

12. What do you consider to be the most significant contribution you have made in the past five years to:

(a) Volunteerism in your community (100 words or less):

In response to my own sense of helplessness and estrangement growing out of the recent Los Angeles riots, I initiated a project with an African-American church in Orange County to dialogue about and ultimately conduct a joint black-Jewish Passover seder at the reform synagogue where I have been an active member for the past 10 years. This coming together represents an effort on a local level to heal rifts between two historical, political, social, and spiritual allies who have fallen into mutual antagonism and suspicion. In 1990, I was also co-founder of a women's group at my synagogue that continues to meet monthly to discuss issues relevant to spirituality and ethical living. Through readings and sharing, this group functions as a source of sustenance and support for each member's spiritual journey. Upon my return from the former Soviet Union in 1989, I wrote a monthly column for my temple newsletter, "Faces of Soviet Jews." (1990-91). In addition, I reported on my experiences to local Jewish organizations.

(b) Your professional field, organization, or company (100 words or less):

My primary professional contributions fall into two categories: 1) I consider myself to be a pioneer in terms of the integration of clinical psychology and academic family medicine; ie, helping to develop a multidisciplinary approach which encourages a humanistic perspective in medical education. I am one of very few tenured non-physician faculty in my field, and belong to the original generation of "health psychologists." Both my published writings and professional presentations have identified and explored theoretical and pragmatic issues relevant to the role of psychology in medicine. In addition, through teaching and tutorials with medical students and residents over the past 14 years, I have been able to promote an appreciation and understanding of the value of psychological, sociological, and anthropological viewpoints in achieving optimal patient care.

2) More recently, I believe my research has advanced the understanding of family coping processes, particularly as they operate in families faced with a serious illness or medical condition in one of their children. I believe this is a topic of particular importance because it can provide insight into that most basic of questions: how are individuals facing enormous physical and psychological stressors able to respond with courage and hope, and find meaning in the circumstances of their lives? I bring a somewhat unique perspective to this issue, combining a strong clinical involvement (through consultation and private practice) with a solid research orientation, reflected in over 50 refereed publications and a similar number of paper presentations at national meetings of professional associations relevant to my chosen field.

13. What are your current interests in:

(a) Volunteerism in community service (100 words or less):

I am interested in becoming more involved in local schools, particularly in English as a Second Language programs. I am a strong advocate of public education, and would like to more directly support a system that is burdened by inadequate funding, overcrowding, and the tensions that can arise from attempting to serve a culturally diverse population without sufficient forethought. Since I have always loved literature, and have some writing skill, I would like to work with students on writing assignments where they are learning to frame, articulate and cogently express ideas about and reactions to classic and contemporary fiction. I would also like to become involved in helping to implement the new community service requirement at our local high school, by developing a program whereby high school students could provide volunteer services at an indigent medical clinic in the Santa Ana barrio. This project has the potential to bring together young people of my community with individuals of different ethnic and socioeconomic backgrounds in a setting where much learning could occur on both sides. Finally, I would like to continue current projects that promote exchange and dialogue between individuals of different religious and ethnic backgrounds and expand on these as well. For example, if our Passover seder is a success, we have discussed organizing a communal Thanksgiving service the following year.

(b) Professional activity (100 words or less):

My overall professional goal is to participate in a just and equitable adaptation of the current health care system to an increasingly diversified cultural and ethnic population. This can be accomplished in several ways: One is to continue my current research cycle, which involves studies of both Anglo and Latino families with disabled children; as well as studies of ethnic caregivers of the disabled elderly. This research focuses on how culture mediates coping processes, and what we can learn from families from different cultural backgrounds in terms of effective service delivery. In terms of resident education, I intend to continue to experiment with innovative approaches and techniques to promote sensitivity and understanding between physicians and patients, particularly when this relationship is affected by cultural differences. I also am interested in maintaining my current involvement with policy-making activities (committee memberships and chair positions) within my University, as well as pursuing even more influential administrative positions, which would provide me opportunities to successfully affect the direction and priorities of medical education and health care practices. Finally, I have a commitment to improving conditions and increasing opportunities for women faculty at the UCI College of Medicine, through attention to such issues as equitable hiring, retention, and promotion policies.

14. What are your professional goals in the next ten years? (300 words or less)

In the next ten years, I hope to have developed a more sophisticated understanding of my area of research expertise, ie., family coping, and how the various patterns of coping are influenced by cultural variation. In particular, I am interested in moving beyond descriptive studies to intervention projects that aim at the development of model, community-based programs designed to provide cost-effective services to help caregivers successfully cope with disabilities and life-threatening medical conditions in their family members. I am especially interested in understanding better how we can work with the concept of culture while avoiding limiting stereotypes.

I would also like to explore more fully how physician training can be modified to reflect humanistic values and attitudes towards patients. As economic constraints on the one hand and futuristic technologies on the other increasingly determine the parameters of medical care, relational and deontologic aspects of patient care have become threatened. To secure an appropriate place for compassion and caring in the preparation of physicians of the future, I would like to be able to exert an influence both at the medical student and resident levels of training.

An additional goal over the next ten year period is to assume more of a leadership role within the University of California system. I am interested in moving into leadership positions whereby I might have greater ability to influence educational and patient care policies. In this respect, I would like to become more of a spokesperson for certain approaches to physician training (i.e., biopsychosocial, problem-based approaches), as well as an advocate and mentor for junior women faculty. In very different ways, both patients as receivers of services and women faculty as deliverers of services remain disenfranchised groups.

As I look to the future, my largest aspiration is to help identify for the generations coming behind mine the potential of a humanistic and value-oriented leadership in an environment still dominated by utilitarian priorities. Of great importance to me is the challenge of holding out hope that our current system of healthcare can respond in an equitable and compassionate way to the needs of our citizenry. Of equal importance is the necessity of creating an academic system that allows different voices (of gender, age, and ethnicity) to contribute to the ongoing healthcare debate.

15. What are your personal goals in the next ten years? (300 words or less)

My personal goals in the next phase of my life involve deepening my spiritual base and broadening my understanding of my own religious heritage; and exploring what implications these have for my daily life. Of great personal importance to me is the Jewish concept of tikkun olam, or repairing the world. Our great sages have ruled, "It is not your duty to complete the work, but neither are you free to desist from it." I would like to continue to discover what my "piece" of the puzzle is: how I can learn to best contribute to the repair of our shattered world; and to accept my limitations in making these efforts of "repair." This task requires a careful balance between self-confidence and humility. On the one hand, I would like to remember my smallness and lack of importance in the vastness of the world ("I am but dust and ashes"). On the other hand, in moments of discouragement and confusion, I need to be able to affirm that "For my sake, the world was created." Finding this balance is an ongoing challenge.

In the next 10 years, I hope to develop the personal wisdom and grace to function as a "healer" in all levels of life, from the professional to the personal, not in the Aristotelian sense of an unmoved mover, but rather as the most "moved" (ie., compassionate) of movers. I would like to be able to exert a truly therapeutic influence in any kind of relationship or interaction so that there would be a sense of harmony and purposiveness in all spheres of my life.

In order to achieve this empathic presence, I must be willing to cultivate authenticity and transparency in my own life. I must be able to pursue introspection, self-reflection and honesty. I believe it is through increasing self-knowledge and understanding that one can develop the empathy necessary to be a truly healing presence in the world.

As my life progresses, I have the luxury of worrying less and less about material rewards and success. I have been fortunate in having been able to accomplish many of these external goals and to appreciate them for what they are. What interests me in the future are the possibilities for service, for giving back something to a world which has been very generous toward me.

Finally, I hope to continue to cultivate and be enriched by my marriage of 22 years, and to raise our children in a tradition of intellectual inquiry combined with compassion for their fellow human beings. I look forward to a growing intimacy with my husband, who continues to be my most trusted companion and friend. I also anticipate navigating a shift in our family life, as our children move into early adulthood, from caretaker to friend, from decision-maker to guide.

16. What does leadership mean to you and why are you seeking acceptance into this particular leadership development program? (500 words or less)

My views of leadership have changed greatly, and are still in a state of flux. I know leadership no longer means what it once did to me - hierarchical, authoritative (often authoritarian), a commanding person telling less commanding people what to do. I am struggling to identify a complementary, or alternative model of leadership, also strong, also visionary, but more relational, more mutual, more caring.

This kind of leader might emphasize consensus building, inspiring others, and working together effectively to accomplish change that will improve the lot of others. In this model, one of the leader's primary tasks would be to promote a sense of teamwork, so that everyone involved in the effort can learn to use individual differences as an opportunity to cultivate tolerance, respect, and conviction in favor of a larger and shared objective. This kind of leader would communicate to the workgroup that everyone participating in a project has an indispensable role to fulfill. This means honoring others' ideas and abilities, rather than preoccupation with one's own contributions. Paradoxically, a leader who spends too much energy figuring out how to enhance his or her personal leadership may end up not being very successful.

This leader would not be afraid to guide through nurturance and compassion. Creating a sense of cohesion in a team, uniting individuals of disparate abilities and needs to make common cause can be accomplished much more effectively through extending an unconditional positive regard for all members of the group. This type of leader must be willing to risk trusting others, even when that trust is sometimes disappointed. I have seen people lead through fear and intimidation, and this approach does get results. However, it is a difficult model to sustain, and depends on an inexhaustible supply of people to plug into positions abandoned by those too damaged by this approach to continue. However, it is also true that limit-setting, consequences, and fearlessness are necessary in leadership. In this regard, even an alternative leader must not be dependent on achieving popularity, but should rather strive to sustain respect in the face of disagreement and conflict.

Perhaps a good leader might be something like a midwife, who assists in the process of giving birth, but does not claim the child as her own. According to this criterion, we might be able to say that a good leader would bring an aura of generativity, competence, and a sense of safety to the work environment. This kind of leader would not necessarily have to be more brilliant than those being guided, although he or she would be characterized by a definable set of skills and abilities. What would be indispensable for this type of leader would be unusual perseverance and determination to propel a project or an idea past seemingly insurmountable barriers and obstacles.

Perhaps being a leader shares something in common with being a parent as well. As a mother, I have learned that leadership in the family must have both a pragmatic and a visionary side. A good

parent must have a handle on the intangibles, must be able to create hope in demoralized or desperate situations. But a parent must also have the sense to know what can realistically be accomplished, and when it is necessary to be flexible and change course. An effective parent learns when not to do anything, when to allow the creativity of the family to take over, when to let go as well as when to push, when to yield as well as when to initiate.

In this model, leadership would require a large generative component, through modeling, hands-on involvement, and personal disclosure preparing the next generation of aspiring leaders. This generativity is not always easy to accomplish, as it implies letting go of one's attachment to the mystique of leadership, of being willing to relinquish power at appropriate times. A leader in this mode would have to be willing to demystify previously incomprehensible processes and procedures for the rest of the team, be willing to share the challenges and responsibility of leadership itself.

In my own efforts to supply leadership, I've had to guard against confusing controlling with leading; and learning to trust that often a solution lies within a group, although no one, including myself, can see it yet. The leadership comes not so much from providing answers, as from supplying hope and trust.

Failure, lack of knowledge, and making mistakes should hold no terror for this alternative leader. Instead, a leader operating in this mode would have learned how to incorporate these inevitable aspects of any impulse toward change and growth, and how to transform them into opportunities for learning and deepening understanding. Having the ability to travel paths that lead nowhere, as well as the major thoroughfares, with equal patience and curiosity can help reduce some of the anxiety of the journey for other members of the group. In the face of failure, the leader is not responsible for solution so much as for demonstrating how to confront failure courageously and honestly. In this way, the group learns how to integrate failure into their own experience.

17. Growing up as the eldest of 3 children, with an often sickly mother, I learned quickly to be a mediator, conciliator, and sometimes authoritative figure to my younger brother and sister. As a child, my father wanted me to be a judge, because he felt I was fair-minded, reasonable, intellectually acute, and could maintain a compassionate perspective no matter what the outcome. I have always been interested in "what is right," and, growing up in the era of the civil rights movement and Vietnam, had plentiful opportunities at an early age to explore the often agonizing choices implied by that commitment. Now, tempered somewhat by the passage of time, I still find myself preoccupied with the question of living purposively, with trying to understand and express through my behavior "the leading of a good life." At the same time, while I have strong beliefs, I believe I bring a balanced approach to issues: I am a pragmatist as well as an idealist.

Basically, I believe in the responsibility of one human being to another, the importance of commitment to life, and the value of self-awareness and understanding. I value the personal, the individual, the idiosyncratic. I value complexity, ambiguity, and uncertainty. I value caring, compassion, and risk-taking. I value the process of human being connecting fully and completely, one-to-one, group to group, or nation to nation. I value the potential for all these things and more in the human animal, and therefore I believe strongly in educational and political processes which will allow humankind to survive and flourish. I especially value children - "imperfect" children, "gifted" children, average children, neglected and abused children - because within all of them are the seeds for developing the dreams the adult world will never completely fulfill. I believe I am also a hopeful person, not in the sense of being insensitively optimistic, but in the sense of being confident in the value of moral striving. I hope I am also a humorous person, appreciating the ironies of life, and happy not to take myself or others too seriously.

As a personal philosophy, I have tried to adopt the concept of "cultivate your garden," which I first discovered studying Zen Buddhism in Japan 22 years ago. This stricture suggests that, no matter where you find yourself in life, you have a task at hand. It may be an impressive, societally important task; it may be a trivial, routine task; it may excite you and challenge you; it may bore you or disturb you; but regardless of these specifics, one's obligation is to accomplish that task to the best of one's ability. This ancient Eastern wisdom contains the lesson that the process of how we do things is as important as what we accomplish. Thus, while I care deeply about the success of endeavors which I undertake, I also am attentive to how I go about accomplishing these goals. I have learned that this attention to process often produces many unintended but rewarding spin-offs.

At this point in my life, having considerable skills and training in terms of being an effective people-helper on an individual and family level, I would like the opportunity to contribute this perspective on a broader social level. I feel I am well-positioned in the University of California to be influential in terms of promoting my own ideas and values. As academic vice-chair of my department, I am regularly called on to participate and provide direction in decision making situations, both within my department and within the university. As Director of one of the more well-established behavioral science programs in Family Medicine, I believe I have developed considerable expertise regarding multidisciplinary training in family medicine which has been recognized both within my university and at a national level. As a tenured professor, I bring a certain authority to various professional contexts involving family medicine. Thus, from several professional perspectives, I feel I am already able to command attention and exert influence. The Kellogg fellowship would enable me to further enhance and effectively utilize these opportunities.

18. LEARNING PLAN

SUMMARY: The learning plan I propose is intended to help me, as a woman, find a way back to the unique feminine "voice" or "voices" women use to define themselves, to relate to others, and to influence the world. Although I have achieved a considerable measure of success in my life, I feel this has been at some personal cost. Specifically, this cost has involved often ignoring my core as a woman, and learning to "fit in" in what remains a very male world. This phenomenon has occurred both in my professional setting of a school of medicine where I am one of 6 female full professors; and personally in my religious environment as a Jewish woman. The result in both spheres has not only been some personal dissonance, but the feeling that I cannot represent women's interests and viewpoints as well as I would like in either setting because I have allowed myself to become removed from their particular stories: ie., to a great extent I lack an understanding of and comfort with the unique narrative of female lives in today's world.

This project is intended to remedy this deficit by allowing me to study and connect with three "examples" of women's voices: the first will be the burgeoning women's spirituality movement, with special emphasis on my own Jewish religion; the second will be an examination of some voices among women of color, to diversify my understanding and awareness of the expressions of female perspectives in contemporary culture; the third will be somewhat closer to home, ie., an examination of the "voices" and "experience" of women in medicine.

STATEMENT: In my professional life, I find myself with what might be termed the "appearance" of leadership. As one of 6 women full professors in the UCI College of Medicine (approximately 4% of this institution's professors at this rank in a field where less than 10% of full professors are women), I inevitably am accorded a certain amount of status, and am regarded in a somewhat unique light. Yet this apparent visibility often exists in the presence of significant marginalization. Because I belong to a very small minority of women, I repeatedly feel the deviance and uniqueness of my situation. Thus, despite achieving a significant success in my profession by objective standards, I have had to experience a high level of peripherality.

This simultaneous marginalization and prominence exists on a personal level as well. Despite being an active member of my synagogue and an observant Jew, I find myself to be a participant in an essentially patriarchal religion whose language and forms have traditionally placed women in subordinate, second class positions. After dedicating a decade to involvement with a faith community, I should feel a secure sense of belonging. Instead, I often feel I am living on the edge instead of at the core.

As a doctoral student in the 70s, in the full flower of the

women's movement, I took a special emphasis in the Psychology of Women. However, since that time, both in terms of my religious and my professional identities, I have ignored my gender in all but the most tangential ways. I pursued both my personal and professional goals with intention and focus, learning to speak and act in the "male" mode because that was the language and behavior of success. I joined a Reform congregation with liberal attitudes toward women, so that the need for a "feminine perspective" was less apparent and I could more easily overlook its absence; my research interests stretched from women to encompass family as a whole, an emphasis much more compatible with my home department of family medicine and one protecting me as a "good" woman, ie., interested in family rather than in women per se.

What has become increasingly apparent to me over the last year or two is that to some extent my woman's voice has become submerged over the passage of time. In my quest for universal personhood, I have suppressed or ignored my feminine particularity. My personal narrative has acquired an "official" version, in which the chapters dealing with the pain and confusion of my experiences as a woman in the last 15 years have been lost. This has been brought home to me through casual conversations with women in my synagogue, which ultimately led to the forming of a women's spirituality group; and through the plight of women at my university who, by virtue of my rank and position, began seeking my help to remedy perceived injustices and inequities. In both cases I responded to the best of my ability, but felt strangely inadequate. Like a rusty wheel turning, in part I resented being recalled to this feminine particular. When women in my religious community approached me, part of me hesitated: Let's include husbands and children, let's not be "exclusive." Women joining together unadulterated by spouses and dependents may appear too threatening. When my professional colleagues raised their voices in anguish, a hard part of me thought, "I made it; why can't they?"

This hardness, this lack of compassion, ultimately did not determine my responses in either situation. However, it warned me that along the way some piece of myself had been put in jeopardy. Having become so caught up in roles of professional, religiously committed person, wife and mother, I had lost sight of my essential, archetypal womanhood.

Regardless of whatever power or status I have achieved in both my religious and my professional lives, I have the dubious status of often being the outsider looking in. In denying the reality of this position, I have also denied some aspect of myself. The project I propose to the Kellogg Foundation involves reclaiming and perhaps redefining the "essential nature" of womanhood as it relates to my life.

SPECIFIC ACTIVITIES. Over the three year period, the task of identifying and understanding the "different voices" of women would be a unifying theme. However, each year would have a different emphasis. Year One would be devoted to the women's spirituality movement, with special attention to Jewish feminism. Activities for this year would include a comprehensive reading list, as well as attending services and workshops incorporating a specifically feminine dimension. The focus for this year would be seeking out

and developing an understanding of the archetypal female Goddess, both within and across faith communities.

Year Two would shift the focus to learning more about the voices of women of color. The feminist movement has rightly been criticised as an elitist, white movement. As a woman, I understand that we do not all speak in one voice. If "women" are to move from the margin to the center, the richness and diversity of their different voices must be respected. In my work, most of my patients are Hispanic and Latina women, often from very poor and inadequately educated backgrounds. What can I learn from their understanding of the world? How can they become my teachers? Through my interactions with the African-American church in Orange County, I have developed a growing sensitivity to some of the issues of black women. As a Jew, the current tensions between my community and the African-American community are a source of particular distress. Reclaiming my voice involves being able to listen to other voices as well. This component of the quest would involve appropriate reading (Alice Walker, Maya Angelou, Amy Tan come to mind) in literature and in psychology/sociology, with the goal of cultivating a greater sensitivity to these female voices; as well as participation in multiethnic dialogue groups. If possible, during this time I would like to improve my knowledge of Spanish in order to open up an avenue of more direct communication with Hispanic women.

For my third year, I would like to return closer to my professional base and examine issues relevant to women in medicine. This would involve a review of existing literature. In addition, I would like to interface with the Association of American Medical Colleges Women in Medicine office. Finally, I would like to attend the annual Women in Medicine development conference held in Santa Fe, New Mexico. This year would also involve networking with prominent women in academic medicine to learn how they address issues and function within their respective systems.

INTERDISCIPLINARY APPROACH. What is exciting about this project is the necessity for drawing on many fields simultaneously. The burgeoning women's spirituality movement seems pertinent in helping me to reconcile my religious dilemmas, as well as specific writings by Jewish feminist authors. Literature, for which I have had a long but unrequited love, seems a natural vehicle for identifying the "different voices" women use. The psychology of women, which I have not studied for fifteen years, would have much to offer me. In addition, because of my interest in expanding my understanding of women of color, sociological and anthropological cross-cultural analyses would have great relevance.

POLICY IMPLICATIONS. Clearly this quest (as it is perhaps more a quest, a discovery process than a project) originated as a very personal inquiry. However, I am convinced that it has important policy implications as well. The foremost expression of women's rights to date has been through issues such as access to previously closed careers, and the concept of choice and personal control over one's life. However, equal representation in the corridors of power is merely a first step. What is far more challenging to existing systemic structures is not only how women can achieve positions of power and influence, but the extent to

which they will express their vision of change and growth in "a different voice," and the extent to which that voice will be heard. Now that we have moved beyond models of androgyny and are willing to acknowledge differences in perception and behavior between men and women, we must ask, How will these differences play out in the shaping of our future society? One potential example in this political Year of the Woman is voters' belief that congressional representation by women will somehow look and feel different and have different (and perhaps better) results than representation by men. In my own sphere of medical education, I am well aware that simply introducing a woman into a powerful position is insufficient guarantee that her influence can be successfully exercised. Thus, a system seeking to be responsive to a "different voice" must be prepared to tolerate, even embrace, differences in perspective, point of view, and process.

RELATION TO PERSONAL AND PROFESSIONAL GOALS. I believe pursuit of this project would complement both personal and professional goals. An exploration such as the one I am considering would result in increased authenticity and self-knowledge, a transparency of being that would in and of itself be uplifting. In terms of my religious identity, I believe such a quest would yield greater spiritual tranquility and ultimate reconciliation with my religion of birth. In terms of my professional goals, I think that what I would learn on this journey would enhance my work with patients, most of whom are women; would give me the courage to take more risks in the ways I approach medical student and resident teaching, by allowing my intuitive, relational voice to emerge; would provide me with additional liaison skills in terms of networking with other women professionals; and would make me a clearer, more focused advocate for women staff and faculty.