

**WHAT IS THE ROLE OF THE PSYCHIATRIST IN  
THE #METOO ERA?**

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## INTRODUCTION:

*“When history says, don’t hope,  
On this side of the grave.  
But then, once in a lifetime  
The longed for tidal wave  
Of justice can rise up,  
And hope and history rhyme”  
Seamus Heaney<sup>1</sup>*

Tarana Burke founded “Me Too” in 2006, as a grassroots feminist movement which supported young women of colour who had experienced sexual violence<sup>2</sup>, but it wasn’t until over a decade later that the movement took the form which we now recognise.

On October 5th 2017, two investigative journalists from the New York Times, Jodi Kantor and Megan Twohey, broke the story of Harvey Weinstein’s decades-long tirade of sexual abuse and harassment<sup>3</sup>. This story captured the public’s attention and proved a cultural watershed moment - within days, millions of women - and some men - were using the hashtag #MeToo across social media platforms to share personal stories of sexual harassment and abuse<sup>4</sup>. Soon followed a mesmerising spectacle of dominoes falling, beginning with famous faces including Louis CK and Kevin Spacey being called out and disgraced<sup>5</sup>, before expanding beyond individuals to include a diverse array of the industries and institutions which had long enabled this behaviour, from McDonalds<sup>6</sup> to the British Parliament<sup>7</sup> and the Swedish Academy<sup>8</sup>.

As the #MeToo movement unfurled, the medical field was not left untouched and stories about sexual harassment in medicine began to surface across social media with hashtags such as #MeTooMedicine<sup>9</sup>. Medicine was found to have the highest prevalence of sexual harassment out of various scientific fields according to a report on the culture of sexual harassment in academic institutions from the National Academies of Sciences, Engineering, and Medicine (NASEM)<sup>10</sup>. This phenomenon appeared to be pervasive across medical fields and sites, including psychiatry<sup>11</sup>. In March 2019, ‘Time’s Up Healthcare’ (a branch of the

organisation 'Time's Up') launched in the US<sup>12</sup> with a mission of ensuring that healthcare workplaces are safe, equitable, and dignified, signifying a commitment to drive change in the medical field.

In this essay, I intend to discuss how psychiatrists are uniquely experienced and placed to lead transformative change with respect to sexual harassment and violence both within and outside medicine in the wake of the #MeToo movement. I will discuss in turn the roles within which such change can take place – as clinicians, advocates, colleagues, educators and researchers.

## THE ROLE OF THE PSYCHIATRIST AS A CLINICIAN:

*"If you are trying to transform a brutalized society into one where people can live in dignity and hope, you begin with the empowering of the most powerless.*

*You build from the ground up"*

*Adrienne Rich<sup>13</sup>*

Sexual harassment and other forms of gender-based violence at work are highly prevalent, particularly among young women<sup>14</sup>, within and outside medicine<sup>15</sup>. They act as any other chronic, pervasive, environmental stressor, even after the removal of the threat<sup>16</sup>. Stress is an independent risk factor for a range of chronic diseases, including cardiovascular disease and some cancers<sup>17</sup>, and there is a specific significant association between sexual harassment and poor mental health<sup>14</sup>. As such, psychiatrists are likely to come into contact with people who have been subjected to such experiences and are experiencing detrimental repercussions to their wellbeing (including, potentially, their own colleagues). By drawing upon their training in trauma and utilising the wider expertise of multidisciplinary teams that they are often at the helm of, psychiatrists can effectively strive to meet the needs of impacted individuals. Although all psychiatrists should have some grounding in understanding trauma, they could consider adding to these skills through continuing professional development specific to the topic of sexual violence and harassment in order to ensure the most effective and evidence based trauma-informed care is offered<sup>18</sup>.

## THE ROLE OF THE PSYCHIATRIST AS AN ADVOCATE:

*“In a world where language and naming are power, silence is oppression, is violence.”*

*Adrienne Rich<sup>19</sup>*

Whilst there appears to have been positive shifts in societal awareness of sexual violence alongside an acceptance that those exposed to this behaviour ought to be listened to and believed (a so-called “reasonable woman standard”<sup>20</sup>), there has yet to be a dramatic change in the provision of trauma-focused services which are offered by the NHS and other public healthcare providers internationally. As respected and informed leaders with influence to change the nature of services, psychiatrists are well placed to advocate on behalf of victims for timely and meaningful structural changes in the healthcare system including the uptake of trauma-informed care models<sup>21</sup> which offer long-term solutions as opposed to solely “rape crisis” provisions. Poor organisational responses to sexual harassment in the workplace can revictimise and exacerbate the negative effects on health<sup>16</sup>. Psychiatrists can advocate for the trauma-informed organisational responses and policies in addition.

The contemporary public interest in sexual violence, steered by the #MeToo movement, has potential power in promoting public acknowledgement of this issue and its effects. There is little known about whether this could actually alter people’s behaviour and responses, but it is hoped that it would. Psychiatrists should be using their positions of privilege to make this issue central and visible, and promote awareness and societal change. This could be on a spectrum from informative discussions with patients and colleagues, through to presenting at conferences and events or posting on social media platforms such as Twitter.

## THE ROLE OF THE PSYCHIATRIST AS A MEMBER OF A WORKFORCE:

*“We have to free half of the human race, the women, so that they can help to free the other half.”*

*Emmeline Pankhurst<sup>22</sup>*

As crystalised in Hollywood<sup>3</sup>, the workplace is a potential setting for sexual harassment to occur across a wide array of industries, and for young people it may even be the most likely setting<sup>14</sup>. Even before the #MeToo movement, there has long been recognition of a sexist culture within medicine<sup>23</sup> which has led to disparities amongst the genders in terms of remuneration and potential for promotion and leadership positions<sup>24</sup>. Unacceptable behaviour ranging from sexual microaggressions through to sexual violence is almost twice as prevalent in medicine compared with other scientific fields according to the NASEM report “Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine”<sup>10</sup>, and trainees in particular are more likely to be the victims. In medical environments where men dominate the leadership, sexual harassment is even more likely to occur<sup>10</sup>.

Calls for zero tolerance of sexual harassment in the workplace have been made<sup>25</sup> in the aftermath of the #MeToo and subsequent #MeTooMedicine movements. A diverse and fair work environment contributes to improved quality and innovation, better patient care with less mental health problems including less burnout amongst staff<sup>26</sup>. As with all other members of the workforce, it’s clear that psychiatrists should have a role here. However, psychiatrists’ role could extend far beyond this.

Psychiatrists are trained to recognise the relationship between structural factors and well-being<sup>27</sup>. The institutional discrimination which is rife in medicine is caused by a complex combination of systemic practices, regulations, and policies (for example, lack of paid maternity leave)<sup>28</sup>, and requires nuanced intervention. Psychiatrists routinely navigate the complex relationship between systemic and individual challenges in our clinical work with patients who experience excess discrimination compared with other patient groups, and as such are likely to be able to transfer those skills to inform workplace reforms<sup>29</sup>. One method

suggested by Time's Up Healthcare is to follow methodology which in turn examines structures, processes and outcomes in an institution to spark reforms<sup>26</sup>.

Gold et al.<sup>29</sup> suggested roles which mental health practitioners may have at the workplace level in the American healthcare system to foster equitable work environments. These include but are not limited to calling out discrimination and harassment when witnessed, learning how to report these issues, creating an open dialogue about these topics, supporting colleagues and trainees in need, inviting female speakers to present at events such as grand rounds or local teaching and supporting female colleagues to stand for leadership positions. They postulate that such measures will not only promote increased wellbeing and fairness amongst staff, but will trickle through to improved patient care.

#### THE ROLE OF THE PSYCHIATRIST AS AN EDUCATOR:

*"Ideally, what should be said to every child, repeatedly, throughout his or her school life is something like this: 'You are in the process of being indoctrinated. We have not yet evolved a system of education that is not a system of indoctrination. We are sorry, but it is the best we can do. What you are being taught here is an amalgam of current prejudice and the choices of this particular culture. The slightest look at history will show how impermanent these must be. You are being taught by people who have been able to accommodate themselves to a regime of thought laid down by their predecessors. It is a self-perpetuating system. Those of you who are more robust and individual than others will be encouraged to leave and find ways of educating yourself — educating your own judgements. Those that stay must remember, always, and all the time, that they are being moulded and patterned to fit into the narrow and particular needs of this particular society.'"*

*Doris Lessing, from The Golden Notebook* <sup>30</sup>

All psychiatrists have a professional duty to contribute to the education of trainees, medical students and multidisciplinary colleagues<sup>31</sup>. This educator role provides an opportunity to promote meaningful values to future generations of psychiatrists and other healthcare professionals.

According to a survey of students conducted by the National Union of Students (NUS), sexual misconduct in higher education is rife<sup>32</sup>, with four in ten respondents reporting at least one experience of sexualised behaviour from staff, and one in eight reporting being touched by a staff member in a way that made them uncomfortable. Taking a more focused view of medicine, nearly 50% of medical students report that they experience sexual harassment before they start their careers as doctors<sup>33</sup>. In the first instance, disrupting this trend through system changes in medical schools is a role which psychiatrists may be well suited for, for the same reasons as discussed when considering a psychiatrist's role in the workplace. Medical schools and their faculty have the opportunity to use the #MeToo movements as an impetus for self-analysis<sup>34</sup>. Internationally, some medical schools<sup>35-37</sup> have begun to develop initiatives to achieve cultures of respect within their institutions, with, for example, mentorship programmes, faculty training and development of new policies. UK medical schools should be poised to follow their lead, spurred on by psychiatrists who are well versed in navigating complex systems.

Being able to teach provides an opportunity for psychiatrists to put across ideas to the next generation of psychiatrists and other healthcare professionals. In order to appropriately address gendered issues such as sexual harassment, pay disparities and leadership inequalities, psychiatrists could choose to look to the education they provide and ensure feminist perspectives are considered<sup>38</sup>. Typically, medical training can diminish trainees' ability to recognise their own position of power and agency by inculcating students into the belief that their medical practice is separate to their ethnic origin, race, class, gender or sexual orientation<sup>39</sup>. From a feminist perspective, it is useful to be able to understand oneself in order to understand others, and by promoting the embracing of difference, educators could be choosing to promoting better patient care and more diverse and equitable working cultures. Psychiatrists should be able to consider the viewpoint that education has long been rejecting of the feminine- perhaps in line with Freud's belief that repudiation of femininity was "psychological bedrock" (for both sexes)<sup>40</sup>, but that the current momentum offered by the #MeToo movement provides a space to reject and change that.

## THE ROLE OF THE PSYCHIATRIST AS AN ACADEMIC/ RESEARCHER:

*“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less.”*

*Marie Curie<sup>41</sup>*

Whilst there is already a small body of evidence which suggests the interplay between gender inequality in the workplace and poor mental health<sup>42</sup>, particularly among health care professionals<sup>15</sup>, there is a need to further our knowledge in this regard through high quality research which considers, for example, the associated human and economic costs of inequality, interventions to identify and prevent harassment, and the effect the #MeToo movement has really had at individual and institutional levels. In addition, there are questions as to whether striving for changes could incur a backlash or hostile sexism, which is a recognised reactionary phenomenon whereby a privileged group acts to defend its status<sup>43</sup>. As psychiatrists have a good understanding of behavioral science, they would be particularly well placed to take the lead in all such research, particularly as regards mental health outcomes<sup>29</sup>.

## CONCLUSION & REFLECTIONS:

*‘You have to use your privilege to serve other people’*

*Tarana Burke, #MeToo founder<sup>44</sup>*

The #MeToo movement has served to increase public consciousness of a problem many in psychiatry were already aware of – lots of people are subjected to sexual violence in its many forms and it impacts upon people’s mental health and ability to prosper and thrive.

Psychiatrists can improve the lives of people dealing with the deleterious effects of sexual harassment not only at the clinical coalface, but in a variety of other positions of influence including as service leads and patient advocates. By promoting meaningful standards including zero tolerance policies for sexual harassment in workplaces and higher education

institutions, psychiatrists can affect change which could have huge ripple effects across medicine and society more widely.

The #MeToo movement has been a burst of revolutionary energy which has encouraged a still-growing constellation of 'attempts to organise' across industries and institutions, including mental health care. Psychiatrists have the opportunity to lead progress towards a more equitable future, and should embrace this new paradigm beyond the patriarchy.

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