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Interviews of the Margaret MacVicar Memorial AMITA Oral History Project

Miriam Dushman Mazor– Class of 1964

(interviewed by Tatiana Mamaliga)

December 1, 2012

Dr. Miriam Dushman Mazor: MIT Class of 1964

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Introduction: My name is Tatiana Mamaliga, and I am a senior at MIT. I am working on the Women's Oral History Project, and today I am interviewing Dr. Miriam Dushman Mazor, who attended MIT as a graduate student and received an M.S. degree in 1964, in Molecular Biology. Her adviser was Dr. Salvador Luria, who subsequently won a Nobel Prize for his work in the field.

MAMALIGA: Could you please tell me about your childhood, where were you born and where did you get your motivation to come to MIT?

MAZOR: I was born in New York City. My parents were born in New York as well, and their parents were of Eastern European Jewish origin. My father taught chemistry, physics, and history of science at The Bronx High School of Science, so I've always been interested in science. My mother taught at an elementary school. I wasn't sure what I wanted to do when I grew up. I had a cousin who was very close in age to me, and she was the one who was always going to be a doctor, but she decided against that. She was a student at MIT, too, for a while, in the political science department. It's hard to explain. I went for one year to medical school after college. I went to Barnard College, the

women's college of Columbia University, as an undergraduate. Columbia College was not co-ed at that time. I then went to Columbia's College of Physicians and Surgeons, and in those days kids from New York finished high school very young, and I just didn't know what I wanted to do except that I wanted to leave home. I graduated from college when I had just turned 19. In those days the National Science Foundation was very generous and well endowed. To make a long story short, I ended up at MIT, in the molecular biology department. After a few years there I realized that I really wanted to do more work with people and do clinical medicine. So, I transferred to Harvard Medical School. They didn't have the MD/PhD program they have now. I was in the regular program. I transferred into the second year at Harvard Medical School and ended up in wanting to go into psychiatry. It was an exciting, developing field at that time, and many of the brightest students in my class (Harvard Medical School Class of '67) were attracted to it. I now practice adult, adolescent, and child psychiatry. In general, I am pleased with the choices that I made. My experience at MIT was very helpful to me in terms of understanding some of the kinds of problems facing people who went there. This helped me in my work with the college population and young adults the in general. For several years I worked at a student health service at the University of Rhode Island. That was a very interesting experience.

MAMALIGA: Was that right after MIT?

MAZOR: No. It was after I completed medical school, one year of a medical internship, two years of general psychiatry residency and two years of child and adolescent psychiatry residency. I've always had a half-time private practice and a half-time job either in a community mental health center, or the one I had at University of Rhode Island. For a few years I worked at a residential program for children and adolescents. Most of those kids were in the custody of the Division of Children and Families, then known as the Division of Social Services. They were seriously disturbed youngsters, from very disrupted and dysfunctional families. Many of them had been seriously abused or neglected. They were very different from the college population that I had worked with before. I really enjoyed the diversity of what I did. People would ask me, "Well, how do you find working with such very different kinds of kids?" and I'd say, "I love it!"

MAMALIGA: Before MIT, did you feel encouraged to pursue college?

MAZOR: The expectation was that I would go to college. My secret ambition was to be a writer, but my family placed a great deal of emphasis on my being able to get a job to support myself. The nice thing about Barnard College was that you could take as many courses as you wanted in the humanities as long as you took your major courses. I had a very good liberal arts background, which is again, important in my field as a psychiatrist.

MAMALIGA: Where is the college located?

MAZOR: In New York City, on Morningside Heights. Barnard College is the women's college for Columbia. In those days they were separate, like Harvard and Radcliffe. Barnard still exists as a separate institution but is part of Columbia University. It's like Wellesley, one of the few women's colleges which have not become coeducational. There used to be "the seven sister colleges" - the Ivy League colleges for women. Many originated as "sister schools" for the men's Ivy League institutions (e.g. Harvard and Radcliffe, Columbia and Barnard, Brown and Pembroke). Some were "free-standing" elite women's colleges (e.g. Wellesley, Vassar, Smith). Women's higher education in the United States has its own interesting history, but I am no expert in that area. I think that MIT had some loose affiliation with Wellesley College at some point, allowing for cross-registration for courses, but I am not sure about that.

MAMALIGA: Is there a reason that you went to a women's college?

MAZOR: Well, no. My parents told me that I was going to go to college in New York or in New York. It was either going to be Barnard College, which is private, or one of the city colleges, like Hunter College or City College. I went to Barnard mostly for economic reasons (I had a state scholarship, and like many of my cohort, commuted to school on the subway). I was fifteen years old and a pseudo-sophisticated wise-guy. I didn't know what I was doing. In New

York you could be accelerated in a special progress (SP) class in junior high school and do 7th, 8th and 9th grades in 2 years.

A lot of my friends were also very oriented towards the professions, mostly it in the sciences or in academics. Many were less interested in becoming lawyers in those days, and very few went in business or anything financial, at least not right after graduation.

MAMALIGA: Do you mean the women or men?

MAZOR: The women. I think more women from Barnard went to medical school than men from Columbia went to medical school.

MAMALIGA: So were there more women doctors than men doctors?

MAZOR: From that particular school. In general, 10% of medical students were women, and Harvard Medical School was one of the latest schools to accept women. They only started to take women after WWII. Then they were only admitting women in numbers representing 10% of the class. For many years there had been some women's medical schools, such as Hahnemann College in Pennsylvania, but nevertheless there were few women medical students or physicians. In fact, a major complaint was that women "took up room" in medical school and then did not practice after graduation. Not like today -

today's Harvard class is more than 50% women. I don't know what the figures are at MIT - there were very few women at MIT when I went there. There were those who were very interested in the sciences and then there was this very small collection of wealthy women whose fathers owned companies and they didn't have brothers who were capable of taking over the company for whatever reason, so they were the designated "son" to take over the company. My first roommate at MIT was somebody was referred to as "Rich Judy." Rich Judy used to take me on these shopping trips - she bought stuff, I didn't - to these very expensive stores like Bergdorf Goodman and Bonwit Tellers. It was a whole different world. She had a brother whose hobby was gliding. He couldn't inherit the family's company because he liked to be a play-boy. The family had decided that she would get the company and he would be the play-boy, and she would support him. She spent money like there was no tomorrow. Once, on a dare I told her I could go into Bonwit Teller and spend less than \$5. She said, "You can't do that." I replied, "Oh, yes, I can," and I did; I bought a lipstick. One lipstick. The women who went to MIT were an unusual group of women. Some were really very interested in the scientific field that they had chosen. Others were there to please their fathers. Or for a combination of reasons. And they were different from the population of women and men in medical school, many of whom were first generation Americans who saw medicine as a means for social mobility. It still is. I don't know what the demographics are at MIT anymore, but you will see more young people whose parents did not go to college, or who are the first in their

family to go to graduate school. You don't see the sons and daughters of the very well-to-do. In fact, there was an article in the New Yorker I was reading yesterday. I was waiting for hours on end to see somebody who had a mammogram. Anyway, I had hours and hours to spend and they had very few magazines. So I read this whole thing about the contributors to Romney's campaign, and one of them was this guy Cooperman, who originally was going to be a dentist but dropped out and became this billionnaire instead, because he decided to become a hedge fund manager. He says that he realized how much more he made as a hedge fund manager than he would have as a dentist. His friend was a cardiac surgeon and the wife was an oncologist, and together they could barely retire because they hadn't saved enough. He was shocked that they made so little. As I said earlier, a lot depends on the time, the demographics, the social values. I have a funny perspective on things because when Chelsea Clinton was a little girl and her father first entered the White House, she told some reporters she wanted to be a pediatric cardiologist. And guess what she became - a hedge fund manager. Times have changed.

MAMALIGA: Money matters a lot.

MAZOR: Matters a lot, yes.

MAMALIGA: Going back to MIT and its women...

MAZOR: I guess MIT has undergone a lot of changes in terms of the numbers of women, where are they coming from, what their motivations are. I know there are some second and third generation MIT women whose mothers went there. How many female presidents have they had so far?

MAMALIGA: Susan Hockfield is one of them. I'm not sure.

MAZOR: They had a few. As a university, they've expanded their non-science departments, for example the political science department. The business school has become a powerhouse of its own. The whole identity of MIT has changed from when it was just a tiny, little institution in the building that became Bonwit Teller, downtown. Do you know the little brick building? That little brick building was the original building of MIT.

MAMALIGA: Then they moved over the river.

MAZOR: Yes.

MAMALIGA: In your department, in the biology department, how many women were there?

MAZOR: There were a few, and all of us dropped out of the PhD programs. My adviser was Dr Salvador Luria, who became a Nobel laureate. He had come right after

WWII. He had been, as an Italian Jew, persecuted, and he came to MIT and they offered him a very nice position. But he wasn't around very much. He was on sabbatical 90% of the time and didn't do very much to mentor his students, especially the women. He gave a little more of himself to the male students, which was interesting to me because his wife Zella was a professor of psychology at Tufts University. She was very well educated.

One of the women graduate students in my group became a lawyer; she left the program. She couldn't stand it after a while. Another went on to become a professor of biology at Emory University in Atlanta. Another had a breakdown, and I don't know what happened after that. I left to go to medical school.

MAMALIGA: So there were four or five women?

MAZOR: Four or five of us out of maybe 25 or 30 in total in the biology department. I was very fond of the professor who actually got me into Harvard Medical School. That was Boris Magasanik. Many of the students were brilliant people like David Baltimore. There was also a lot of scandal about cheating. I was young; I was very stupid. Only now do I realize why the male students were there only at night and never in the daytime. I don't know what they were doing at night, but they were fixing their results. Nobody was there to check on them.

MAMALIGA: Do you mean in biology research?

MAZOR: Yes, it was in the news. The women would come in the morning, and they did their little thing with pipettes, they counted all their little colonies, and they wrote things down in the books. If it didn't come out exactly right, then everybody would say, "that's too bad." In fact, the work I did didn't count for a PhD because I got negative results. You had to get positive results. I disproved something. At that point, I said, "This is crazy, I do not want to spend the rest of my life doing this." That was when I spoke to Prof. Magasanik about it, that I really wanted to do clinical medicine. There was a lot of cheating, fudging results; fudge factor was very important. This poor guy Tom was in the PhD program in the biology department like a slave for 14 years. I don't know how they did it. He was very sweet, straightforward, honest, wrote everything down the way it was supposed to be, and finally they gave him his doctorate, but only after they published his work and put his name last on the list. I thought they were abusive to him.

It was a very strange place. There was no women's dorm. The women lived in Bexley Hall, undergrads and graduates.

MAMALIGA: They lived together?

MAZOR: Well, there were so few. Then Ms. McCormick built McCormick hall, and before she built the McCormick hall, she had all of us to her apartment in Back Bay. She told us everything about herself and her husband who was related to the McCormick reaper. Whether he actually invented it or was the brother of the inventor, I'm not quite sure. She told us that she was from an agricultural family, and that she wanted pictures of cows in McCormick. McCormick hall has pictures of cows because Ms. McCormick wanted pictures of cows in the women's dorm.

MAMALIGA: Oh, I heard that.

MAZOR: She got pictures of cows. She gave the school some money. I don't know what went on at the upper levels of things. I just saw things from the student's point of view. I had the feeling from the outset that I was not going to go into science. I just didn't have the political savvy to negotiate positions for myself, and in those days, medicine was just much easier. They gave you a caseload; you do what you're supposed to do. You didn't get to be head of a department or anything. But if you didn't care about being head of a department, if what you really wanted to do was to treat people, then medicine was fine. You could do what you wanted to do. In that respect things have changed a lot. It was prior to managed care, prior to people telling you that you're supposed to, in psychiatry, see four patients in an hour. For some maybe it's OK if they're just there to refill a prescription. But if there are things going on in their lives

and you have to make adjustments, and you're seeing kids and you have to talk to parents and teachers to find out what's actually going on, it's really not enough.

MAMALIGA: Is that what it is now?

MAZOR: Yes, now that they have the electronic records. It's supposed to help everything, but in fact it doesn't. If you look at a psychiatric electronic record, all patients look the same. They all look the same: either suicidal ideation or no suicidal ideation, psychotic, not psychotic. The narrative is what makes a record meaningful, because then you know something about the person. I keep getting letters from agents in the managed care system. A lot of the patients I see at the clinic are on Medicaid. I keep getting letters about this one woman who's on 20 different meds. She's been on it for years. She's in her 60s. She's physically healthy, and they keep writing to me: did I know that she's on all of these medications and that terrible things can happen? Every time I talk to her about cutting back on some medications I say, "You have probably developed tolerance, and it is not doing anything." She just doesn't want to stop. She refuses, "Oh, no, I can't stop that, I need it. I have to have it." I'm slowly getting her to taper off of things, but I can't suddenly and abruptly stop her. Once a month I get a letter from managed care agents to review the meds that a patient is on, because it's "too many and too much." I have written to them, and I have said, "We have discussed it several times and talked to her primary

care physician,” and it’s as if I said nothing. So they’re not listening. I doubt very much that the people sending out these notices are physicians themselves. A lot of the prescribers are nurse practitioners and medical assistants.

MAMALIGA: So the medical field has changed a lot.

MAZOR: Yes, enormously. As I’m sure everything has changed. I have several patients referred to me from MIT because I have been there, so I know something about the culture of the place. What I was hearing about is how hard it was to get anywhere on the tenure track, unless you knew somebody, unless you spent a lot of your time and energy lobbying for yourself rather than doing the work in your field. As time went on through the ‘80s into the ‘90s it became more and more difficult, more and more political. On the other hand I was just seeing people who were having a hard time. I’m sure there are people who did not have a hard time, who just went right through and had an easier time. I was always struck by the fact that the Alumni magazines, of which I get many, from MIT, Harvard, Barnard and Columbia, tend to show the success stories only. Something like this blog, “Meltdown” by Lydia K., is very rare to see. For a while, MIT had the highest suicide rate in the country for students. I think it’s been overtaken by some other school.

MAMALIGA: Yes, last year was pretty tough as well. So you've been to three different places: Columbia, MIT and Harvard.

MAZOR: They have different cultures, and within each, the departments have different cultures. Some are more straightforward. In some of the engineering departments at MIT, there were people there who never left the building. Never. They ate food out of the vending machines; they showered there; they lived there. I think MIT has a club for parents with autistic children, and now they have a club for people with autism or some form of autism. There are people there who were loners, who have very specialized interests. At the same time, they have the people who are very political and are looking out for their own career interests. Again, I can't address what is going on currently, because I honestly don't know.

MAMALIGA: As a student, did you know of any kinds of support systems that were at MIT?

MAZOR: Those were really minimal, almost nothing. In Bexley Hall, nobody had seen one of the women students for about three days. Finally, somebody said, "Well, maybe we should get somebody to open up the room, to see whether she's there," because her bicycle was in the hall. It hadn't been moved. And she was sitting there, staring at the ceiling, for three days. It was really sad. There really was very little health support. We called the health services, and they sent somebody over to take her. There was a health service. There were

religious organizations. I, as a Jewish student, knew the rabbi, who was involved along with some of the students especially, and the troubled students. But it certainly was a place where troubles were to be kept very quiet and very private. You did your own dirty laundry. There was a lot of fuss about a tuition rise, which now seems so ridiculous because it was a very small change. All over the place students had written, "Too damn much, Too damn much, Too damn much." I think the tuition rise was from \$3000 to \$3500 a year; it was a whole different world.

There were a lot of MIT jokes, about how brilliant but socially inept the men at MIT were. There were "historical" pranks -some may be true and many legendary, such as the time some students dismantled a Volkswagen Beetle and reassembled it in another student's dorm room, or the time they got a cow onto the dome. In the fraternities, there was hazing. The "Smoots" measures on the Massachusetts Avenue Bridge was part of a fraternity initiation rite.

At the same time there was a lot of political activism, concern about the Vietnam War, concern about nuclear weapons and the Cold War.

MAMALIGA: What were the boys' attitudes towards women?

MAZOR: There was a lot of teasing, a lot of hazing, a lot of implication that girls who went to MIT weren't feminine. But that was really prominent everywhere. In

fact at one of the medical schools, a very competent female professor of pathology, was mockingly called, by some male students, “ Dr. Androgen,” because she was not very pretty. So the presumption was that she was secretly a man. A lot of sexual teasing was going on. I don’t honestly know about the rates of the incidents of things like date rape, or sexual molestation or anything. If it was there, it was not talked about, in the same way alcohol wasn’t talked about. Suicide was more public, you knew. But there was not a lot of open discussion about things that nowadays everybody talks about on campus. Nobody was gay and nobody was bullied or a bully. Everybody was very, very smart. Some people were quirker than other people, but that was it.

MAMALIGA: It’s common now, too.

MAZOR: I don’t know. Are students more open about things like that? I know at the university where I went, there was a rape crisis counseling center. Does MIT have anything like that? Somebody would report something and then go to the counseling center to discuss what happened.

MAMALIGA: No, I haven’t heard of that. But we have MIT Medical services.

MAZOR: This was part of the larger health services, but it was specifically designed to help people who had been raped. There were special groups to deal with things like alcohol and drug abuse that were under the umbrella of the health

service but were focused more on the specific problem. I don't know how active the MIT health services were or are in terms of mental health issues.

MAMALIGA: There is a department for mental health issues at MIT, but from what I heard, it's really busy, and it's hard to get appointments for it. But I haven't heard anything addressing alcohol and drug abuse specifically.

MAZOR: It was two years ago, I think, when a student died of alcohol poisoning.

MAMALIGA: MIT organized a new campaign called MIT Together, and then Chancellor Grimson organized also some groups to investigate student issues to hopefully strengthen the support.

MAZOR: I think all over the country, there is much more awareness about some of the issues facing young adults. Just because somebody is at a top tier school, doesn't mean that they don't have problems.

MAMALIGA: Everyone comes from such different backgrounds.

MAZOR: Yes, but everybody's smart, and a lot of people come and discover that they may have been the very best in their class, but when they get to a place like MIT, they are not at the top of the class anymore. For some people that's hard to deal with. Especially if they're perfectionists or that's the only thing they

know that they have. It's hard to realize, "There are other people here, who are at least as smart as I am." The years between eighteen and twenty-nine are probably a lot tougher than people realize. Adolescence is given a lot of press. A lot of people talk about how hard it is. I think it is much harder in your twenties, because as you become a young adult, it's not so clear what the next step is. One of my lab partners in medical school one day looked at me straight in the face and said, "Do you realize we're in the 22nd grade?" I said, "Everything is just one step beyond, but there comes a point where you have to make decisions and close options, open other options." And it's hard. It's not like you grow up in a village where everybody is a fisherman and so you're going to be a fisherman too, especially in America, now. I don't quite know how it is now, but in my generation, you were expected to be somehow better, know more, be more educated than your parents. I don't think it's quite that way anymore, except maybe for children of immigrants, who have to fulfill certain dreams and expectations for their parents. There was a certain backlash to the idea that every generation has to do better than the one before. To some extent this is what the hippies and "back to the land" movement was all about. But let's get real about things again. I don't know where things are at now. I really haven't had dealings with the MIT students for a while, and the young people I work with collegially, the young doctors and young social workers, tend to be more idealistic now than they were let's say ten or fifteen years ago. I think it's a good sign. They're in it because they want to help

people and make the world a better place. It's not all about making a lot of money.

MAMALIGA: That's good.

MAZOR: Well, it's good or it's not good, depending on your point of view. There was a period of time especially in communities like Brookline where a lot of well-educated parents lived, where there was a lot of competition. At first it would be how early your child could speak and then read and then what school they got into and how much money they made, and it was very competitive. It's not quite so bad anymore. I used to have parents come see me in tears because their child would never go to Harvard. They were told that by somebody over at the Children's Hospital who had seen the child. I would tell them whether it was true or not, it's perfectly possible to live a complete and fulfilling life without going there. I don't get that so much anymore. It's not that I have to be the perfect parent and raise the perfect child. It's more about survival. But again, I think that changes over time. Now, how many women are there at MIT now? What percentage, would you say?

MAMALIGA: I would say around 50%.

MAZOR: It's much more balanced.

MAMALIGA: I think now the issues revolve more around women's pay and positions, as always, they are an issue. In your career, it sounds like you like medicine a lot and are enjoying your job. What would you say was the most challenging thing about your career?

MAZOR: I would say getting used to the whole managed care idea was most challenging, the idea that people who were not physicians were busy telling you "Yes, you can see this person three more times, and then you have to justify why they have to see you the fourth time."

MAMALIGA: Was that a recent change?

MAZOR: No, that goes back 15, 20 years. If anything, I think it's kind of become a little bit more flexible now than it was. I wish I had a letter to show you. I have a letter, and I'll black out the name of the person and show you.

MAMALIGA: It sounds interesting.

MAZOR: It's very demeaning to doctors. Here's the letter. This is just lab reports. This is a patient, who is seventy-two years old, in excellent health, and I'm in touch with his primary care physician. Here's an example of us talking about treatment. "Patient medication profile for physician doctor Miriam Mazor. For questions regarding prescriptions filled under your name please contact the

dispensing pharmacy at the following number provided. At least one medication on the profile below is admitted by the pharmacy with you as prescriber. If you have any questions, please call the express script physician response line. Or you can call blah blah blah. Pharmacy claims data may not be represented.” Anyway, the date of the fill and the number of the tablets is down here.

MAMALIGA: So they’re reminding you.

MAZOR: Yes, they’re reminding me. And it’s the same patient, but different meds. I know what was happening - I was switching him over from one antidepressant to another. There was a short period of time that he was on two. I was lowering one and increasing the other. I had to explain that many times, but they kept sending these letters over and over again, saying, “Did I know that he’s on two antidepressants?” Clearly, the letters were generated by a computer. If I had a larger practice, I’d probably be getting more of them. They’re annoying. They’re annoying because underneath it all is the assumption that you don’t know what you’re doing. Occasionally, there’s some concern that the patients is getting too many meds from too many doctors, for example, the med seeking patient who wants opiates or something. That sometimes is useful to know. But sometimes it’s just like that one: the patient didn’t have another physician - it was just my prescription. Another example is that I had one patient on Fluoxetine, who was over 75,

and he was doing well. He had done well on it for years. Did I know that the patient's over 75? Sure, the answer was "Yes." But it's as if I hadn't considered. That's how it's changed. You get a lot of letters from pharmacies and from managed care companies questioning your judgment.

MAMALIGA: What do you like most about your job?

MAZOR: Well, I think I like people. I think sometimes it's nice to see somebody doing well. It's just nice to see people getting better. Another thing I like about my job is that because I'm not a full time employee at the clinic I have much more flexibility. I don't get any benefits, but I don't mind because I've always got my own insurance or gotten it through the Mass Medical society. Now I get Medicare, but it was always to be able to take time off. I had to get coverage for myself, but it was nice; it worked out well.

MAMALIGA: That is nice. Do you do all of the management yourself? Do you have an assistant?

MAZOR: My private practice is now small. So there isn't too much. Yes, I do my own billing and all that. I do have someone help me with my taxes and stuff. The clinic does their own billing. I don't have to do any billing for the clinic. That's wonderful. I love it. The bad thing about the clinic is that they call me

whenever. Even though I am only there two days a week. But that's been manageable.

MAMALIGA: Do you work at the clinic as well?

MAZOR: Oh yes, I'm there, at Riverside, Wednesday and Thursday. They will sometimes call, but they have a very good crisis team, so I don't generally have to deal with emergencies. The crisis team will decide whether to send somebody to a hospital for evaluation. Another thing that's changed is that it used to be that, when you had a patient, you followed that patient in the hospital and out of the hospital. Now you don't. Now, there are the physicians. Some of the physicians who see the patient in the hospital are very good about getting to you with information, and others are not so good. So you can lose contact. But on the whole I like it. I'm not sure I would do the same thing all over again. With medicine being the way it is now, there's a tremendous amount of pressure, especially in Psychiatry, to get patients in and out of your office in five minutes, ten minutes. Psychiatry is a field, where you have to have some flexibility. Sure, there are kids I see, who are stable, whom I have to see once a month to give refills of Ritalin or Adderall. If they're stable, they're doing fine. But I like to know how they're doing academically - do they have friends, do they do afterschool activities.

MAMALIGA: Environmental factors are important.

MAZOR: Yes, and you can't do that in ten minutes a month. Otherwise, it's a good field, and I never felt any serious conflict between my family and my work. I could always juggle them nicely.

MAMALIGA: Do you have any advice for young professionals or for rising physicians or doctors?

MAZOR: The only thing I could say is know yourself. Don't try to be somebody that you're not. If you know what's important for you, don't lose it. Do you know what I mean? Don't think that that's the only way to do things. It's more than one way to do things. Are you planning to teach or to do research?

MAMALIGA: I'm on premed track. So I was thinking of becoming a physician.

MAZOR: I would talk to people in various fields. See how they like the fields. Are the fields changing? What age group do you like working with, what demographic do you like working with? Do you like working with the public sector or with the private sector? They're very different. Do you like a mix? I like a mix. I would not be happy seeing just one particular kind of patient, but there are people who enjoy working with a particular kind of patient. I like working with kids, and I like adolescents. I don't think I would be as happy working with geriatric population, but I do have older patients that I can relate to and

like. I could never work in a nursing home. I just wouldn't enjoy it. I wouldn't like it as much. Although, I can work in a residential center for "bad kids" who throw paint-balls at you. Knowing yourself is the most important, and what matters to you. And I wish you good luck. Do you want to stay around here?

MAMALIGA: I don't know yet.

MAZOR: I wish you good luck. I just have a little story, before you go. I had a very good friend, who was very upset because his son didn't get into Harvard Medical School. I said, "Don't get crazy about it; it's not the end of the world." The son went to UMass Medical School instead, in Worcester. UMass is much less aggressively competitive, much more humane, and he is a much happier human being. He's a nice guy, the son. For him it was the right place.

MAMALIGA: That's nice. I think that's the most important thing.

MAZOR: So knowing yourself and knowing what you like and who you are is very important. And knowing what matters to you is important, in what part of the country you want to live, for it to be close to family. It matters.

MAMALIGA: Why did you choose to stay here?

MAZOR: I met my husband here, and he is a rabbi in a local synagogue, so relocating would have been very difficult for us. Brookline is a nice place to raise children. The public school systems are excellent, and I have a lot of friends here. I can go to New York to see my old friends. I have a daughter and a son. My daughter is a teacher, married, living in Brooklyn, New York. She has a five-year-old boy, and just had a baby girl right after Hurricane Sandy. The friends and neighbors in her community were extremely helpful to her and her family. I'll show you a few pictures. I'm that kind of grandmother. I feel I can see my children and grandchildren fairly frequently. My son is in California, but he's quite mobile. We're going to go there for his Christmas break. My life is a good life. I can say that. I think you can have a good life in medicine. Psychiatry is changing a lot. If I had to do it all over again, I think I'd probably be going into neurology or something like that. I think psychopharmacology has hit its heyday. It's not the magic answer everybody hoped it would be. But there are lots and lots of different areas to explore. It was nice meeting you.

MAMALIGA: Yes. Thank you so much.

MAZOR: Good luck to you.

MAMALIGA: Thank you.