Psychiatry Section Newsletter

Christian Medical & Dental Associations®
Changing Hearts in Healthcare

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Fall 2010

Greetings,

I would like to give a big thanks to everyone for putting together such an excellent conference in New Orleans. Thanks especially to Sherri Williams, our administrator and her husband, Marshall, who was such a fabulous resource in coordinating everything. There were 127 visitors to our booth, which was managed so well by so many, and 13 new applicants to our section. Particular thanks go to Rosa Lewis who, bless her heart, has been coming to the APA specifically to have a ministry at the booth speaking Spanish, Portuguese, and Italian to so many – oh yes, and English too!

Our Psychiatry Section meetings at the APA were very well attended and thought provoking. Dave Stevens gave a visionary warning and very informative talk on "right of conscience" at our banquet. We also had a personal look at the lives of some inspiring Christian psychiatrists with Alan Nelson; we were challenged to reflect on moral decline in our culture with James Patterson; and we had our yearly integration seminar. Dr. Peteet again organized a general symposium on the role of the psychiatrist in integrating faith and mental health. I hope you are planning to come to Honolulu next year.

The APA this year marked the completion of John Peteet's two year term as president of the CMDA and the "baton" has been passed to me. I want to thank John so much for the amazing job he has done both in the Psychiatry Section and in bringing perspectives on spirituality to the APA in general through the many symposiums he has organized and the books he has written. I certainly don't pretend to fill his shoes. In fact, I come with some fear and trembling, given the challenging issues currently on the table with changes to the DSM, including the area of the paraphilias and Gender Identity Disorder. You can read more about that discussion and your invitation to join a "Task Force on Sexuality" in the Addendum.

Given that as a summary of our meetings at the APA, I thought I would take a step back and give you a bit of background about myself as there are many members I have not met. I should start by saying I am Canadian. On the one hand that may seem a bit odd to some, but there is no Psychiatry Section of the CMDA in Canada and for many years I have found great fellowship, support and challenge to my thinking through my involvement in the Psychiatry Section of CMDA. I have been on the Executive Board for 4 years, as secretary then as vice-chair. It has been such an incredible privilege and blessing to get to know psychiatrists who are serious about integrating their faith with their work. Perhaps it is also apropos to have a Canadian as president because one of the things that strikes me when I go to the CMDA meetings at the APA is the international mix of psychiatrists that attend. This reality points to the tremendous potential the Psychiatry Section has for having an international impact.

In terms of my background, I did a Bachelor of Science degree and then in my early 20s lived and taught high school (science and Bible) in Liberia, West Africa for 3 years. I lived through Liberia's first coup d'etat. When I returned I worked on university campuses with a Christian organization for a few years and then did my Masters of Theology degree, in part at Regent College in Vancouver, in part at Tyndale College in Toronto and in part at the University of Toronto. It was after this that I went into medical school. In terms of my practice, 30% of my time is spent treating pastors, missionaries and church leaders. This ends up involving a lot of trauma treatment. I also work in 3 rural outpatient clinics doing general psychiatry with, again, an emphasis on trauma. I spend 1 1/2 days per week assessing severely behaviorally disturbed autistic adults. I also do medical and psychiatric call in a 400+ psychiatric hospital in Toronto 1 -2 days per week. Finally, I do maintenance of certification assessments of psychiatrists in Ontario for the Royal College of Physicians and Surgeons.

For me it has been a circuitous journey, as life often is, but it is amazing to see God weave the seemingly loose ends into a tapestry of His making. And each one of our lives is a tapestry of gifts, experiences and callings. I hope that over the next two years that I will be serving as the chair that we can tap into some of this vast resource we have in our specialty section.

Blessings, *Nadine Nyhus , MD* Chair of the Psychiatry Section

Join us at the 2011 APA in Honolulu

Mark your calendar for the American Psychiatric Association 164th Annual Meeting taking place May 14-18, 2011, in Honolulu Hawaii.

Our Hotel will be the SHERATON PRINCESS KAIULANI HOTEL

120 Kaiulani Avenue, Honolulu, HI 96815

For more information check our web site at www.cmda.org/psychiatry.

For hotel registration, go to www.psych.org.

PEOPLE in the NEWS

We are saddened to report the deaths of two Psychiatry Section members.

DR. SCOTT CHESTER ARMSTRONG

Born in Berkeley, California on Aug. 27, 1958
Departed on Sep. 3, 2010

Scott was the son of Richard Armstrong and Patricia (Mees) Armstrong. He was raised and received his education in the communities of Alburg, Springs VT; Ukiah, CA; Eugene, OR; Dededo, Guam and St. Albans, VT. He graduated there from the Bellows Free Academy Class of 1976. Upon his high school graduation he attended and graduated from the University of Oregon in Eugene, and the Oregon Health Sciences University Medical School in Portland, Oregon. His residency in psychiatry was completed at Tripler Army Medical Center in Honolulu, Hawaii. He went on to further post-graduate medical education in Consultation-Liaison Psychiatry at Walter Reed Army Medical Center, Washington, DC. Scott served in the US Army for 11 years, ending in 1995 at the rank of Major. Dr. Armstrong is a Distinguished Fellow of the American Psychiatric Association and a Fellow of the Academy of Psychosomatic Medicine. He was often invited to teach on drug-drug interactions and other topics at national and international professional meetings. He had over 35 articles published and has co-authored or contributed to seven reference books on pharmacology for clinicians. Dr. Armstrong received numerous awards for his expertise in clinical, research and administrative medicine. Dr. Armstrong was recently made a clinical professor of the Oregon Health Science University Medical School. He was united in marriage to JoAnn M. Baertlein on March 17, 1984 in Beaver, Oregon. They celebrated their 26th Wedding Anniversary this past March. Following their marriage they resided in the communities of Honolulu, Hawaii from 1984-88; Fort Richardson, Alaska 1988-90; Walter Reed Army Medical Center 1990-91; Ft. Leonard Wood, Missouri 1991-92; back to Walter Reed Army Medical Center 1992-95; Willmar, Minnesota 1995-2000 and in 2001, returned to Oregon, settling in the Hillsboro community, where they have resided since. Scott served as the Co-Medical Director for the Tuality Community Hospital Forest Grove Geriatric Psychiatry Unit for the past 9 ½ years. At Tuality Scott mentored professionals from all disciplines and contributed to elevating the Tuality Center for Geriatric Psychiatry to a national award-winning team. He was recently invited to lead a 4-hour workshop at the 164th meeting of the American Psychiatric Association in May 2011 on the management of behavior disturbances in dementia. For a full listing of Dr. Armstrong's articles and awards please see doctorpage.com/users/SCA

He was an active member of the Sonrise Church in Hillsboro and participated in several Bible Study Groups. He was also a member of the American Psychiatric Association and of the Christian Medical Association, currently serving on the Board of the Psychiatry Section as Vice Chair. Among his special interests he enjoyed biking, playing the guitar, singing worship songs at the top of his lungs, coaching and supporting his children in their activities.

Scott was preceded in death by his mother, Patricia Armstrong in 2008 and a daughter, Cara Joy Armstrong in 1995. Survivors include his wife, JoAnn Armstrong, of the family home in Hillsboro, Oregon; his father, Richard Armstrong, of Forest Grove, Oregon; his three children, Joseph R. "Joey" and his wife, Kate Armstrong, of Seattle, Washington, Joey is currently serving in the United States Army, soon to be stationed at Ft. Lewis, Washington; Kaitlyn L. "Katie" Armstrong and Caleb S. Armstrong, both of Hillsboro, Oregon; and his brothers and sisters-in-law, Mark and Patti Armstrong, of Bismarck, North Dakota; and Tod "Nik" and Eleanor Armstrong, of Rhonert Park, California; and his father-in-law and mother-in-law, Joseph and Hazel Baertlein, of Christmas Valley, Oregon. Also surviving are numerous nieces and nephews.

The family suggests that remembrances may be contributed to the Emmaus Christian School, 460 S. Heather Street, Cornelius, Oregon 97113 or to the Tuality Healthcare Foundation Center for Geriatric Psychiatry Fund at Foundation Office, 335 SE 8th Ave Hillsboro, OR 97123 (tualityfoundation.org) in his memory.

The Executive Board of the CMDA Psychiatry Section and the members who knew him will miss Scott greatly. He was a godly man who exemplified the character of Christ and whose character and joy enlivened all those around him. You may remember his singing and guitar strumming before our banquets at APA. Our heartfelt sympathy goes out to JoAnn, Joey, Katie, Caleb and the extended family.

***Dr. Norman Landis Loux*,** 90, passed away Thursday, May 20, 2010 at Dock Woods Community, where he had resided for the last three years. He had lived most of his life on the family farm on Cowpath Road in Franconia Township. He was the husband of the late Esther (Brunk) Loux, who passed away in 2001.

Born June 27, 1919 on the family farm in Franconia, he was a son of the late Abram C. and Martha (Landis) Loux. He graduated from Eastern Mennonite High School and College, and Goshen College. In 1946, he received his medical degree from Hahnemann Medical College. He later completed his residency in Psychiatry at Butler Hospital in Rhode Island and then completed a Child and Adolescent Fellowship at Yale University.

The originator of Penn Foundation, Dr. Loux began his psychiatry practice in a small house in Souderton. He later moved his practice to Sellersville, which grew from a one-man operation into a comprehensive, community-based behavioral healthcare service offering 43 programs and a staff of more than 300. When Penn Foundation was opened in 1955, it was one of the nation's first community-based mental health facilities and a pioneer in the healthcare field. To his great credit, Dr. Loux served Penn Foundation in numerous capacities, stepping down as Medical Director in 1981 and retiring from seeing patients in 1984. He remained on the Board of Directors until 2008. During his career, Dr. Loux strove to adhere to the highest standards of service and earned the respect and admiration of his many friends and colleagues. Dr. Loux was a long-time member of Blooming Glen Mennonite Church where he taught Sunday School for many years. He was a gentleman farmer who took great pride in his gardening. He raised geese and ducks on the farm and received much satisfaction in working with the land. Surviving is a daughter, Elizabeth L. Kraybill and her husband, Donald E., of Harleysville; a son, Peter D. Loux and his wife, Terri W., of Souderton; six grandchildren, Matthew, Micah, Ashley, Erin, Elena, and Hannah; and a daughter-in-law, Elizabeth V. Loux of Eugene, OR. In addition to his wife, he was preceded in death by a son, Philip M. Loux in 2009; and two brothers, Curtis and Jacob Loux. In lieu of flowers, memorial contributions may be made in his memory to Penn Foundation, P. O. Box 32, Sellersville, PA 18960

On a personal note: Norman was a man of vision and passion, the quintessential professional, a very warm friend who carried a twinkle in his eye, a genuine Pennsylvania Dutchman with a New England dignity and charm. As you can tell, Dr. Loux was a special person and we loved him.
~~Vernon H. Kratz, M.D.

More News about our Members

Three Psychiatry Section members met at the CMDA National Conference in late April at Ridgecrest NC. They were: **Drs. Leslie Walker, John Raney,** and **David Colvard.** Leslie Walker writes, "We were pleased to meet with a medical student, **Mena Mirhom**. He is a fourth year medical student at UMDNJ-SOM and interested in adolescent psychiatry, esp. forensics. We enjoyed fellowship and a great program. Leslie spoke on "Kids and Choices: Paths to a Morally Responsible Adulthood" with good feedback. We would love to see more psychiatrists next year!"

Dr. Allan Josephson writes "Three weeks after New Orleans, I had a heart attack. I had emergency catheterization, had a stent placed in my LAD coronary artery. I am at home, engaged in cardiac rehab and feeling much better, although tired. My cardiologist is optimistic for the future and so am I, although sobered for sure and reflective of what God would have for me in the next part of my life. I so enjoyed the APA with you all and am excited about our future.

The section has truly been a shining light in CMDA over the years, as Dave Stevens so encouragingly said, and I know it will continue. *Note: Dr. Josephson is back to work now and feeling great!*

Our deepest condolences go to **Dr. Nadine Nyhus** on the sudden loss of her mother in July.

Dr. Paul Cochran asks if there are Locum tenens opportunities with CMDA members in psychiatry. He is interested in "testing the waters." Contact him at paulcochrn@aol.com

Dr. Charles Crown sends an update on Dr. Tanya Ushkats. "I hear from her regularly. She was married last year to a Ukrainian believer, and has a private psychiatric practice in Kiev, Ukraine. She appreciates what CMDA did to help her while she was in training in Kiev and then worked for REALIS in their Christian counseling ministry. I'm sure she would be happy to meet with any CMDA docs or psychiatrists who may be visiting Kiev."

Dr. Alan Nelson has had an interest in the area Integration of Faith and Practice since high school. He feels he has been so fortunate to have had several important mentors that have developed and shaped his practice style including **Dr. William Wilson** at Duke and **Dr. Armand Nicholi** of Harvard and others along the way. As a result of this interest he has developed the CD series entitled "A Christian Legacy in Psychiatry". Copies of the series may be obtained from Dr. Nelson at redstonedoc@gmail.com.

Dr. Pierre Unger sent his "Greetings to all my Christian friends. I will pray for you, your family and for the Christian fellows and their witness at the meeting. He was unable to attend APA this year but we hope to see him next year and wish him God's blessings.

Dr. Cheryl Sanfacon is improving after her recent surgery and says she would like to review more books. If you have one, let her know.

Dr. John Yarbrough requests prayer for his 36 year old brother who recently underwent surgery to repair an aortic aneurysm. Likewise Dr. Yarbrough was diagnosed with the same familial defect and is recovering from his own surgery to correct the problem. Lift him up in the coming weeks.

Dr. Jennifer Purses and **Dr. Daniel Binus** finished residency! They would like to continue membership in the Psych Section. Congratulations to all our graduates!

Another update from **Brian Lubberstedt, MD:** After our last report, the Lubberstedts have moved back to Nebraska. *Hope you all are getting settled now, Brian.*

Update on Dr. Roger Brown, who joined us at APA this year: Roger returned to Kenya in July and Shirley joined him in August. **Hannah,** their daughter, is back at John Brown University in NW Arkansas. Their other daughter, **Rachel** found a position teaching English as a second language on the Arabian Peninsula. Pray for Roger who has tendinitis in his right elbow.

In August, Administrative Assistant **Sherri Williams** attended the 2010 CMDA Summit of

Commissions/Committees/Councils and Sections held at the beautiful CMDA headquarters in Bristol TN. The goal of the meeting was to help our Section be more successful in its CMDA related ministry by better acquainting us with the staff and resources of the organization for publicity, resourcing, networking and much more. It also led to a time of brain storming and "cross pollination" with other sections and commissions of CMDA. One of the new ideas other Sections are doing is sending a monthly email devotion by members for members. If you have something you would like to share in the way of a devotion or brief letter of encouragement, send it to pscmda@bellsouth.net

Recent Event: In October the American Association of Child and Adolescent Psychiatrists (AACAP) met in New York City and the Psych Section was there. This year we continued a tradition which started in Boston in 2007 of having a dinner for Christian child and adolescent psychiatrists (and those interested in the faith) at the annual Academy meeting. We enjoyed sharing together, getting to know each other and learning more about the CMDA Psychiatry Section, the largest organization of Christian psychiatrists. Please join us next year and invite anyone you think may be interested. **For more details, contact allan.josephson@louisville.edu**

Welcome New Members

Currently in Practice—Dr. Andrea Kim (Dallas TX), Dr. Amy Canuso (Johnson City TN, currently deployed with the US Navy), Dr. Fadel Salib (Cantonment FL), Dr. Kayla Fisher (Memphis TN), Dr. Jeffrey Bennett (Springfield IL), Dr. Jill Fox (Rossford OH), Dr. Thebe Madigoe (South Africa), Dr. James Patterson (Shreveport LA) **Residents** ---Dr. Hans Maridal (Bergen Norway—member of Norwegian CMA), Dr. Rachel Ward (Portland, ME), Dr. Nekesha Oliphant (Pittsburgh PA), Dr. Shannon Kinnan (Gretna NE), Dr. Sandra Thomas (Durham NC).

New Executive Committee for 2010-2012

Chair: Nadine Nyhus MD of Cambridge, Ontario, Canada
Vice Chair: John Yarbrough MD of Stockton, CA
Secretary-Treasurer: Sam Thielman, MD of London, England
Past President: John Peteet, MD of Boston, MA
Resident Liaison: Rachel Ward MD of Portland, ME

The CMDA Psychiatry Section Constitution Article V, Section 5 states that "any office may be filled by the executive committee when vacant." We wish to thank Dr. John Yarbrough for agreeing to fill the vacant position of Vice Chair and Dr. Sam Thielman for agreeing to step in as Secretary-Treasurer. Welcome to Dr. Rachel Ward, our new resident liaison. Continue to pray for the Executive Committee as they adjust to the loss of Dr. Armstrong.

MISSIONS NEWS

ATTENTION CHILD AND ADOLESCENT PSYCHIATRIST—need in HONDURAS

There is an opportunity in Honduras to utilize your unique skill set to help with a children's home on the coast. Dr. David Black has requested help with a program that I have been familiar with for the past several years. Twenty- two children from very difficult and traumatic backgrounds have been placed in an orphanage in the town of La Ceiba (say ba) on the northern coast. The medical staff is unable to fully meet the needs of the children as many are in need of specialized approaches and medication to help their stay to be successful and to help return them to a healthy developmental path. Honduras is one of the poorest countries in the world, considered by many 4th world, the needs are indeed challenging. Short term help would be appreciated to assist with evaluating and treating the children and training the direct care staff. Fluency in Spanish helpful but translators are available. I have been able to provide some assistance via email and phone but someone on site would be much more effective. The Christian community is strong and welcoming. Please contact Dr. Black at davideblack@earthlink.net if you are interested. You may see his website at http://hondurasmd.org.

~~Larry E. Banta MD, Child and Adolescent Psychiatrist and Former Missionary to Mexico

Dr. Black adds: *I would like for a child psychiatrist, nearer than Idaho, to consider coming here to Ceiba for a 6 day stint, presumably arrive on Sunday, then leave on Friday afternoon or Saturday morning. I know from my own professional experience in internal medicine how much can be learned by "just looking." These kids have no parents from whom to get information. The director of the orphanage and school is a PhD agronomist who is very familiar with each child. He has lived here for nearly 30 years. I would very much like to talk with one of your members. If you will provide me with the appropriate contact info, I can call you on my VoIP line after setting up a "semi-appt." Thank you for considering this need!*

HAITI

Dr. Jo Marturano recently spent time in Haiti with Mission to the World September. She provided medical care and a counseling seminar on grief, trauma and hope. The first week she was in Port au Prince supporting Pastor Jean Paul and his family of believers. The second week she supported Pastor Esaie Etienne, in the community of Gonaives, which was devastated by 4 hurricanes in 2008. Mental traumas, chronic disease, malnutrition, parasites, fungal diseases, TB, Aids, malaria, dengue fever, and earthquake related injuries are found in both communities.

Continue to pray for:

*tender Haitian hearts toward the Gospel and the demonstration of God's love in this devastated country

*binding of Satan and his power, and that new believers will be born into the Kingdom

*for Pastor Jean Paul, and Pastor Esaie Etienne in their service of love to Christ and His bride

*for the formation of future teams who will bond their hearts in Christlike service to the Haitian people.

Join us for the……Christian Medical and Dental Association National Convention April 28- May 1, 2011, Mount Hermon, CA

Books in Review:

Anatomy of the Soul: Surprising Connections Between Neuroscience and Spiritual Practices That Can Transform Your Life and Relationships.

Dr. Curt Thompson's book, "The Anatomy of the Soul", is an important contribution to any library used by professional mental health workers, psychiatrists, psychologists, clergy, and interested layman. Using the term, interpersonal neurobiology, first defined by David Siegel in his book "The Mindful Brain, he develops an integrated model of the mind, the way it works and how changes can be accomplished in the way one thinks and feels. The results of this will be the healing of a person's mind. Dr. Thompson addresses how the secular culture often views mental health as science that is incompatible with any concept of God. Christians frequently avoid mental health workers out of fear that their beliefs will be seen as pathology or craziness. Sometimes there is a fear that the removal of one's faith is the object of the therapeutic process. Dr. Thompson states clearly he is not writing his book to prove the existence of God. Instead he shows how neurobiology and the mind are all part of God's creation. Integration between science and spirituality definitely is possible.

Dr. Thompson combines together his understanding of interpersonal neurobiology, his own knowledge of medicine, and his faith in God as a springboard into the healing of the mind. He then develops seven different elements that are involved in human mental health. His first element, which I found quite challenging, is the importance of being known. This involves being deeply intimate and vulnerable as one experiences another person, thoroughly understanding one's being. I liken it to being naked with someone. Just as important as the first, the second element emphasizes attention. Dr. Thompson raises a question to consider seriously: to whom or to what do we pay most attention? The third element involves the memory and emotions. Although both can be experienced below our conscious awareness since they have been labeled as too painful, they still can have profound effects on our relationships. The development of healthy attachment is the fourth element. In my practice, I too found it important to help the patient recognize the significant patterns he has developed in childhood of attaching or connecting to other people. Dr. Thompson shows how these patterns influence how various structures and function of the brain develop.

Three other elements Dr. Thompson describes are the development of an integrated mind, the role of sin and redemption, and finally the importance of community. I appreciated how he shows that one has a choice between choosing mindfulness versus mindlessness. I also agree with him on how community, the Church, has a significant role in the healing process of mental disorders. Although my clinical approach differs from Dr. Thompson's, I did find many areas of agreement with his concept of interpersonal neurobiology. I too have used widely in my practice his integration of the physical, emotional, and spiritual dimensions of a person. I found the questions he presented at the end of each chapter were stimulating and challenging. His epilogue was an excellent summary of his thoughts. Dr. Thompson's purpose for writing was that each person would have hope. There can be healing of one's emotional wounds but the degree and the length of time required may vary. Such healing would allow a deep, intimate relationship with God. I found his book to be helpful, challenging and thought-provoking.

--Cheryl Sanfacon, MD

Dave Biebel, editor of *Today's Christian Doctor*, writes: I recently published a book your readers might wish to know about: ***50 Ways to Feel Great: Keys to Beating Stress, Worry, and the Blues***. Dr. Jo Marturano, endorsed this book by saying: "This is an extraordinary book that I will be making available to all my friends, family, and psychiatric patients! It offers a great balance of self-care and giving to others, which together, make life worthwhile and fun! It would make a great graduation gift, or placed in a basket of fruit to someone under the weather. This one should be in every doctor's or dentist's waiting room!"

Addendum to the FALL 2010 Newsletter: Need for a Sexuality Task Force

Shortly before the APA this year, John Peteet as Chair of the Psychiatry Section received a letter written by Focus on the Family (FOF) that expressed concerns about proposed changes to the paraphilias and Gender Identity Disorder for DSM V. They were asking for our endorsement of their letter. (You will find a copy of this letter from FOF below as well as a letter from a "minor attracted person" sent to the CMDA.) At our Monday evening academic meeting during the APA, I (Nadine Nyhus) brought copies of the letter and reference articles from FOF, and members present discussed it. I was struck by the wide variety of thoughts and responses, for example, from appreciation for the new Hypersexual Disorder to a concern that this diagnosis is a move away from people taking responsibility for behaviors that are sin.

At that point, we did not feel we could endorse the FOF letter, but John Peteet and I have been informally nominated as co-chairs of a "Sexuality Task Force" to put something in writing on sexuality for the Psychiatry Section. This is <u>not</u> intended to be a position paper of any kind. It is intended to be a jumping off point to stimulate thought and dialogue. At the APA we invited others to join the "Task Force" with us and this committee is open to any member. Clearly, there will be many thoughts and convictions on these issues, perhaps as many as we have members. However, despite the reality that consensus on all points is not feasible, we want to bring these issues to the table as it is important that we are aware, thinking, prayerfully reflecting, reading and participating in dialogue. *~Nadine Nyhus, MD*

April 19, 2010
David J. Kupfer, M.D., Chair, DSM-5 Task Force
American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901

Dr. Kupfer and Members of the APA DSM-5 Task Force:

The undersigned organizations and colleagues wish to jointly participate in the first public comment period of the DSM-5 formation process. Signers hold expertise in multiple fields impacted by proposed changes, and we thank you for this opportunity to submit remarks to your working groups for consideration.

First, we affirm the addition of **Hypersexual Disorder** as a new diagnostic category for its utility in providing recognition and professional care for individuals and families impacted by various forms of sexual behavior dysregulation. Appropriate and competent treatment is a great and growing need. We support the working group's rationale concerning the adverse "personal, relational, and public health consequences" associated with out-of-control sexual behaviors.

Likewise, the proposed reclassification of **Pathological Gambling** into a DSM section to be titled "Addiction and Related Disorders" gives beneficial recognition to the harmful and addictive properties observable with maladaptive gambling behaviors. Placing this diagnosis alongside various substance-related addictions seems likely to hone treatment and broaden understanding of the neurobiological actions that entrap susceptible gamblers into behaviors that create wide-ranging fiscal and emotional costs to individuals and families.

Amid these and other positive proposals we hold some concern about the growing influence of advocacy/consumer groups in the revision process. Specifically, we are concerned that certain activist groups have lobbied for changes intended to impact larger social, legal and judicial policy apart from their clinical usefulness – thereby making the DSM a collusive tool of socio-political process and no longer restricted to patient care and clinical communication.

This appears to be the case with the proposed change in nomenclature from **Gender Identity Disorder (GID)** to **Gender Incongruence**. In its rationale, the APA states that it has worked with transgender-activist organizations to achieve their stated goal of eliminating the term "disorder." This raises the specter of a politicized component to the changes and casts doubt on the credibility of the DSM-V revision process.

One troubling change involves replacing the term "sex" with "gender," representing a significant shift away from biological reality to a multi-category gender spectrum that paves the way for a radical and potentially subversive reordering of human society as it has necessarily existed

across all cultures and time. It is self-evident that, should this proposed alteration be adopted, it will have significant impact far beyond the important, though relatively few, individuals struggling with GID and Disorders of Sexual Development (DSD).

Also problematic is the conflation of congenital/biologic conditions (that is, DSD) with the more subjective experience of GID. This again de-emphasizes verifiable biological reality in favor of feelings and emotions. Transgender activists have long endeavored to confuse the two issues in order to advance their cause in the public arena. Their efforts notwithstanding, a situation whereby objective reality is ignored is by definition problematic from a mental health perspective.

Further, the proposed changes to GID seem designed to assist people who experience gender confusion to "transition," leading more clients to surgically mutilate healthy body parts, in opposition to the present classification, which sees

GID as a treatable disorder – with the goal of enabling the client to more successfully navigate objective reality. We do not believe this course of action will result in well-adjusted individuals. Nor, apparently, does the working group, which recommends leaving the new Gender Incongruence diagnosis open for use with "transitioned" individuals who have regrets and end up not feeling like the other gender after all.

As with proposals relating to GID, changes to criteria for many of the **paraphilias** appear to further the stated goals of sexual activist groups that aim at social and legal acceptance for non-normative and disordered sexual behaviors. Namely, we refer here to the working group's declaration that paraphilias are not "*ipso facto*" disorders and the suggested requirement that specified numbers of victims exist before diagnosis. This sheds the medical model of increasing patients' health, exchanging it for a paradigm that normalizes previously diagnosable conditions. Contrary to what this change communicates, paraphilias are not benign for individuals or their potential future victims; they are consequential and most often progressive. Thus, raising the threshold for diagnosing these sexual problems not only robs individuals of early help and intervention, but also irresponsibly risks affecting judicial rulings and social policies in ways adverse to the protection and wellbeing of children and families. Certainly the most disconcerting application of this new APA ethic would be to **Pedophilia** (to be renamed **Pedohebophilia Disoder**). Dissension cited in papers posted in the rationale section note these problems and, in our view, are not satisfactorily addressed by the working group's published explanations.[1]

Activist groups are already victoriously claiming revisions will affect child custody and job discrimination battles and "the way society views us." One group's communiqué reports the DSM as a "tool of discrimination and punishment," stating that DSM-V is the first step toward

[1] See criticisms by O'Donahue (2000), Marshall (1997) as cited in Blanchard, R. (2009b.) The DSM diagnostic criteria for Pedophilia. *Archives of Sexual Behavior*. Sept 16 {Epub ahead of print}. DOI 10.1007/s10508-009-9536-0

the decriminalization of "BDSM" (Bondage, Discipline, Sado-masochism). Such groups intend to utilize proposed changes as a way to impact current criminal law concerning specific sexual behaviors.[2]

[2] National Coalition for Sexual Freedom (press release, February 16, 2010). *The APA Paraphilias SubWorkgroup Agrees: Kinky is NOT a Diagnosis*. Retrieved from http://archive.constantcontact.com/fs003/1102908923221/archive/1103050720626.html, accessed 15 April 2010.

[3] DSM-5 Workgroup on Sexual and Gender Identity Disorders (2010). *Paraphilias' Proposed Revisions Rationale*. Retrieved from http://www.DSM5.org, accessed 15 April 2010.

We therefore caution the APA as we perceive numerous changes reaching far beyond what is clinically necessary and contributing o radical social engineering. We urge you to reconsider these proposed changes based on the concerns outlined above. Finally, we request that the APA – no matter what changes are eventually adopted – formally state in the DSM-5 (as in a preamble) that none of the criteria, particularly as they relate to conditions of sexuality, is intended to be interpreted or construed

as legal or moral commentary. This is consistent with currently stated rationale in the revision notations:

> *"The decision to suggest these thresholds for DSM-V diagnostic purposes does not imply that this Subworkgroup wants to comment upon or value the varying ways used to define immoral or unlawful conduct in different judicial traditions. Nor does it imply that we want to minimize victim experiences of such, immoral or unlawful, acts."*[3]

In conclusion, we urge thoughtful deliberation of these matters. The influence of the American Psychiatric Association in the mental health field is clearly significant. What may be less apparent is the eventual effect of your decisions, however intended or unintended, on the larger legal, social and family policy arenas. We call upon you to maintain fidelity to science and clinical treatment considerations through the ongoing process of drafting the DSM-5 over and above pressure from activist groups.

Thank you for making your proposals public and considering the input from and impact on interested parties. We will continue to follow the revision process with great interest.

Sincerely,
<group of signatories here>

A letter from a "minor attracted person" sent to the CMDA

From: Casper Barry [mailto:bacasper@yahoo.com]
Sent: Monday, May 24, 2010 11:04 AM
To: cygraham@indiana.edu
Subject: Revision of Diagnostic Criteria for Pedophilia

TO: Dr. Cynthia Graham, DSM-5 Sexual & Gender Identity Disorders Work Group Member, American Psychiatric Association

Dear Dr. Graham:
I am writing in regards to the revision of the diagnostic criteria of the Diagnostic and Statistical Manual, in particular those for Pedophilia.

As a psychiatrist, I have wondered how accurate are APA's criteria when they have historically been based only or largely on patients who have been convicted of or are being adjudicated for a crime. While the majority of pedophiles I have seen professionally came to me directly or indirectly via judicial process, the majority of minor-attracted people I have come to know in my personal life have never been arrested, something remarkable when you consider that people are generally loathe to reveal such an aspect of themselves (even to their psychiatrists!) unless forced to by circumstances; yet, they did so to me.

As a minor-attracted person myself, I have had to hide my true nature from family, friends, and colleagues, even while undergoing my own personal analysis! Indeed, I am compelled to write this under a pseudonym out of fear of reprisals in my social or professional lives or from vigilantes.

I have seen people like myself portrayed by many, including some in the psychiatric profession, as monsters, incorrigible, predators, etc., this despite otherwise feeling very good about myself, and validation I receive from others regarding the perception of my own self-worth. I also have come to know personally or know of others like myself who were generally upstanding, productive role models in their communities.

The APA has a policy of including patient groups, families, and other stakeholders in its revision process. B4uAct.org is a groundbreaking organization which brings together for dialog mental health professionals and minor-attracted people who are not under court order. As such, it is unique in the country. They are asking to be involved in the revision process, but have so far been rebuffed which I find especially distressing. This motivates minor-attracted people to remain in hiding which neither helps anyone nor makes anyone safer. I hope that you too would support B4uAct's efforts for an in-person meeting with members of the Sub-Work Group dealing with this issue.

I am not a spokesman for B4uAct, although I strongly urge that you speak to them. More information about the organization and its goals is available at www.b4uact.org, or you may call 410-751-9571.

I appreciate your time.

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REFLECTIONS ON THE DSM V

In starting as chair of the CMDA, I said to Sherri Williams as we wrapped up in New Orleans that my main trepidation was to see her emails in my inbox. Nothing about Sherri! But thorny issues get forwarded by her. And, in fact, the first email I received as chair from Sherri was a message forwarded through the CMDA general from a psychiatrist who identified himself as a "minor attracted person." (His letter is just below.) The VP for Communications of the CMDA said they were receiving multiple forwarded emails regarding changes to the DSM-5 in the area of "minor-attracted persons" from a group called B4U-ACT. This VP was looking for guidance in how to respond.

The "minor attracted" psychiatrist expresses in his email that he finds it especially distressing that B4U-ACT was "asking to be involved in the revision process, but have so far been rebuffed" by the sub-work group on sexual disorders. He stated he has had to hide his "true nature" from family, friends and colleagues because of unfair stereotyping of pedophiles as "monsters,… this despite otherwise feeling very good about myself, and validation I receive from others…." His plea was that the CMDA support B4U-ACT's efforts for an in-person meeting with the sub-work group on sexuality.

B4U-ACT feels it is prejudicial to give a hearing to other paraphilias and to refuse to give hearing to pedophilia. The emails from B4U-ACT argue: "I did not choose this… when I was young I knew I was different… I had to keep it a secret. No one really knows me… I know I am a good person who helps others regardless of any benefit to myself. The only message I get is that I am destined to do horrible things to other people just because of my feelings. I don't like that I have to be so secretive with everyone and that because of all of us having to be so secretive no real good information can be known about us."

The discussions from the DSM sub-work group (found in Archives of Sexual Behavior (2009) vol 38) are, not surprising, complex and varied. Charles Moser in, "When Is an Unusual Sexual Interest a Mental Disorder?," (Arch Sex Behav (2009) 38:323) states, "…Having sex with a minor is a crime and should be punished as such, but it is not clear that this behavior constitutes a mental disorder."

So, there is the question of whether pedophilia should be diagnosed if a person has not acted on it and does not find it distressing or impairing, then there is Dr. Moser's question of whether even acting on pedophilic impulses is a mental disorder. Thus the question of the purpose and role of diagnostic categories is brought into the mix – a thorny issue indeed, as we found when we assigned individuals with the sole diagnosis of antisocial personality disorder to long term forensic facilities in the 1970's. What I find striking about Moser's article is that he is pitting the illegality of sexual activity with a minor AGAINST it being a mental disorder despite the fact that we continue to diagnose individuals with antisocial personality disorder while prosecuting them for their antisocial acts.

So what is the role of the DSM? In my training I was taught its purpose was to provide categories to guide research and treatment as well as to identify areas that deserve funding resources. Personally, I would hope that the DSM would continue to do this in all areas that involve the psyche. I would hope that the DSM would have a role in identifying and helping individuals BEFORE they commit criminal acts. At this point the debate starts as to the incidence of "minor attracted persons" who act on their attractions vs the number of victims a pedophile has violated by the time they are convicted once.

And on and on it goes. As a society our consensus is that "anything goes," and, "If it feels good do it." In fact, Charles Silverstein (Arch Sex Behav (2009) 38:162 may be quite right when he says, "I suspect that by the time

these (current pre-teen and teen-aged) children grow up, our long-term goal of eliminating the paraphilias from DSM will be realized." Silverstein explains in this article that he was personally involved in the discussions that resulted in the removal of homosexuality from the DSM and that, though he and the other gay activists involved agreed that the sexual disorders list was a prime example of pejorative labeling, "It was agreed that we would confine our argument only to homosexuality, with the hope that its elimination would spur others to examine the whole of what were then called paraphilias." In this article he expresses disappointment that it has taken so long. However, he is hopeful because of the internet: "But all is not lost. None of us in clinical practice or sex research could have anticipated the effects of the Internet. Laws against pornography, for instance, are now meaningless…" He closes by saying that due to children's access to these resources and due to lack of parental supervision, "The next generation of professionals will have had a sexual education far broader than most of us had in our youth and possibly a richer range of sexual experiences. Like a beam of a flashlight at dawn, the paraphilias will likely disappear from DSM for those who have consensual adult-adult sex."

It has been eye opening for me to get a glimpse of the vision of individuals like Silverstein. I am struck by how different my vision for my children is. Personally, I do not see "richness" in sexual experience as relating to breadth of exposure to what was once considered paraphilic behaviors. I have a strong conviction that "richness" in sexual experience is related to having sex with a committed partner that one is emotionally intimate with. In this sense I see sadism and masochism as antithetical to healthy sexuality, even as cruelty is antithetical to intimacy.

Unfortunately we seem to have moved beyond the point where there can be societal consensus around what sexual "health" is. Silverstein still retains the caveat of "consensual adult-adult sex." However, as I have already pointed out, pedophiles are lobbying to be acknowledged as mentally healthy people. And this is in the face of the findings of addiction research; that food, sex and gambling addictions have the same common pathway as drugs – the dopamine reward system. There is evidence that overstimulation of this reward system causes down-regulation of dopamine receptors that results in the need for a level of stimulation just to feel "normal." This desensitization and the frontal lobe atrophy apparently associated with it, results in a biologically weakened state that reinforces the addiction. Thus, to give societal endorsement of unrestrained sexual behaviors, is arguably to create a culture medium for sexual addictions and, arguably, cultural decay rather than "richness."

Dr. J.D. Unwin, the Cambridge anthropologist who authored "Sex and Culture" in 1934, studied 86 cultures that spanned 5000 years and "found, without exception, that cultures that practiced strict monogamy in marital bonds exhibited what he called creative social energy, and reached the zenith of production. Cultures that had no restraint on sexuality, without exception, deteriorated into mediocrity and chaos." (from Hilton, Donald Jr, "Slave Master: How Pornography and Drugs Change your Brain," Salvos, Summer 2010.) Although our mission in the psychiatry section of the CMDA involves much more than the DSM and sexual issues, these are sobering thoughts, and thoughts worth reflecting on. Hopefully this section can be a support to you in that process.

As I mentioned in my introduction letter, John Peteet and I have been informally nominated as co-chairs of a "Sexuality Task Force," which will work primarily through email. If any members are interested in joining this working group you are more than welcome. Feel free to contact me at nyhus@sentex.net or contact Dr. Peteet at John_Peteet@dfci.harvard.edu . Our goal is to reflect on the proposed changes to the DSM in light of scripture and the Christian faith tradition.

Thanks, Nadine Nyhus, MD

If any members are interested in joining this working group you are more than welcome. Feel free to contact me at nyhus@sentex.net or contact Dr. Peteet at John_Peteet@dfci.harvard.edu . Our goal is to reflect on the proposed changes to the DSM in light of scripture and the Christian faith tradition. Our primary mode of communication will be by email.

1) See the complete list of proposed changes here:
http://www.dsm5.org/ProposedRevisions/Pages/SexualandGenderIdentityDisorders.aspx

APA announcement:
http://www.dsm5.org/Newsroom/Documents/Diag%20%20Criteria%20General%20FINAL%202.05.pdf

2) Related articles from groups wanting change:

Kinky is NOT a Diagnosis (National Coalition for Sexual Freedom)
http://ncsf.wordpress.com/2010/02/02/kinky-is-not-a-diagnosis-2/

Help Spread the Word: Kinky Is Not a Diagnosis (CarnalNation)
http://carnalnation.com/print/35810?titles=off

DSM-V Revision Project (National Coalition for Sexual Freedom)
http://ncsfreedom.org/index.php?option=com_keyword&id=312
http://archive.constantcontact.com/fs003/1102908923221/archive/1103050720626.html

3. Related articles from groups concerned about the proposed changes

How Psychologists Can Help Correct DSM5 (from *Psychology Today*)
http://www.psychologytoday.com/print/39201

Issues for DSM-V: Unintended Consequences of Small Changes: The Case of Paraphilias (from *The American Journal of Psychiatry*)
http://ajp.psychiatryonline.org/cgi/content/full/165/10/1240

Change in Criterion for Paraphilias in DSM-IV-TR (history of a previous change in *The American Journal of Psychiatry*)
http://ajp.psychiatryonline.org/cgi/content/short/159/7/1249

Psychiatric Association Debates Lifting Pedophilia Taboo (more history on past proposals from *CNSNews.com*)
http://www.ipce.info/library_3/files/apa_debates.htm

Article in *Clinical Psychiatry News* describing the efforts of the Paraphilias Working Group
http://www.thefreelibrary.com/_/print/PrintArticle.aspx?id=215844762