
2.1 Dr. Judith M. Ford



Dr. Judith M. Ford is a Professor of Psychiatry and Co-director of the Brain Imaging and EEG Laboratory at the University of California, San Francisco, USA. She is at the forefront of efforts to bridge the gap between neuroscience and

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psychiatry. Her research focuses on integrating data across imaging modalities and EEG to characterize the neural correlates of symptom expression in psychosis. Dr. Ford is committed to promoting mentoring in her field and in particular to fostering the next generation of translational psychiatrists through her role as Director of the VA Schizophrenia Research Fellowship Program.

2.2 What Was Your Earliest Ambition?

I had a series of early ambitions. As a tall 4 year old, I dreamed of being the tall lady in the circus. Several years later, I dreamed of being a movie star—not an actress—just a star. In high school, I was the first girl ever to run for student council president and dismissed questions of whether it was “against the rules” for a girl to run. I failed at all three dreams. When I got to college, there were not many women role models on the faculty, and instead of dreaming of being a college professor, I dreamed of marrying one. I succeeded at that, but only after I became a professor myself.

2.3 What Attracted You to Psychiatry?

During my first (and only) year in the PhD program in cognitive psychology at UC Berkeley in 1970, I studied human memory. Historical scholars may remember that UC Berkeley closed its doors in the spring of 1970 following the invasion of Cambodia. This was a time of great political and social upheaval and, for many, a time of personal introspection. I decided to “take a break” from memory research to find a socially responsible job. My quest led me to the laboratory of Dr. Bert Kopell of the Department of Psychiatry at Stanford Medical School, located at the VA hospital. Dr. Kopell was studying schizophrenia, using methods at the “interface of psychology and physiology.” Not only did the prospect of learning about psychiatric illnesses seem ecologically valid, but I was also intrigued by the possibility of learning how to record evoked potentials—a “window on the brain.” Although I was surrounded by veterans with schizophrenia, initially I was not particularly interested in their symptoms or illness and focused instead on basic human neuroscience. A product of the sixties, I believed schizophrenia was a “choice,” not a brain disease, and wondered why my colleagues were wasting their time. In spite of my biases, in the mid-1980s, I worked on a schizophrenia brain imaging project with Dolf Pfefferbaum and quickly realized what others already knew: People with schizophrenia have a serious brain disease, manifested in abnormalities in brain function and structure. I came to appreciate the power of clinical neuroscience research in promoting our understanding of the mechanisms of psychopathology and giving patients and families a biological explanation for the symptoms of the illness.

2.4 What Do You Enjoy Most in Your Job Now?

I enjoy interacting with patients in our studies and listening to them talk about their lives and experiences. This is personally rewarding, and it also informs my efforts to understand the neural mechanisms responsible for the hallucinations and delusions they describe. I enjoy interacting with my colleagues locally, nationally, and internationally. This happens in the course of running a laboratory full of young scholars, in serving on and chairing committees and in presenting research data at conferences around the world.

2.5 Who Do You Consider Your Mentor(s) During Your Career?

I was an “early adopter” of the EEG-based evoked potential method. Its utility in human neuroscience led me to pursue a PhD in Neuroscience at Stanford. Although there was local expertise, there was only one other neuroscience student interested in human neuroscience, making it a lonely enterprise. Steve Hillyard, at UC San Diego, was an even *earlier* adopter of the method, and I was lucky enough to spend a summer in San Diego working closely with him and all the other graduate students in his laboratory. It was a rich educational experience that I could not have had at Stanford. Steve agreed to remotely guide my PhD dissertation on human attention and evoked potentials. After getting my PhD, I continued to work closely with Tom Roth and Dolf Pfefferbaum, psychiatrists and human electrophysiologists at Stanford. They were important scientific and career mentors and worked hard to get me appointed to the psychiatry faculty at a time when PhDs were not exactly welcomed.

2.6 What Was Your Best Career Move?

The best move I ever made was my move to Yale. The Yale Psychiatry Department valued PhDs and welcomed me. About a month after I arrived, I got a call from the chair’s office inviting me to the “tenured faculty” meeting. I gasped, “I have tenure?” Tenure was something I had never dreamed of having nor thought to ask about.

2.7 What Were The Key Obstacles You Had to Overcome?

Before moving to Yale, where the culture welcomed PhDs, the biggest obstacle I faced was being a PhD in a department full of MDs. PhDs could not get a faculty appointment without grant support and could not get grant support without a faculty appointment—an impossible situation. To work around this and stay in the research

game, I had to find colleagues willing to serve as principle investigator on grant applications I wrote. I did this for decades, until the culture softened and I joined the faculty. However, even after I was on the faculty and had risen to the rank of full professor, I continued to face obstacles in the workplace. One Sunday afternoon before a Monday morning MRI scan of a research participant, an MD in my department questioned whether I was qualified to do MR scanning because I was not an MD. He tried hard to shut me down. My department chair came to my rescue in the nick of time, and I scanned early Monday morning.

2.8 What Kept You Going During Difficult Times?

Occasionally, over my long career, I have wondered whether it is all worth it—feelings of inadequacy fueled by negative reviews of papers, difficulty balancing work and family, and internecine warfare in the department. At those times when I got close to quitting, I realized I would miss all the friends and colleagues I had gotten to know over the years. Although I only saw them once or twice a year, I had developed strong attachments to them, because we had “grown up together” in the field. If I quit, I’d never see them again.

2.9 What Role (Positive and/or Negative) Did Being a Woman Play in Your Career?

As an older woman, I recently realized that I am “invisible.” My equally old friends from high school agree—it does not matter what we do, what we wear, what we say—we go unnoticed. We are all OK with it, and it is strangely liberating. However, in thinking about when this “invisibility” started, I realize that even young women are often unheard, or if heard, they are not given credit for what they have contributed. The universality of this was apparent when I saw a New Yorker cartoon, depicting a board meeting with the chairman saying, “That’s an excellent suggestion, Miss Triggs. Perhaps one of the men here would like to make it.”

2.10 How Did You Deal with the Issue of Work–Family Balance?

I balanced work and family by working part-time and raising my daughters full-time—a 150 % FTE. I worked part-time for 22 years, from the birth of my older daughter until my younger daughter left for college. I worked whenever they were occupied with friends, lessons, sports, music, school, or asleep. When they were little, struggles at work could not bring me down because of their pervasive

positive energy and my love for them. When they were in high school, I learned that I was a role model for them. Although it was terrifying to have such an elevated position in their lives, it made me glad that I had never given up my career, even when the work–family balance seemed impossible. Going forward, if I ever thought of throwing in the towel, I could not because I did not want to let them down.

2.11 What Would You Do Differently if You Were to Start Your Career Now?

Two words: day care.

2.12 What Advice Would You Give to a Young Woman Starting her Career Now?

Young women are always advised on how to successfully negotiate with their department chair, but I think it is just as important for women to figure out how to negotiate with their husbands for a fair distribution of household and family responsibilities. Of course, the biological realities of childbirth and infant care can derail the best-negotiated balance between work and family; it will need to be renegotiated as soon as it is emotionally and biologically possible.

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