiful skin, and always looked elegant. A picture of her in her wedding dress was actually published in a woman's social magazine in Melbourne. The photograph was stunning.

The family's expectations were not fulfilled. My mother was engaged twice and broke off each engagement. No one in the family had ever broken off even one engagement before this. First, she had been engaged to a banker who was the brother of a good friend of hers. He was wealthy and had many prospects. The family were delighted by the match. Before long, though, my mother discovered that he had a bad temper, and so she decided she couldn't live with such a person. The family was upset about this, but since she was still in her twenties, she had other possibilities. Her second fiancé was even wealthier than the first. He had a large country house and many acres of property. It was the kind of house and property that were featured in the recent Australian TV series *A Place Called Home*. This place had been in his family for several generations and remained impressive. My mother said this man was very nice, kind, sweet, and thoughtful – all the things that the first one wasn't. Everyone was very optimistic about this match. However, my mother thought he was not very smart, not well informed, and incapable of good conversations. He did seem devoted to her, which she liked, but was afraid of the prospect of a lifetime of boredom with him. So she ended that engagement. The family by this time was becoming distraught as she was close to thirty. They doubted that she would ever manage to restore any wealth to the family. Those fears proved well founded. However, my mother had by this time graduated from college to become a teacher. As part of her career path, she had to go to teach in a rural area for a year or so. She took a position in a small town in Gippsland, which was a farming community in the southeast of Australia. The tradition was that the teacher at this small, one-teacher schoolhouse would take up lodgings with the chairman of the town's Board of Education. My mother had a room in the home of that official, who would eventually become my grandfather. She fell in love with the oldest son in the family: my father.

My father was the oldest of eight children, and his mother died in childbirth when my father was sixteen. My grandfather eventually married again, so there was a stepmother, but not for several years. My father virtually raised his seven siblings.

My father was very kind, smart, gentle, and reliable with a lovely sense of humour. He virtually filled the maternal role in the family. Throughout their whole lives, his siblings always looked up to my father. He was the wise leader, the problem solver, the judge of what was sensible and what wasn't sensible for the family.

He became a mechanical engineer and would rotate between his studies at the technical college in Melbourne and going home to help with any problems on the farm. It was very clear from the beginning that my father, while he was a skilled engineer and would always have a job, was not going to make a great deal of money. My parents had a very happy life together, and my mother certainly felt she had been wise to break off the first two engagements and wait until she met my father. I consider that I learnt from my mother to trust my own judgment and not to necessarily follow what others (like my mother's family) thought I should do.

When World War II started, Australia—being a part of the British Commonwealth—sent troops to join the United Kingdom in fighting the Germans. All men were conscripted to join the armed forces, but my father was unable to serve on active duty because he was deaf in one ear. Because of his mechanical engineering background, he was appointed to organize and oversee a factory on the outskirts of Melbourne, one of several installations which built some of Australia's fighter planes. My father was not an aeronautical engineer, so that was not his skill set. My understanding is that the planes came with all the specifications established by an aeronautical engineer. My father was promoted to be the head of the factory overseeing the entire production process including being the safety officer. He was successful in this position, and he stayed there throughout the war.

While putting the planes together, the factory had small replicas of various parts of the plane. My father used to bring some of them home as toys or me to play with. I remember two in particular. One was a "bomb dropper" with spaces where the bombs went in. Then when you pressed a button on the top it released the bombs and they fell down. I would pretend that I was a pilot and flying the plane, evading the enemy and releasing the bombs on the target. The other toy was a small tank and I fantasized driving it all over the war zone. However, at other times I pretended that the tank was an iron that I used to press my doll's dresses. Both my parents seemed comfortable with my playing to have these wildly different "what will you be when you grow up" identities. I valued that both my mother and my father believed that life presents us with many challenges you cannot change, so you need to be able to improvise. I wanted a toy panda bear, but my parents could not find one until after the war. However, I found there was a lot you could do with a bomb dropper, a tank, and a doll to dress.

If people looked from the outside and saw that my mother was a teacher and my father was a mechanical engineer, they would seem perfectly appropriate occupations for a woman and a man, respectively. However, from the inside it was quite different. My father was more the caregiver. He was the one who had raised seven other children. He knew what to do if a baby cried. Anywhere there was a baby crying, hand the baby

to my father. He would not seem to do anything unusual – he just held the baby, and it would stop crying. It wasn't just babies, in general he was very interested in people. He loved talking to my friends and did more listening than talking. They adored him for that. My mother was the schoolteacher, and one might suppose she was patient and kind and easygoing. She was all these things at home, however her main skill in the world was as an organizer. She had no difficulty saying “no” and ran a well-disciplined class. I only saw her teach one class of fourth graders, but I was so surprised as she kept such control of the class. She was a good teacher, illustrating many concepts with plenty of stories and examples that were quite humorous. Nevertheless I much preferred the mother I knew at home, who was easygoing, humorous, and fun to be with. (I think it is easier to be easygoing with one child than with a class of fourth graders.) So my father the engineer was more the child-caring parent, and my mother, the schoolteacher, was the wise and worldly wise organized one.

After I was born, my mother did not return to teaching until I was about five years old. It did not take the education department long to realize what a good organizer she was. So they took her out of the classroom and put her in the headquarters in Melbourne where she executed their prize projects. One of these was to organize a children's maypole display to celebrate the visit to Australia of Queen Elizabeth and Prince Philip. The Royals spent several days in Melbourne, and the tradition was to put on an outdoor concert/dance/calisthenics display by the schoolchildren. They gave the most difficult performance to my mother: the maypole. My mother's job was to go to about eighty schools in Melbourne and its environs and find a teacher to lead each school's maypole instruction. The pattern on the maypole is best seen from above. The Queen and Prince Philip would be in a box seat with a good view. But this also meant that they would also see any mistakes that were made in the pattern. The display was held at the Melbourne Cricket Ground, the biggest stadium where Test cricket matches are held. This major venue in Melbourne was the equivalent to Yankee Stadium in the United States, though it was not quite as big. Some of the schools were not able to master the steps of the maypole, so my mother had no hesitation in eliminating them from the performance.

The maypole is beautiful when it works, but it only takes one person to make one mistake and the pattern is destroyed. My mother had my father and me prancing around the sitting room at home trying out different patterns. It was a lot of fun, and the event on the day, of course, went beautifully. One result of this is that my mother was able to shake hands with Queen Elizabeth as she complimented them for the display. My mother was very thrilled to actually meet the Queen. I bring this up as an example of my mother's patience and tenacity. It must have required a great deal of both to have been able to pull off such a complex show with these fifth graders.

Now I want to consider an episode in my life which probably had the most influence on my becoming a doctor. When I was five or six years old, I contracted scarlet fever. It is caused by a streptococcal infection (like the strep throat). Once penicillin

was discovered, it wasn't a problem because penicillin kills the streptococcus. Before penicillin, there could be various manifestations of the streptococcal infections. Sometimes people just had a sore throat. Sometimes it produced a rash (scarlet fever) that often affected the heart. The streptococcus is highly contagious, so one had to be treated in an infectious disease hospital, Fairfield Hospital, which was on the outskirts of Melbourne. The patient was not allowed any visitors, and everything they had touched at home had to be burnt. If the disease spread throughout the whole body, the patient would have a septicemia which was often fatal. At the time I had scarlet fever, penicillin had only just been discovered and was not in abundant supply. It was saved and only given to people in the armed forces. So it could not be given to me.

In Fairfield Hospital, the people with streptococcus were in a special area so they would not give it to others. As I mentioned, one could not have visitors, so it was similar to the beginning of the COVID epidemic: hospital staff were trying to keep infected people isolated so that they wouldn't infect others. I did not see either of my parents for the next three months. Before I was sick, my mother always told me that doctors were wonderful people whom you should always trust because they were smart and made you better. When I left home to go to the hospital, an ambulance arrived. My mother told me that I was sick and that I needed to go to a hospital where there would be several doctors who would help me get better. The ambulance came to my house, and I remember looking out the back window of the ambulance and waving good-bye to my mother and father. I had no idea that I was not going to see them for a long, long time.

I went to Fairfield Hospital. I was sick. I stayed in bed. We had boys and girls in the same ward. The boys stole all my toys, of course, but fortunately they didn't like books, so they didn't take any of mine. My mother, being a teacher, had taught me how to read before I went to school. By the time I was six, I could read reasonably well. Then, my mother did something that I now understand saved my emotional life. I don't know how she came to think of it. She sent me a postcard every single day for the whole three months, and it came with a little note from her and my father. Then, once a week, she would post me a book. There was a British series about a little girl called Amelia-Anne. They were typical children's books, and I loved them. Each book described Amelia-Anne exploring the world. Amelia-Anne goes to the zoo; Amelia-Anne goes swimming; Amelia-Anne goes to the moon, for example, and each week I got a book in this series. These cards and books from my parents helped me understand that my parents had not abandoned me.

Eventually my parents were allowed to come and stand at the end of a great, long driveway, which seemed about a quarter of a mile away. The nurses would bring us onto a veranda that went around the hospital so we could wave, but most of the time I was too sick and wasn't allowed out of bed. I remember seeing those figures in the distance, and it was hard to recognize them. After about six weeks in the hospital, I had seemed to be getting better, and they were getting ready to send me home. I knew

I had a sore throat, but I did not tell the nurses as I knew that they would not send me home with a sore throat. But someone was smart enough to look at my throat. I wasn't discharged, and I ended up being very ill with a septicemia. The streptococcus reached every part of my body. I remember being very sick indeed. I then had a strange experience. It seemed that two ghosts came to visit me. They were very nice ghosts, but I didn't know why they were visiting me. It turns out they were my parents wearing protective white clothing so they would not get infected. The hospital had called them in to say goodbye to me because they thought I was dying.

However, as you can see I did not die, but I had to stay another six weeks in the hospital. By that time I had recovered, and I had attached myself to one of the nurses, which was also a very good thing psychologically. However the disadvantage was that when I was ready to go home I did not want to leave the nurse and go with my parents. It nearly broke my mother's heart, as I clung to the nurse and said, crying, "No, I'm not going, I'm staying here." I also started swearing. In my whole life, I had never heard either of my parents swear, but the boys in the hospital had taught me how to swear, and I was very angry. My mother didn't know what to do, but she just decided to ignore it and took me home. This was a very difficult time for her.

I came home in this angry crying state. Our local general practitioner, Dr. Jonah, came to see me and sized up the situation. He told my mother that she had to take me away for at least a month so she and I could bond together again. He suggested a vacation spot called Hepburn Springs which was about a two-hour drive from Melbourne. The myth was that if you drank the mineral water, it was supposed to improve your health. It was a place set in the lovely countryside with several medical facilities in the area, and it was open year-round. Dr. Jonah said that my mother and I should go there, and my father should come up on weekends when he wasn't working. Apparently, I kept swearing at my mother, and because she was not reacting, eventually I said to her, "Don't you understand that I'm swearing at you?" She said, "Oh, is that what it is?"

My mother had my father bring the schoolwork that I was missing, so my mother started teaching me so I would catch up. I loved the classes. My mother was very humorous and made up games in order to teach various subjects. Over that period of about a month or so, I became less angry, stopped swearing and did become more attached to my mother. We did lots of things together. As well as the schoolwork, we took long walks, went swimming, and played cards and board games.

I remember that there were times that I would just start crying for what appeared to me to be no reason at all. I wouldn't have any thoughts. I didn't know what I was crying about, but I would just cry. My mother at that point would just be with me. She said that over time I would cry less and less. "You won't always be crying," she said. "Why don't we just make a little mark on a calendar, showing how many times per day you cry? Don't stop yourself crying if you feel like crying," she said, "and we'll see what happens." Gradually over the next a few months, I cried less and less and eventually stopped.

Over time I seemed to deal with the episode by forgetting about it. If you had asked me when I was about ten or eleven to tell you something about my life so far, I wouldn't have mentioned this episode in the hospital. I might have said I had to have my tonsils out, but the hospital was not on my mind. When I set out to become a psychiatrist and was asked in interviews about my life and why I wanted to go into psychiatry, I didn't mention that I'd had this illness, nearly died, and was separated from my parents for three months. That is the way I ended up dealing with the experience, but if my mother mentioned Fairfield, I could remember it, but it was not in the front of my mind. Nevertheless, there's no question that it played an important part in my becoming a doctor.

After Fairfield, I had caught up with my class as a result of my mother's teaching me at Hepburn Springs. My mother wanted me to go to a particular middle school which was a feeder school for private schools as well as the best high school in Melbourne. I had to take exams to be accepted by this middle school. I managed to pass the tests, but the school was quite a distance from where I lived. I was eleven going into seventh grade, and I had to take a bus and two trams by myself to get to the school. Back then it did not seem unusual, but thinking of it in the American context, it seems that I was young to be travelling so far by myself on public transport.

After middle school, going into ninth grade (we called it form 3) was a very important decision. To go to university, one had to take five three-hour exams at the end of high school, and you were competing with all the students in the state of Victoria. It was important to go to a good high school to prepare yourself for these exams. In Australia at that time you went straight from high school directly into your chosen field. If you wanted to be an historian, you would go to the university and just study history; if you wanted to go to law school, you'd go straight into law school for five years. It was the same for medical school in that you went straight from high school into the six years of medical school. I had two possibilities for high school. One was to go to a private girls' school (like a prep school), and the other was to go to a girls' high school, MacRobertson Girls' High School, in the middle of Melbourne. MacRob was more like Stuyvesant High School in New York City. Both schools had entrance exams you had to pass, which I did, and the private school offered me a merit scholarship. My mother was leaning towards my going to the private school as she cared about my having good manners and becoming a debutante. I was more concerned about getting into the university, and my teachers in middle school thought that would be more certain if I went to MacRob. Later I also knew a girl who had gone to the private school who did not get into the university. My mother was clear that she wanted me to have a profession. She did not care what it was. She was unsure which would be the best high school, so she said she thought they were both good and she would let me decide. I asked my father what he thought, and he said that my mother was the teacher, but as I had visited both schools, I should choose the one that I thought I would enjoy the most.

I chose to go to MacRob. This was a large girls' school. We wore school uniforms including stockings, and when we left the school grounds, we had to wear hats and gloves. The four years that I spent there were very, very, happy years. It turned out that I was good at science and math. In my last two years of high school, I took physics, chemistry, pure math, applied math, and English. Earlier in high school I'd taken Latin and French, but we had to specialize for the last two years of high school and then go on to the university. I was thinking of pursuing a PhD in physics so that I could teach at the university. I recall talking about this with my father as the time for the decision approached. He said the same commonsense thing he'd said to me before: "Do whatever you think would interest you the most." Teaching physics and doing research interested me. However as a sixteen-year-old girl, I thought the most interesting thing in the world would be to learn how the body worked. That would be fascinating to know. If I became a doctor, then I could learn all about the whole body. I thought that would be forever interesting (and I was not wrong). At MacRob there was a prefect system in one's final year. Those of you who are Harry Potter fans would know about that. In my last year I became head prefect. At the time I had no idea how useful that experience would be to me when I was the director of Yale Mental Health and Counseling. I had ten prefects under me, and we did things like overseeing walking a hundred girls from the school into the Town Hall in the middle of Melbourne to go to a symphony orchestra concert. I found there was a great deal of hard work involved in keeping the other prefects doing the right thing, getting along with them while making it fun for them to do the job they had to do. This involved giving people the right kind of praise and admonitions about what they should be doing. It was not until many years later that I realized how much that experience helped in being director of Mental Health and Counseling (MHC).

In choosing to go to medical school, I must admit, to my embarrassment, that I wasn't thinking so much of curing people at this time. I was very centered on what might interest me. At the end of the term as I was preparing for the important exam that would determine whether I went to the university at all, I told my parents that I was going to officially apply to go to University of Melbourne medical school. Hundreds of students sat for these exams in the enormous Exhibition Hall in Melbourne. These exams were entirely anonymous. Each student was given a number which was used instead of their name. So no one knew your name, or which school you had attended, or whether you were male or female. I took five exams of three hours each, so the exam period lasted for at least three days. My subjects were chemistry, physics, pure mathematics, applied mathematics and English composition. So whether I would get into the medical school, or even go to the university at all, depended entirely on the results of these anonymous exams. The results were given by the publication of the student numbers in the newspaper, on a notice board at the university, and, eventually, you received a letter at home once your number was converted to your name. I did pass

the exam and was admitted to the medical school. I was very excited, and my parents were pleased, though my mother warned me it would be a very demanding life, that I would have to work long hours, that my patients' lives would be in my hands, and they were my first responsibility. She said that she hoped that I would also have time for a social and family life.

From my point of view, I had made a rational decision. In looking back, I realize that there were several events in my life that had influenced my choice of medicine, though I did not understand this at the time. The first was my mother's high regard for doctors and her confidence that they healed their patients. The second was the fact that I had been through a terrible illness, nearly died, and was totally separated from my parents for three months. My mother praised the hospital and the doctors for saving my life. There was another interaction (a minor one) that I had with one of our neighbors I later saw as contributing to my choosing to become a doctor. I was about twelve at the time, and Mrs. J. was telling me how her son was going to become a doctor. Not wanting to be left out I said, "I want to be a doctor too" (though I had not considered it before that minute). Mrs. J. said, "Oh, girls don't become doctors." I went home to ask my mother if girls could become doctors. Without a moment's hesitation she emphatically said, "Of course they can. Girls can have whatever profession they want." Though I was not aware of it at the time, my mother had said it with such confidence that it encouraged me to consider broader choices for a career.

One aspect of my life that I will not be discussing in this trajectory is that in my teenage years I became an active member of the Church of England, which, in Australia, is similar to the Episcopal Church in the United States. My parents thought of themselves as Church of England, they had me christened, but they rarely went to church—usually only Easter and Christmas. I decided that I wanted to go to church regularly on Sundays. I did that in high school and also during my years at university, and when I came to the United States, I continued to be a member of the Episcopal Church at Christ Church in New Haven.

After medical school I did my internship year in Melbourne. In Australia, every doctor did a rotating internship. We were being trained to be general practitioners rather than specialists. If one was going to be a specialist, one started that program after the one-year rotating internship. One of my placements in that internship year was in surgery. I was assigned to a surgeon who had never had a woman intern before. (At this time in Australia 12 percent of all the doctors were women, whereas in the US only 3 percent of the doctors were women.) When I first met the surgeon whose team I was on, I was about twenty-two and as was the fashion then, I wore high heeled shoes with pointy toes. He looked at my shoes and asked whether I could run in these shoes. I said, "Yes, Sir." He said, "Well, we are going up to pathology." Pathology was on the eighth floor, and we were taking the stairs. He was in his fifties, and I was twenty-two, so I could keep up with him, despite the shoes. When we got to pathology, he turned to me with a smile and said, "You'll do!" I thought that was the most praise that I had ever

had up to that point. It turned out that we got along very well together, and he allowed me to do many surgeries: I took out seven appendices, three gall bladders, and assisted at orthopaedic surgery. I also amputated several fingers and toes. I found it very interesting and exciting. However, it became clear to me that after seven appendices, I was losing interest in doing an eighth. At the end of my rotation, the surgeon offered me a position on his team, starting as a surgical resident, then becoming a registrar and eventually a consultant surgeon. These were highly sought-after positions as surgery was a prestigious specialty and very well paid. I then remembered my father's advice when I was thinking of medical school, to make sure I chose a profession that really interested me. I also thought of my mother who had broken off two engagements in order to marry my father who would never be wealthy, but my mother said they loved each other, enjoyed being together, talking together about their mutual interests, and, most important, they had the same sense of humor. As I thought about being a surgeon I realized that what interested me was not taking out the eighth appendix but what went on in people's minds – what they thought about.

So I decided to see whether I would like to be a psychiatrist. I did not have a clear idea of what psychiatry was like, but I knew you talked with people who were distressed and in trouble. At that time in Melbourne there was an exposé about the poor treatment a psychiatric hospital was giving to patients. This interested me as I was very fond of a biography of Elizabeth Fry, who was an English Quaker woman who was a strong advocate for people in prison who were in deplorable conditions. Together with Florence Nightingale, she was one of my heroes. Hearing about the terrible conditions in this psychiatric hospital, I had a fantasy of becoming a crusader to improve the conditions and treatment in psychiatric hospitals. My husband at the time had been admitted to the graduate school at Yale to do a PhD in history. I saw this as an opportunity for me to do a residency in psychiatry at Yale, which was known to have an excellent psychiatry department. In the second year of my residency, one of my supervisors was Robert Arnstein, MD, a psychiatrist who was the director and chief psychiatrist of the Student Mental Health Service at Yale. (At that time it was called the Department of Mental Hygiene.) He asked me whether I would like to accept a position at the mental hygiene department working with Yale students for the third year of my residency. I immediately accepted. I had not known that such a position existed. It turned out that I was the first woman psychiatrist to work in the department. After finishing my residency, I joined the department as a staff psychiatrist. Yale College was all male at the time in the late '60s, just before co-education began in 1969.

I loved working with students and also that mental hygiene was in the Department of University Health (DUH) in the middle of the Yale Campus at 435 College Street. I enjoyed having more interaction with the colleges, the faculty, the deans, and heads of college. There were very few women in medicine at the time (as I mentioned earlier, only 3 percent of doctors in the United States were women at that time).

This began my fifty-year career in college mental health at Yale. I spent the first twenty years in clinical work and teaching and the last thirty years (after Bob Arnstein had retired) as the chief psychiatrist and director of the clinic now called Mental Health and Counseling. I continued teaching and was appointed a clinical professor of psychiatry at Yale Medical School. I am very grateful to Bob Arnstein for the initial invitation to work at DUH and for introducing me to the field. I was invited early on to become a fellow of an undergraduate residential college, and there I met many interesting people including Marie Borroff, a professor of English who became a lifelong friend.

As I am closing this talk, I am very aware of how grateful I am for having a career I found so interesting (I often say that in all my fifty years in college mental health I was never bored!). I am grateful to Yale for the fifty terrific years that I had working with students who taught me so much and for all the wonderful academics and staff who enriched my life and many of whom became good friends. Also, I am grateful to my parents: to my father for emphasizing the importance of doing what interests me the most and to my mother for urging me to make the decisions I wanted to make, not decisions that other people thought I should make because they were more prestigious or financially rewarding.

There are a couple of other parts of my life that I want to mention even though there is no time to elaborate. One is that I married my husband, Braxton McKee, who was a smart, kind psychiatrist, psychoanalyst, and teacher in private practice who was utterly supportive of the work I was doing. He had a gorgeous sense of humor: we had forty wonderful years together.

Also that during this time I undertook psychoanalytic training at the Western New England Institute for Psychoanalysis to become a psychoanalyst, then a training analyst and supervisor. I felt that the experience with both psychoanalysis and the MHC clinic complemented each other. One emphasized the psychological aspects of the work, and the other was relatively short term, with choice of different psychotherapies, feet-on-the-ground crisis management and psychopharmacology. Each training and clinical experience was helpful in informing the other.

Another factor that was important for the clinic was that in 1949 Paul Mellon, a great benefactor to Yale, gave Yale a million dollars for the Mental Hygiene department. Nobody was giving money for college mental health at that time. Mr. Mellon said that he chose to provide this support because he had become acquainted with Clements Fry, who was the chief psychiatrist at that time. In his biography Mr. Mellon said that if Clements Fry had been around when he (Mr. Mellon) was an undergraduate, he would have had an easier time in life. He directed the entire gift to the Mental Hygiene department, which has been an important part of enabling the department to continue to provide mental health care as the number of students seeking care over many years had been steadily increasing.

Over the last twenty years, studies have shown that the number of students seeking mental health care has skyrocketed. There had always been a gradual increase,

but I would say about seventeen years ago the rate of increase of students seeking mental health care has accelerated. Now, we're also very aware that COVID has had an impact on this tendency. Many more people have been actively seeking this care since I retired three years ago. When I first came into the department, I would say we saw a thousand students in an average year. By the time that I left, just before COVID, we were seeing two thousand students a year, which seemed a really large number, and we had a staff of about twenty-one clinicians. In the last three years, with COVID, the department ended up seeing four thousand students annually with a staff of more than fifty clinicians.

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The steep rise appears to reflect a tendency, enhanced by COVID, to do everything remotely. There is a difference between making friends in person and having all the interaction be digital. What we're finding now is that many students lack good social skills and practice in getting along with people. These are challenging times and will continue to be. It remains essential to elucidate the difference between in-person relationships and predominately digital relationships and their relationship to changes in neuronal connections in the brain. For many of our students their brain has not finished developing. As we go forward, there is much to be understood about the role of digital personal interactions during this period of brain development.

In closing, I would like to thank you for giving me the opportunity to revisit these many different aspects of my life.