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Correspondence

Editor: Ian Pullen

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Predicting the productive research psychiatrist

SIR: I read Parker's article (*Journal*, January 1989, **154**, 109–112) with considerable discomfort as it seemed to fail both scientifically and morally in claiming that the most important predictive factor for the productivity of a research psychiatrist was 'track record', contributed to principally by "the number of publications in the early part of the review period, number of citations to published work, rating by peers, and possessions of a research degree". It is quite obvious to me that the most important factor is the sex of the psychiatrist, i.e. one should be male and then other factors follow. While I would not dispute that Professor Parker had a representative sample of psychiatrists, the fact that there is a male preponderance (89%) suggests that sexist prejudice plays a critical role. The establishment, which is male, seeks representatives like itself to propagate it. Women are largely left out, or are given assistant status, e.g. Professor Parker mentions women at the bottom of the paper where grateful thanks are given in small print.

Unfortunately, sexual stereotyping is still prevalent among both male and female medics. Moreover, the UK government, having committed itself to educating equal numbers of male and female medical students, found that self-regulation of the medical profession and its institutions could not be relied on to achieve this and thus commissioned a study to examine the main influences on the careers of women doctors (Allen, 1988). This reported that medical career progress depends on an 'old boy network' which excludes women (Allen, 1988). Thus, women have to spend longer periods at each grade and experience worse career prospects. They are also expected to specialise in less prestigious medical specialities. To make the matters worse many medical women still have a lower degree of confidence than men (although higher then ten years ago) and unrealistic expectations of what they should be doing, so that they commit themselves to too much work i.e. they still do more than their share at home. This, of course, means that too little domestic responsibility is taken by the majority of (medical) men who expect even a professional spouse to lapse into a domestic role to facilitate the fast progress of the man's career.

There are many papers on attitudes to women in science and Professor Parker might say that these are only published in trivial journals. I would like to remind Professor Parker that every reputable journal has been trivial at some stage of its existence.

There is no such thing as an absolute everlasting security for any establishment, and the fear of change can lead to behaviour which creates entry barriers for the newcomers in the form of rules and regulations which are oppressive, limiting to progress and ultimately detrimental even to the authors of such rules. Thus, it is important to recognise that there are destructive psychosocial factors which are much more important in determining the productivity of a research psychiatrist than it is pleasant to admit. Alternatively, one could say that the social system itself positively reinforces the careers of some people more than others.

BISA HAEGER

London Hospital
Whitechapel Road
London E1 1BB

Reference

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SIR: In a polemic that has a distinct *ad hominem* tone, Haeger imputes poor science, failed morals, prejudice, sexism, condescension and a dismissive capacity (moi?).

I suggest that Dr Haeger confounds issues of access to a research career and 'success' within that field. In a similar way, a colleague once complained about the rejection rate of submissions by women after observing that female authors were in a minority in our regional journal. I reviewed the data for a nine-year period and found that, as suggested, a minority of published articles were by women, but that they submitted only a minority of papers. In fact, the acceptance rate for articles was higher for women. Similarly, I have now reviewed the 'research productivity' data set under discussion and report that the female researchers were responsible for a mean of 3.5 papers, compared to a mean of 4.2 for male researchers, over the period of audit. While there were too few women in the sample to interpret such analyses formally or confidently, that finding suggests that productivity rates in this region are unlikely to differ very much between male and female psychiatric researchers.

The central finding from the study – that productivity is best predicted by 'track record' variables – would require examination in a data set with separate and sufficiently large sub-samples of male and female researchers, to determine if the prediction holds true for female as for male researchers.

While my sample was carefully generated (see Parker, 1986) to ensure that all potential researchers in the region, male or female, were included, the marked male preponderance (89%) exceeds the current RANZCP College membership rate of 79% being male. Thus, I suggest that, while the sample was 'representative' of the active research community, it was not representative of the overall sex ratio of psychiatrists in this region, clearly suggesting that fewer women are engaged in research.

Thus, sex is relevant in 'joining' the psychiatric research community, but it remains to be established whether it is a predictor of productivity or related to other outcome variables or performance indicators within that community, and it must be kept in mind that my focus was on the latter issue, not on the issue of access.

Dr Haeger may be right in drawing attention to the negative consequences of sexual stereotyping and to the other problems faced by female psychiatrists in gaining access to, as against 'success' in, a research career, and certainly such difficulties are recognised in relation to in obtaining academic posts. But it remains (to my mind) to be established that a research career *per se*, or even engaging in research, is affected by sexual prejudices, particularly when psychiatric research is commonly a part-time activity. It could also be that a career in research is regarded as less relevant, attractive and pleasing to women for a host of reasons, so that fewer seek such a career or job option. A survey of trainees and an ethnographic study of male and female psychiatric researchers might be of interest in examining a number of the propositions underlining Dr Haeger's polemic.

Implicit in Dr Haeger's letter is a view that research is an elitist field. For those who encourage junior staff to consider research (and observe eyes glaze over) and for researchers who live to the financial and other limitations of such a career, that may be news.

GORDON PARKER

School of Psychiatry
University of New South Wales
Randwick 2031
Australia

Reference

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Relevance of research for clinical practice

SIR: I read with interest Paykel's Maudsley Lecture reviewing the relevance of research on the treatment of depression for clinical practice (*Journal*, December 1989, **155**, 754–763), but was surprised that he neglected completely three aspects of well recognised treatments for depressive illness: lithium carbonate as a prophylactic (Abou-Saleh & Coppen, 1983); lithium carbonate augmentation of antidepressant drugs in resistant cases (Heninger *et al*, 1983; de Montigny *et al*, 1983; Schrader & Levien, 1985) and psychosurgery. I hope Professor Paykel will at some stage address this point.

A. K. AL-SHEIKHLI

Kufa School of Medicine
Kufa, Najaf
PO Box 18, Iraq

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