Christian Medical & Dental Associations
Changing Hearts in Healthcare

# Christian Medical Association
# Psychiatry Section Newsletter

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## PRESIDENT'S LETTER

I love sports. For those who know me well, this fact can be a bit much at times! This interest serves as a great diversion, a healthy activity and an activity which has forged a bond with my children. The observing of how games are played – being "a fan" - often leads to insights into life – never give up, play by the rules everyone agrees to and accept and work through things that seem unfair. The list of insights is lengthy but instructive. As far as spectator sports goes, because the games are played by humans, human gifts and human foibles play themselves out before, during and after the contests.

Last spring, shortly after the University of Florida won the national basketball championship, they were invited to the White House to meet the President. This common ritual is a big deal for most young athletes but in this case the star player, a politically oriented young man named Joakim Noah, didn't want to go. He reasoned that his appearance would lend his support to an administration whose policies he did not support. His coach, Billy Donovan, prevailed upon his player to attend by using this logic: "Just because you go doesn't mean you support everything the President does. You need to be there for the team – we are in this together. It is the right thing to do."

So what does this have to do with the CMDA psychiatry section? Of the number of emails we have received and comments about our meeting at the APA, one theme stood out for me. The sentiment goes like this: I do not support the APA's recent endorsement of gay marriage and feel as a matter of conscience I will need to terminate my membership in the APA. This perspective concerns me, although I do not want to criticize those who make such a decision. My intent in these few brief words is to discuss communication of the gospel and its relevance in our psychiatric marketplace. Just as Joakim Noah found out, you can be involved without compromising your integrity.

It is a fundamental truth that if we are not in the marketplace, exchanging ideas with those of a secular mindset, we may become irrelevant. If Christians are not present when the academic and political discourse is taking place, we can be assured that non-believers are not musing "I wonder what the Christians are thinking on this particular issue!" Our views are the furthest thing from their mind if we are not even there.

So we must be there. Jesus tells us this in Matthew 5:13-15: "Let me tell you why you are here. You're here to be salt-seasoning that brings out the God-flavors of this earth. If you lose your saltiness, how will people taste godliness? You've lost your usefulness, and will end up in the garbage. Here's another way to put it: You're here to be light, bringing out the God-colors in the world. God is not a secret to be kept. We're going public with this, as public as a city on a hill. If I make you light-bearers, you don't' think I'm going to hide you under a bucket, do you? I'm putting you on a light stand. Now that I've put you there on a hilltop, on a light stand – shine?" (The Message).

Once we are in the marketplace, what's the best way to communicate – to let the light shine? In our interaction in the pluralistic, secular organization that is the APA, we must appeal to a language that is common to our colleagues. We cannot simply assert Christian teaching or scripture as reasons to support our position on marriage, for example, and expect these arguments to be persuasive to those who do not believe. We must be able to explain why gay marriage, abortion, (or any other contentious issue) violates principles that are accessible to any person, including those of no faith at all. This task while challenging, is not insurmountable and is always faith

strengthening.

During the APA meeting in May this year, we had a number of gatherings during which our common bond in Christ was emphasized, clear discussion promoted and prayer and scripture highlighted. These meetings were special. One other meeting was special to me in a different way. My good friend John Peteet had organized a workshop in the APA scientific program designed to promote dialogue about gay marriage. I was privileged to have the opportunity to present data and arguments from a psychiatric/professional point of view which raised questions about the clinical and intellectual validity of equating heterosexual marriage and homosexual marriage. I did not once quote Scripture. Not because I didn't believe it; rather, it was not the place to invoke concepts that would prevent the dialogue which had begun. Needless to say, the prayer and support of many in the Psychiatry section were critical to this kind of endeavor. Not surprisingly, I found significant support from many – both believer and non-believer – for articulating these ideas in a secular setting.

I must add that this issue of remaining in the marketplace is not a unique challenge to psychiatrists. All the professions and medical disciplines – law, education, obstetrics and gynecology and pediatrics to name a few – struggle with being Christian in a non-Christian world and for constructive ways to interact with their respective professional organizations.

Pray for the executive committee as we plan the program for next year in San Diego. We want to encourage each other through Christian fellowship and also interact with our friends and colleagues in the scientific meeting so they might see "the light" that we have in Jesus. We are open to your ideas and suggestions for content and for speakers and presenters. Look for details of the meeting in our next Newsletter.

In Him,

Allan M. Josephson, M.D.

President
Psychiatry Section
Christian Medical Association

**APA 2007 will be in San Diego, CA, May 21-23. As you are making plans to attend, please note that Psychiatry Section Activities are planned beginning Sunday, May 20 (church in the AM, Social from 3-5 PM), Monday, Tuesday and Wednesday morning sessions, one of which will be the Integration seminar and Business Meeting. Banquet will be on Tuesday evening. Please let the Administrative Office know if you plan to attend so we can keep you abreast as hotel and activities are finalized.**

## PEOPLE in the NEWS

### WELCOME NEW MEMBERS

From the July and October Executive Board Meetings…

**Dr. Craig Stuck, Winnsboro, SC, Assistant Professor of Neuropsychiatry, Univ. of South Carolina School of Medicine, Child and Adolescent Psychiatry Residency Program**

**Dr. Eric Achytes, Boston MA, Chief Resident, Massachusetts GH/McLean Hosp Adult Psychiatry**

As we recently celebrated Veterans Day in the US, remember to pray for our members in Uniform: Dr. Christopher Perry, US Army, stationed in Korea and Dr. Teodur Huzij, US Air Force, stationed in Japan.

### LOST MEMBERS

Mail has been returned for some of our members. If you know of their whereabouts, please inform the Admin Office at pscmda@bellsouth.net.
Dr. Ellen Perricci of Lebanon, PA
Dr. C. Jeff Peck, of Laramie Wyoming
Dr. Jack Hill of Jacksonville, FL

### Where in the world are the Psych Section members?

In February, **Dr. Barney Davis** made a brief trip to Kiev, Ukraine to offer consultation to a mission couple in marriage crisis. In May, a trip to South Africa and Mozambique provided opportunities to meet with missionaries serving with several different agencies. In June it was back to Ukraine, this time traveling to Cherkassy, Odessa, and back to Kiev, meeting with Ukrainian missionary team members in each city and providing consultation to other individuals. Stateside trips include two to Indiana in July to provide training on missionary stress issues to groups of missionary candidates preparing to serve internationally."

**Dr. Steve Mory** had a wonderful trip to Mozambique in June.

In May, **Drs. Phil and Rosa Lewis**, visited Cuba as part of a team sponsored by Caring Partners International (CPI) under the leadership of Dr. Robert Lerer, a pediatric neurologist, and his wife, Janis. CPI has visited Cuba bi-annually for the past ten years carrying medications and medical equipment with them. They have also arranged for the shipment of five large containers to Cuba over the past several years. This year's team included five physicians, a pharmacist, a psychiatric nurse, and two teachers (one of whom is also a professional clown and has had long experience in using this medium to present the Gospel). Phil was the main public speaker, as he and Rosa are bilingual.

During the first three days of the trip the team attended the annual convention of the Baptist Medical Fellowship of Western Cuba. This group, formed 6 years ago, now has 720 members. Phil gave a talk on "Forgiveness and Mental Health". During the remainder of the trip the group visited hospitals in six major cities; among them, a 200 bed psychiatric facility for chronically ill patients. Team members rounded on the wards and also interacted with individual patients, praying for them and offering small gifts. The U.S. government did not allow the team to make formal scientific presentations. Nevertheless, Phil gave informal presentations in several of the hospitals on the topic of forgiveness and its impact on mental health. These were very warmly received.

The group also visited several churches and assisted in the presentation of children's programs. Rosa was the main translator for these events. The Baptist Medical Convention organized a luncheon at one of the churches, attended by approximately one hundred health care workers. Phil gave a brief Gospel message as part of the program. We saw ample evidence that, in spite of official opposition, God is at work in Cuba. We were especially blessed by the enthusiasm of the believers, their awareness that God was working through them and their willingness to put up with economic conditions that most of us would find intolerable.

**The 2005-2006 Member Directory** is quickly becoming outdated so an update will be included with the 2007 Dues Notices to be mailed in early January. If you have moved or changed addresses, e-mails, or phone numbers, *please let the administrative office know at pscmda@bellsouth.net* so we can keep everyone posted. ***If you have not joined or sent in your 2006 dues, do so today! Applications can be found at www.cmda.org, search on "Psychiatry Section" or write the administrative assistant at the address above. Dues for members are $100 per year, for retired members $50 per year. Full time missionaries and residents are exempt.***

## Getting to know you.....

**Meet our Secretary-Treasurer: Dr. Nadine Nyhus** received her MD from McMaster University in Hamilton, Ontario. She trained in psychiatry at the University of Toronto and is board certified in psychiatry in Canada. She has worked as a subspecialist with the autistic population for 6 years. She has also worked for 3 years in a general outpatient clinic. Before studying medicine, she obtained a Masters degree in theology at the University of Toronto and with her husband did church planting work in the downtown core of Toronto for 10 years. Before getting married she taught science and bible in public high schools in Liberia for 3 years while working as a chaplain at the University of Liberia. Her career goal has been to work in the area of integrating spirituality and mental health issues. With this in mind she most recently has developed a part time private practice with pastors and church leaders providing psychiatric care for mood and anxiety disorders that integrates spirituality with standard psychiatric care.

**Meet our Resident Liason: Dr. John Yarbrough**

After growing up in Lodi, California, I attended California Polytechnic State University in San Luis Obispo studying Biochemistry. I then went to the George Washington University School of Medicine in Washington, D.C. Since 2004, I have been a resident in psychiatry at the Department of Behavioral Medicine and Psychiatry at the West Virginia University School of Medicine in Morgantown, West Virginia. I am currently the resident director of the *Christian Initiative* at our department. The *Christian Initiative* is a unique training opportunity for psychiatric residents to learn how to integrate faith into treatment. We have a monthly meeting of mental health professionals interested in empowering patients in the improvement of their mental health through the growth of their personal faith in Jesus Christ. I have been married to my high school sweetheart Melissa for almost eight years and we have two sons, Peyton and Cooper. God has blessed me with the opportunity to serve in the CMDA Psychiatry Section and fellowship with other Christians also seeking His will. I hope to meet other members in the near future or at the next APA meeting in San Diego.

## Missions News:

### Afghanistan needs psychiatry training:

In July former Psychiatry Section President, Dr. Barney Davis, received a call from a missionary serving in Afghanistan asking if he could come (or knew someone who could come) to offer training in basic psychiatry to a group of local physicians in western Afghanistan. He has since been contacted by the Swiss family practice doctor who is trying to set this up as it sounded like an intriguing opportunity. However things ground to a halt several weeks ago. Dr. Davis's family has had some health issues and he has not been able to pursue this actively. He is still waiting for some of the important details such as route and safety of travel. So we will continue to take names of folks that might have interest in serving in this way (preferably 3 weeks or more). Send your contact information to Barney Davis at **BarneyMDavis@cs.com.** We will let you know as more information becomes available.

### From Kiev with Love:

Dear Friends of the CMDA:
I am happy to write you all again. I first of all want to thank the Psychiatry Section of CMDA for your help with my financial and prayer support this past year. It has made it possible for me to serve Christ on the staff of the Realis Christian Counseling Center in Kiev, Ukraine.
I was so lucky to have two vacation times this year. The first vacation in May I spent in Colorado with my dear friends Charles and Sandy Crown. The most memorable parts of this visit were the times when Doctor Charles and I saw psychiatric patients together. It was a big honor for me to see patients with such a respectful doctor. For me it was very important. Cross-cultural experiences are always very challenging, but beneficial. We had interesting discussions about those patients at the end of each day, and both Doctor Crown and I consider this time very productive and insightful.

Also I was able to build some good contacts with teachers and other staff at Denver Seminary. For me as clinic manager at Realis Counseling Center it was a great opportunity to see how a large counseling center like Denver Seminary, with a long history, operates. To my surprise I found out that the work I am trying to do by myself in Kiev with our students and interns, in helping them with their practicum, in Denver Seminary is divided between 4 people. I met with the Denver staff and students and we had great conversations about our "baby center" in Kiev, and possible ways to improve our work.

Of course, the seminary in Denver has a long history, and they also have come through a lot of difficulties before they became what they are now. So it gave me hope that one day our Counseling Center in Kiev will also become strong, well known, and with a great reputation.

Also after two years of being away from home, in October I had a chance to go back to Kazakhstan and visit my family. It was nice to be home again and feel a connection with my motherland. I was also able to visit my first little church after becoming a Christian. It was so touching to see my old friends and the whole congregation. Only at home did I realize how much I miss my family, and how hard I tried to fight in Ukraine. But praise the Lord that He has blessed me with wonderful people in Kiev and around the world. That always supports me and that is why I don't give up.☺

Also I am so proud of our interns! They had their post diploma education and practicum in our Counseling Center, and they are still full of enthusiasm! I am glad to see how they dedicate themselves to this ministry. We are pioneers and we do not have much support from the society or the church. Not very many people understand the idea of a Christian counselor. We are encouraging them in their zeal to become great specialists and make life brighter to many people.

I myself also work as a psychiatrist in a small public out-patient clinic. I daily see a lot of patients, mainly with different levels of depression as well as other major disturbances, such as schizophrenia or organic dysfunctions. I like my work, even though it takes a lot of emotional investment. I try to improve my skills and understanding of the pathology by visiting a group of Jungian therapists and learning their theory. I hope one day to be able to also see private patients. In Ukraine it is a new and strange idea, to many people, to have their own private therapist. The idea of extended therapy is not very popular. Everybody wants to see quick and visible results. In other words they want a miracle… I guess that is human nature.

Please continue to pray for me, and thank you again for your support.

*Tanya Ushkat*

***A personal note of thanks from Dr. Charles Crown**:* {Tanya} really appreciates the prayer and financial support that we give her. Some of us made it possible for her to visit Denver Seminary last May, which I believe was helpful to her work. She stayed in our home and we also benefited by getting to know her personally. Thanks for your contribution to the Lord's work through CMDA and the Psych Section.
*Editor's Note: This year because of your generosity, we were able to contribute $1600 to Dr. Ushkat.*

## WEBSITE UPDATE

**Residency Programs with a Faith Based Component--** We understand that our website and APA activities have led to significant interest by medical students in the "Christian Initiative Program" at the University of West Virginia. It has also brought new residents as members to the Psych Section. Contact Dr. JohnYarbrough at jyarbrough@hsc.wvu.edu if you wish to know more about the **"Christian Initiative Program."** Members from various medical schools around **the** country are willing to be a point of contact for those seeking residencies. If you would like to be added to the list, contact Sherri Williams at pscmda@bellsouth.net.:

**Harvard Medical School** - Dr. John Peteet, Clinical Director, Division of Psychosocial Oncology and Palliative Care, Associate Professor of Psychiatry, jpeteet@partners.org.
**Johns Hopkins Medical Institute** - Dr. Leslie Stern Walker lswalker@jhmi.edu
**LSU** - Dr. Anita Kablinger, Associate Professor, Department of Psychiatryakabli@lsuhsc.edu
**Mayo Clinic** - Dr. Jarrett Richardson III, Dr. Terry D. Schneekloth, schneekloth.terry@mayo.edu
**Univ. of California Davis** - Dr. Mark Servis, meservis@ucdavis.edu
**Univ. of Louisville** - Dr. Allan Josephson, Professor and Chief of Child and Adolescent Psychiatry, allan.josephson@louisville.edu
**Wright State University (Dayton, Ohio)** - Dr. Peter Iversen, IversenP@mh.state.oh.us .

## SAMPLE OF CORRESPONDENCE WE RECEIVE IN THE ADMIN OFFICE

**In the greater Boston area, there are a decreasing number of Christian psychiatrists doing outpatient work. I am the executive director of a Christian counseling center and would like to see if we could facilitate someone coming to this area.**
**Charles Slagen, Ph.D**
Hope Psychological Services, 16 Clarke Street, Suite 21,Lexington, MA 02421 (cjslagen@juno.com)

**I am a Master's-level Christian therapist in private practice in Oak Park, IL. The practice, Pathway Provider Services, P.C., has provided Christian mental health services for 12 years. I wish to GIVE referrals. In fact, I have only ONE psychiatrist who holds himself out as Christian to whom I currently refer people. There are so few psychiatrists who hold themselves out as Christian. Is there any possibility of me learning of, or receiving contact from, psychiatrists in your network?**
**James Quandt, LCSW, MSW**
Pathway Provider Services, P.C. 810 Harrison St., Oak Park, IL 60304, www.PathwayProviderServicesLtd.com
(708) 445-9330

**Dear Ms. Williams,**
**I'm a 4th-year medical student at Penn State who will start a psychiatry residency next year—assuming I match! Would it be possible to join the Psychiatry Section this year as a student? ~Scott**

Hello Scott,
Our by-laws tell us that the organization is for "interested psychiatrists". So let's just get you into a residency and sign you up! Take a look at our list of school's on the CMDA "Psychiatry Section" website and contact any of the members at those schools as they are interested in having Christian students in their programs. In the meantime, I will add you to our "Friends E-mail List" so you will receive our communications. We encourage you to join us at APA in San Diego next May especially since residents and med students at our events pay ½ price. Best wishes and God's wisdom in this time. We really need Christian psychiatrists! SW

**I am a long standing CMDS (Canada) member who is planning to attend the American Academy of Child and Adolescent Psychiatry conference in San Diego in October. I would like to be contacted by any CMDS/CMDA member psychiatrists, pediatricians or Family Physicians who might be attending. Perhaps we could meet there to discuss things in this field from some of our common and different perspectives. Thanks. Lorne Brandt, MD**

I was there and talked with a couple of Christian psychiatrists. We will follow up on this and have a meeting next year in Boston! AJ

**Many thanks for the e-mail and newsletter re: the Annual meeting in Toronto. I have been retired for 6 years and have many fond memories of the CMDA Psychiatry Section, dating back to 1965. I practiced internal medicine and psychiatry (having done a dual residency) until 1992 and then served as Medical Director of Buffalo Mercy Hospital until my retirement in 2000. I remain an active member in CMDA. I heard Armand Nicholi speak many years ago at an annual meeting symposium and also have his "Harvard Guide to Psychiatry" textbook. He is a wonderful asset to the organization. I was Psychiatry Section treasurer in the mid 70's when Chuck Crown was President…Sincerely, Tony Markello, MD**

# The Hidden Epidemic: Major Depression in Physicians

by Leslie Stern Walker, MD

from *Today's Christian Doctor*, Spring 2006, reprinted by permission of the author

Dr. Smith,* three years in practice, says, with tears forming in her eyes, "I've been having trouble staying organized, concentrating, planning ahead, making decisions—things like that. I'm even having trouble doing more than one thing at a time, which is not normal for me. I mean, all my life I've been the ultimate multi-tasker. But sometimes I feel like I'm in slow motion, and not just my brain, my body, too.

"I dread going to work, because I know I'm not as productive as the others. I feel lazy and incompetent when I see them all charging through their schedules and paperwork, while my pile of undone stuff just gets higher and higher. And I worry about what they think so I'm on edge all the time, much more irritable and sensitive than usual, and this makes things worse. As a Christian, I know my relationships should reflect the peace of God and that I shouldn't worry. So on top of everything else, I feel guilty, too. I try to leave it with the Lord, but it seems that my prayers aren't even getting past the ceiling."

"It sounds like you feel trapped," I reply.

"Or stuck," she nods. "Like there's no way out of it or around it, except...." She pauses, looking deeply into my eyes as if wondering if she can entrust this secret to anyone. "Except—and I never in my wildest imagination expected this thought to ever cross my mind—except the ultimate escape, you know, dying. Am I losing my mind?"

"No, but your brain definitely isn't working properly. You're describing the symptoms of major depression. Doctors have a particularly high risk of getting major depression. In fact, our lifetime risk is between 40 and 70 percent. And you're right to be concerned about those thoughts about death. Women physicians commit suicide at a rate about three times that of women in the general population."

Dr. Smith looks startled. "I would never actually kill myself. I just thought I was overwhelmed and worn out."

"I know. About 20 percent of my practice is made up of physicians with mood disorders. But most physicians with these symptoms don't realize that they have an illness. They often wait much longer than you have to seek help. By the time I see them, their jobs are at risk, or their marriages are in serious trouble."

"I don't want that to happen," Dr. Smith replies. "What should I do?"

We start to review her history, and I see the relief in her eyes. I'm confident that we can make a plan to help her get healthy again.

Had someone told you, on your first day of medical school, that should you become a physician, you would have at least a 40 percent chance of experiencing an illness that kills 10-15 percent of its victims, would you have paid attention? What if someone told you on your first day of residency that male residents have a 20-40 percent chance of having this illness during residency, and female residents have a 40-60 percent chance of experiencing its disabling symptoms? Would you take care, pay attention, watch out? What if you knew that this illness might wreck your marriage, make you impatient and frustrated with your kids, make you indecisive and unproductive at work, or put you at high risk for cardiovascular disease? Would you try to prevent it? Or would you aggressively treat it if you found yourself ill?

Unfortunately, most physicians do not.

**Self-treatment is Not a Good Idea**

Major depression remains a quiet struggle for many physicians and their families. In comparison to law students and business students, medical students were more likely to have a first degree relative with a history of major depression. This may contribute to our increased risk compared to our colleagues in business and law. High stress and sleep deprivation may also play a role. Many of the traits that make us good doctors, like introversion, ability to delay gratification, and willingness to assume responsibility, are traits that also seem to correlate with an increased risk for major depression. But as doctors, we are trained to ignore our own symptoms in the need to care for others. Whether we are exhausted, angry, or grieving, we learn quickly that we are not to complain or slow down. The net result for a physician or medical student with major depression is delay in identification of the illness and even longer delay in seeking treatment.

Part of the problem is that so many of the DSM-IV symptoms that we've been taught can be attributed to normal aspects of medical practice, particularly during training and in specialties that demand long and unpredictable hours. Sleep deprivation alone can contribute to irritability, poor concentration, low energy, and low motivation and interest in doing activities we normally enjoy. The doctor whose wife wonders if he's depressed says, "I'm just tired. It's a stressful job." He is unlikely see the symptoms that are obvious to me: the hopelessness and sense of being trapped that make him want to quit, the dread that wakes him up early, the irritability that gets him in trouble with staff and family.

Most physicians learned a mnemonic for several of major depression's cardinal symptoms according to the DSM

manual. Perhaps you learned SIGECAPS: change in SLEEP, loss of INTEREST, abnormal GUILT, decreased ENERGY, decreased CONCENTRATION, change in APPETITE, PSYCHOMOTOR agitation or retardation, and thoughts of death or SUICIDE. These are a good starting point, but most of my physician patients are soldiering bravely on despite many of the symptoms, often able to put on a "game face" at work even though they work harder and harder to do their daily tasks. It's at home where they may break down, as normal tasks become increasingly difficult, and lower frustration tolerance makes them unable to put up with normal family life.

However, many physicians with major depression lack the insight or energy that would be required for self-diagnosis. They are doing their best to do their work without inconveniencing others. And even if they consider the possibility that they may be depressed, the barriers to evaluation and treatment are significant. Taking time to see a doctor, especially a psychiatrist, seems too much of a burden. And what if other physicians or patients knew of the depression? Would they lose referrals or patients? It seems easier to do a quick curbside consult. Why not just self-prescribe the Zoloft and see if it works, or even better, grab a few samples from the cabinet? Besides, mental health care may require phone calls for preauthorization, or private information to be released through treatment planning forms. For busy medical students, residents, or practicing doctors, these burdens may seem insurmountable, so the symptoms continue to worsen and treatment is delayed.

**Depression and Faith**

For Christian physicians, the church may interfere with identification and treatment of depression. While most American evangelical Christians today would probably agree that schizophrenia or mania are clearly illnesses of the brain requiring medications, major depression has no such consensus. (Anxiety disorders are often seen in a similar light, as spiritual struggles and not brain illnesses.) Christians sometimes blame those with depression for not having enough faith, not praying enough, not trusting God to pull them through, or not confessing sin. I now recommend the award-winning CMDA/Zondervan book, *New Light on Depression*, to many of my patients, because it provides such a helpful perspective on the causes and treatments of major depression in Christians.

Other Christians suggest that God will use the "dark night of the soul" to cleanse and purify, so taking medications might interfere with the process, or that remission through medical treatment is inferior to remission gained by more spiritual means. It is clear than divine providence can use bad situations for good, so enduring illnesses such as cancer or lupus may certainly draw a Christian closer to God and bring her to a new level of spiritual maturity. But none of us would suggest not treating the cancer or the lupus! It's the same with major depression. Some Christians may come through an episode with a deeper sense of God's protection or a new understanding of purpose, but we don't expect them to get there until we've treated aggressively first.

Most Christians with major depression experience a sense of distance from God. They no longer experience God's presence during prayer or Scripture or worship. They often feel unworthy, guilty, and unforgiven, and they may lose the sense of God's love and protection. These seem like spiritual struggles, and sometimes they are, but in Christians with major depression they are symptoms resulting from a dysfunctional brain. Until the depression lifts, that brain causes the depressed person to view all of life as bleak, hopeless, and futile. This injures relationships with spouses, family, friends, and God.

At the worst, when thoughts of death seem to be the only option to a life of such suffering and pain, Christians again blame the person with depression for lack of faith and hope. Instead, we need to come alongside that person and consider aggressive and immediate medical treatment for a life-threatening brain illness the renders the severely depressed person unable to see the possibility of recovery.

Many Christians who do recover from major depression using medications and psychotherapy are reluctant to admit it. Christians who describe success in resolving spiritual struggles over depression and anxiety without medications may intimidate others who have recurrent major depressions, or chronic anxiety disorders like obsessive-compulsive disorder. It still seems hard to see those problems as illnesses of the brain when demoralization and anxiety are so common to the human experience.

Christian doctors have the same problem. We agree that pathology in the brain causes strokes and Parkinson's disease and multiple sclerosis, each of which carries approximately a 40 percent risk of major depression. We can identify and treat major depression in our patients. But we don't like to consider our own brains as potentially dysfunctional, even though we have at least a 40 percent risk of major depression just by virtue of being physicians!

**Finding Hope and Joy Again**

The road to recovery from an episode of major depression is usually multi-faceted. Mild episodes may resolve with supportive psychotherapy or counseling, regular exercise, improved nutrition, and help with limit-setting in unhealthy work environments or difficult relationships. Moderate or severe episodes are more likely to require medications, and patients with psychotic symptoms or acute suicidal thoughts may require hospitalization and sometimes electroconvulsive therapy.

I remind patients that medications are often very helpful, but their job is limited. Medications help a dysfunctional brain, but major depression (perhaps even more than cancer or lupus) also affects the soul. Medicines often start the process of recovery, helping someone who has felt trapped and stuck to begin to see other options, and to see again that there is light at the end of the tunnel, to have some hope. Psychotherapy, sometimes including marriage counseling, may also be necessary to help individuals learn to set healthy boundaries in work and relationships.

But the ultimate hope of recovery from any illness lies only in Jesus Christ. I encourage patients to try to keep "going through the motions" of prayer, worship, and reading Scripture even when they can't sense God's love or presence. We never know at what point God's love will break through the depression, allowing someone who has felt worthless and unlovable to feel the tender touch of the Lord again, or sometimes for the very first time. The body of Christ is also very important during major depression. There is no substitute for family and friends who pray with and for the depressed person. We also should help in tangible ways with cooking and cleaning and child care, and we should support life changes that allow for rest and a more reasonable work schedule.

Isaiah described the transformation that the Lord ultimately wants to work in all of us: "to bestow on them a crown of beauty instead of ashes, the oil of gladness instead of mourning, and a garment of praise instead of a spirit of despair." My hope is that if you are experiencing the symptoms described in this article, or if you see them in someone you know, that you will consider the possibility of major depression. The sooner you get help, the sooner you may return to the abundant life that Jesus Christ wants you to have.

**Dr. Walker** *is a psychiatrist in private practice in Baltimore, with a particular interest in treating physicians, as well as treating pregnant and postpartum women. She hopes to educate other physicians and the public to help encourage early identification and aggressive treatment for psychiatric illnesses. She did her psychiatry training at Johns Hopkins Hospital, where she remains on the associate faculty and teaches residents. She has been married for 13 years to Dr. Mark Walker, a neurologist at Johns Hopkins, and together they serve on CMDA's Marriage Enrichment Commission. They have two children: Ben (9) and Anna (4). This article was written in response to CME talks she gave at the CMDA Women in Medicine and National conferences over the last few years. It was clear that many physicians had no idea how common major depression was among physicians, and that many were suffering in silence and in isolation. Since the article came out, several physicians and their spouses have contacted the Psych Section requesting referral to psychiatrists. Dr. Walker says, "I think we as Christian psychiatrists have a great opportunity to reach out and encourage other physicians to get help, and I hope this is another tool that God can use to bring comfort to hurting people."*

Possible resources:

*New Light on Depression* by David B. Biebel, D. Min. and Harold G. Koenig, MD, 2004, Zondervan.

To see if there is a CMDA member psychiatrist in your area: www.cmdahome.org and look under "Christian Doctor Search" and "Find a Physician". You can also call Sherri Williams RN, the administrator for the Psychiatry Section of CMDA, at (404) 325-5054 or email her at pscmda@bellsouth.net.

www.cwmedicine.org (615-370-8684) The Center for Women in Medicine. An excellent resource for women physicians and medical students seeking help and support as they try to understand God's leading in work and life decisions.

Sources used to prepare this article:

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