

Be Woke, Choose Growth

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Merriam Webster Dictionary defines woke as being “aware of and actively attentive to important facts and issues (especially issues of racial and social justice).”¹ Though only added to the dictionary in 2017, the word dates back to 1942 when J. Saunders Redding² used the concept in an article about labor unions in the first volume of *Negro Digest*. It was used again in a 1962 *New York Times* article³ by William Melvin Kelley who was an educator, novelist, and filmmaker. In modern times, woke has been used when talking about Black Lives Matter, Me Too, and Time’s Up. Even more recently, woke has been used when describing professional athletes who value wellness and enforce boundaries in support of their mental health. Woke both simplifies and neatly summarizes an impetus for change that touches on every aspect of our lives, including our graduate medical training programs, fields of practice, and professional organizations.

We have more than 40 years of combined experience in graduate medical education, forensic psychiatry practice, and involvement in professional forensic organizations. We have observed that the residents and forensic fellows of today are different in significant ways from trainees of the past. Millennials and Generation Z adults currently training in psychiatry demand their educators and organizational leaders be woke. Doing things the way we have always done them is unacceptable. They want accountability and system transformation yesterday, not in some vague future. Concerns about racism, sexism, sexuality, and work-life balance are as important to many of today’s psychiatry trainees as learning how to do a risk assessment or

how to select the correct medication for bipolar disorder. Furthermore, trainees expect their future careers to align with their social justice and wellness values. Those of us from earlier generations should take note of this well-worn adage and make a choice: “Change is inevitable. Growth is optional.”⁴ The journey to wokeness is a hard one, paved with awkward errors of intention versus impact, imperfection, and sometimes painful introspection, but we say be woke, choose growth.

In this editorial, we make the case for being woke by reviewing inequities that affect trainees, including those of gender, race, and sexuality, realizing that we are scratching the surface of the many inequalities which exist in psychiatric education, professional organizations, and society in general. We also discuss concepts of wellness and balance that are integral for being woke.

Gender

Sexism is alive in medicine, including the field of psychiatry. Dr. Reshma Jaggi and colleagues published a study in 2016 on sexual harassment in medicine. She surveyed 1,066 recipients of career development grants (K08 and K23 awards) from the National Institutes of Health. Ten percent of men reported experiencing gender bias in their careers, while two-thirds (66%) of women reported experiencing bias. Most of the female survey respondents (92%) had experienced sexist remarks or behavior, 41 percent experienced unwanted sexual advances, and 9 percent experienced coercive advances in their professional careers.⁵

Turning to psychiatry, although increasing numbers of women are going into the specialty, a gender gap remains. At the 2021 virtual American Psychiatric Association meeting, Dr. Marcia Unger chaired a panel called “Triple Threat: Young, Female, Professional – The Experiences of Young

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Female Psychiatrists and Psychologists.”⁶ The panel discussed several challenges affecting women in psychiatry, including salary differences, harassment, parental leave policies, microaggressions, and lack of mentorship. The panel referenced a 2018–2019 report⁷ that indicated 17 percent of female faculty in academic psychiatry have experienced gender-based disrespect compared with one percent of male faculty. At the 2020 virtual meeting of the American Academy of Psychiatry and the Law (AAPL), Dr. Ariana Nesbit-Bartsch chaired a panel on behalf of the Early Career Psychiatrists Committee entitled “Beyond Yoga: Tips on Work Life Balance for Early Career Psychiatrists.”^{8,9} During the discussion on finding balance in academic psychiatry, it was noted that women are significantly less likely than their male counterparts to advance to a rank of professor.¹⁰ As indicated above, the number of female psychiatrists is growing such that currently 42 percent of psychiatrists are women, yet women only make up 9 percent of psychiatry department chairs.¹⁰ Reasons for this may include differing responsibilities and roles outside of the workday, part-time work, parental leave, limited role models, and a lack of mentoring.¹¹ Gender-based discrimination is also an important consideration when analyzing this disparity.

In forensic psychiatry, gender bias may manifest in a variety of ways that affect training and professional involvement. In their presentation on women in forensic psychiatry at the 2018 AAPL meeting,^{12,13} Drs. Kelly Coffman and Helen Farrell discussed how gender bias might affect opportunities for forensic exposure in residency, as well as acceptance into forensic fellowship. They also discussed how forensic psychiatry is at the intersection of multiple male-dominated fields, thus potentially discouraging women from participation. If access to forensic psychiatry training is potentially affected by gender bias, then it follows that the potential for female leadership in forensics may also be diminished. The AAPL website lists 48 U.S. fellowship programs and eight Canadian programs for a total of 56 forensic fellowships. Based also on the AAPL website, about 11 of those 56 programs have female program directors with a handful of female associate directors associated with other programs. The number of female AAPL members has increased over the past two decades¹² from 10 percent of AAPL membership in 1994, to 25 percent in 2004, reaching 35 percent in 2018. On the other hand, AAPL began in 1969, and it was

not until 1991 that Dr. Kathleen Quinn served as the first female president.¹⁴ There have been seven female presidents to date, out of a total of 48 presidents, with four of the seven being in the past decade.

We need to effect change so that women trainees can thrive in their future forensic psychiatry careers. In our training programs, we need to increase both mentorship and sponsorship of promising female trainees so that they achieve merited positions of leadership at their institutions and within AAPL. We need to address institutional policies and practices that negatively affect women, such as the gender pay gap and parental leave. We also need to change the cultures of our training sites and professional organizations to eliminate microaggressions and gender-based practices that hold women, and particularly women in caretaker roles, back from success. Finally, there needs to be zero tolerance for sexual harassment. In his August 10, 2021 resignation speech following allegations of sexual harassment, former Governor of New York Andrew Cuomo said “I didn’t realize the extent to which the line has been redrawn.”¹⁵ The line has always been there; the question may be the perspective from which one is viewing the line.

Race

In their June 2021 Journal editorial “Charting a New Course for Forensic Psychiatry,”¹⁶ Drs. Gary Chaimowitz and Sandy Simpson wrote eloquently about the forensic psychiatrist’s ability to provide insight into key structural differences in society and the use of those insights to improve the lot of our fellow human beings. They challenged us to become advocates who call out systemic racism, stigmatization, and discrimination. In addition to using our unique vantage points to diminish inequities for our patients and evaluatees, all levels of racism need to be eradicated from our teaching institutions and from within our own organizations. Further, we all have to engage in doing this work to avoid the pitfall of the “minority tax”: placing extra responsibilities on minoritized individuals to address problems of diversity, inequity, and racism in our organizations.

At our training sites, diversity needs to be part of our recruitment strategies. Education on topics of social justice should be incorporated into general and forensic fellowship didactics, as we have sought to do locally. Training program policies should be

scrutinized for both intentional and unintentional discrimination. In our professional organization, all presenters for our annual meeting should be encouraged to address racism and other social determinants of health and justice that relate to their topics. Like other organizations, AAPL needs to have cultural diversity within leadership from president on to committee chairs. Leaders should be sponsors and mentors of minoritized forensic psychiatrists looking to be involved and active members.

Sexuality

Those trainees who are considered sexual minorities (non-heterosexual people) have additional layers of stressors to deal with in forensic psychiatry. In our workplaces, which often have an unexamined heteronormative context, our future colleagues are making decisions about whether to come out in the workplace, to share an important part of their identity or keep it secret. While many may believe that sexuality does not belong in the workplace or training, hiding part of one's identity may be a major stressor and diminish an individual's potential.

Heterosexist environments can be stigmatizing and can produce a negative effect on the organizational citizenship behaviors of lesbian and gay employees. Research suggests that altruistic organizational citizenship behaviors of non-heterosexual employees can be predicted by being "out" in the workplace. As well, "stigmatization salience and organizational climate for heterosexism predict levels of workplace outness" (Ref. 17, p 321). Structural stigma against sexual minorities includes discriminatory laws, policies, and attitudes, and predicts adverse well-being and health.¹⁸ A recent meta-analysis considered the relationship between the disclosure of sexual orientation at work and individual, relational, and organizational correlates.¹⁹ Disclosure was most strongly related to the workplace's organizational climate.

Another meta-analysis²⁰ noted that concealment of sexual identity affects all people who are of sexual minority. Panchankis and colleagues noted that "Concealing a sexual minority identity can simultaneously generate the stress of hiding, protect against the stress of discrimination, and keep one apart from sexual minority communities and their norms and supports." (Ref. 20, p 871). Using 193 studies of over 92,000 subjects, the authors found a small association between concealing sexual orientation and

internalizing mental health problems (i.e., depression, anxiety, distress, problematic eating); substance use problems were less likely among those concealing. Further, they found that internalizing mental health problems were more strongly associated with concealment in studies that considered a lack of open behavior, that were more recent, and that involved younger participants. Based on what is detailed above, it is critical that our training environments and professional societies work to eliminate stigma against sexual minorities to create environments that support people being their genuine selves.

Wellness and Balance

Drs. Sutapa Dube and Andrew Levin of AAPL's Trauma and Stress Committee wrote about "Physician Stress/Physician Well-being"²¹ in the September 2019 AAPL Newsletter. As they note, 300 to 400 physicians commit suicide annually. Suicide is the leading cause of death among male residents, and second only to cancer for female residents. Burnout is experienced by half or more of physicians. These are startling statistics, and this was pre-pandemic. Will Newman's presidential year (during the pandemic) had a theme of physician wellness. We need to be woke to wellness to preserve ourselves, and to create a better professional life for the generations of forensic psychiatrists that come after us.

In recent years, the Accreditation Council for Graduate Medical Education (ACGME) has placed increased importance on wellness and burnout prevention. There is an entire section of the common program requirements on well-being and the word well-being appears 34 times in the document. There is a professionalism milestone specific to well-being in Milestones 2.0 that every general resident is evaluated on biannually. The ACGME even sends an annual well-being survey to residents and faculty. A quick perusal of the hobby sections in this year's crop of Case Western residency application reveals that the ACGME's emphasis is in line with the values and desires of today's trainees. The future members of our field have invested many hours of training in meditation, mindfulness, and yoga. They've engaged in therapy and other activities to improve coping skills, set good boundaries, and engage in self-discovery. They have nurtured and tended to the aspects of their identities beyond medicine that provide them with rich, fulfilled lives. We

fail them if we do not model wellness and safeguard it for them at our training institutions.

We need to reform medical culture that sustains unhealthy work expectations and stamps out vulnerability in learners. Simone Biles and Naomi Osaka have been wellness proponents in a sports culture that crushes young athletes. Similarly in psychiatry, we need to speak up for change. We also need to celebrate the things that enrich our lives outside of psychiatry. In our professional meetings, topics related to burnout and wellness should be viewed as of similar importance to the mechanics of how to perform an insanity evaluation. The aforementioned panel presentation “Beyond Yoga: Tips on Work-Life Balance for Early Career Psychiatrists” is one such example. The panel focused on wellness for early career forensic psychiatrists, including discussing resilience, burnout, peer support, well-being, balance in academic psychiatry, and private practice.⁹

In training and in professional forensic practice, we also need opportunities to process challenging cases such as those involving matters of trauma, race, gender, culture, and sexuality. It is important that senior North American leaders, such as Dr. John Bradford, come forward to discuss the stress-related potential negative outcomes of our work on our own lives.²² Locally, our fellowship has specific teaching sessions about burnout and stress in forensic psychiatry. Fellows discuss their stress and countertransference, a difference from the “stiff-upper lip” culture of the past. Many forensic psychiatrists find it healthy, years after training, to continue to process challenging cases with former co-fellows and other colleagues. As we go through the stages of our own lives and adjust our social identities accordingly, we may appreciate changes to our abilities to process and compartmentalize. For example, becoming a parent or elder caretaker might result in struggling with certain types of evaluations. Professional and personal contentment depends on our ability to be fully faceted with work and personal priorities in balance.

Looking outside of the United States, our Australian and New Zealand colleagues, as part of their continuing professional development (akin to required continual medical education) participate in peer review groups (PRGs).²² As described in the Professional Development Program Guide, PRGs “are small, self-selected groups of peers who meet to review their work in a setting that is organized to be

supportive for individuals involved to present and learn from the presentation of work experiences and issues” (Ref. 23, p 15). Personal experience reveals that such PRGs can help support our own wellness and provide a confidential outlet to discuss complex or upsetting cases.

Summary

Being woke is about continuously searching for more understanding and truth, and challenging oppression and problematic norms in society. It is both an exploration of and an appreciation for intersectionality. It embraces balance and well-being. Efforts have been made in our field over the last decade to advance woke-ness. The American Association of Directors of Psychiatric Residency Training has an active Allyship group and a curated list of antiracism and diversity resources and is dedicating the 2022 meeting to advancing diversity, equity, and inclusivity in residency training. AAPL held town halls during the pandemic to shine a light on diversity in the organization. WAAPL (Women of AAPL) meetings, along with the introduction of the Diversity Committee and the Women’s Committee, help tackle these concerns. These newer committees are building on the work by the Cross-Cultural Committee, Gender Issues Committee, and the International Relations Committee. They are seeking to create educational opportunities while providing mentorship and sponsorship. We need to work to ensure that those who may find themselves in the out-group are included at all levels, and that all of us are “baked in” rather than “bolted on” to the field and our organization so that everyone can grow and thrive. Change takes time and continual review to keep intention and impact in alignment, but we are making progress.

In summary, we hope we have made a compelling case to be woke and choose growth. Psychiatric training and professional organizations need to embrace woke culture and change to better understand the intersectionality of our practitioners, patients, and evaluatees. We also need to consider the wellness and work-life balance of our trainees and of ourselves. Even though, as Nobel Prize winning Belgian writer Maurice Maeterlinck wrote, “at every crossroads on the path that leads to the future, tradition has placed 10,000 men to guard the past,”²⁴ we have great opportunity for positive change. Become your woke self, embrace change, and celebrate a better future.

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References

1. Merriam-Webster Dictionary. Woke [Internet]; 2021. Available from: <https://www.merriam-webster.com/dictionary/woke>. Accessed November 15, 2021
2. Redding JS. Labor union article. *Negro Digest*. 1942; 1:1
3. Kelley WM. If you're woke you dig it; No Mickey Mouse can be expected to follow today's Negro idiom without a hip assist. *The New York Times*, 1962; p. 45
4. Maxwell JC. Facebook post [Internet]; 2013 June 19. Available from: <https://www.facebook.com/JohnCMaxwell/photos/i-do-know-this-about-growth-change-is-inevitable-growth-is-optional-to-grow-you-/10151620381877954/>. Accessed January 6, 2022
5. Jagsi R, Griffith KA, Jones R, *et al*. Sexual harassment and discrimination experiences of academic medical faculty. *JAMA*. 2016; 315(19):2120–1
6. Unger M, Gupta A, Ullal M. Triple threat: Young, female, professional—the experiences of young female psychiatrists and psychologists. Presented at: The 2021 Annual Meeting of the American Psychiatric Associations; 2021 May 3
7. Association of American Medical Colleges. The state of women in academic medicine: Exploring pathways to equity [Internet]; 2018–2019. Available from: <https://www.aamc.org/data-reports/data/2018-2019-state-women-academic-medicine-exploring-pathways-equity>. Accessed December 4, 2021
8. Nesbit-Bartsch A, Newman B, Friedman SH, *et al*. Beyond yoga: Tips for early career forensic psychiatrists to maintain work-life balance. *Newsletter Am Acad Psychiatry Law*. 2021; 46(2):20
9. Nesbit-Bartsch A, Newman B, Friedman SH, *et al*. Beyond yoga: Tips for early career forensic psychiatrists to maintain work-life balance. Presented at: The 2020 Annual Meeting of the American Academy of Psychiatry and the Law; 2020 October 18
10. Sheikh MH, Chaudhary AMD, Khan AS, *et al*. Influences for gender disparity in academic psychiatry in the United States. *Cureus*. 2018; 10(4):e2514
11. Dutta R, Hawkes SL, Iversen AC, *et al*. Women in academic psychiatry. *Psychiatrist*. 2010; 34(8):313–7
12. Haelle T. Women in forensic psychiatry making progress but still have a ways to go. *MDEdge Psychiatry* [Internet]. 2018 December 11. Available from: <https://www.mdedge.com/psychiatry/article/190888/business-medicine/women-forensic-psychiatry-making-progress-still-have>. Accessed Nov 15, 2021
13. Coffman K, Farrell H, Drogin E, *et al*. Minority report: Gender bias in forensic psychiatry. Presented at: The 2018 Annual Meeting of the American Academy of Psychiatry and the Law, 2018, Austin, TX
14. Friedman SH, Kathleen M, Quinn MD. Visionary in child forensic psychiatry. *J Am Acad Psychiatry Law*. 2021 Jun; 49(2):161–5
15. Kaur H. These key quotes from Cuomo's resignation speech show he still needs to take more responsibility. *CNN* [Internet]. 2021 August 10. Available from: <https://www.cnn.com/2021/08/10/us/cuomo-resignation-speech-quotes-trnd/index.html>. Accessed Nov 15, 2021
16. Chaimowitz GA, Simpson AIF. Charting a new course for forensic psychiatry. *J Am Acad Psychiatry Law*. 2021 Jun; 49(2):157–60
17. Brenner BR, Lyons HZ, Fassinger RE. Can heterosexism harm organizations? Predicting the perceived organizational citizenship behaviors of gay and lesbian employees. *The Career Development Quarterly*. 2010; 58(4):321–35
18. Pachankis JE, Bränström R. Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction across 28 countries. *J Consult Clin Psychol*. 2018; 86(5):403–15
19. Wax A, Coletti KK, Ogaz JW. The benefit of full disclosure: A meta-analysis of the implications of coming out at work. *Organizational Psychology Review*. 2018; 8(1):3–30
20. Pachankis JE, Mahon CP, Jackson SD, *et al*. Sexual orientation concealment and mental health: A conceptual and meta-analytic review. *Psychol Bull*. 2020; 146(10):831–71
21. Dube S, Levin AP. Physician stress/physician well-being. *Newsletter of the Am Acad Psychiatry Law*. 2019 September; 44:29
22. Woods AG. When the psychiatrist has PTSD. *Psychiatric Times*. 2015; 32(11). Available from: <https://www.psychiatristimes.com/view/when-psychiatrist-has-ptsd>. Accessed November 15, 2021
23. The Royal Australian and New Zealand College of Psychiatrists. RANZCP Continuing Professional Development Program Guide [Internet]; 2021. Available from: <https://www.ranzcp.org/files/cpd/2021-cpd-program-guide.aspx>. Accessed November 15, 2021
24. Maeterlinck M. Famous quotes [Internet]. Available from: <https://www.supanet.com/find/famous-quotes-by/maurice-maeterlinck/at-every-crossroads-on-th-fqb46129/>. Accessed November 15, 2021