



- Promoting Fellowship and Supporting Christian Physicians in Practice of Psychiatry.
- Integrating Faith and Professional Practice.
- Validating Psychiatric Approaches to Mental Health Within the Church.
- Supporting Global Workers.

CMDA Psychiatry Section Update (July 2019 - Belated)

To stimulate Christians in the practice of psychiatry, to investigate and discuss the relation between their faith and professional practice, and to incorporate such examined beliefs into their daily practice.

To promote within the church the knowledge and understanding of valid psychiatric approaches to mental health and healing, consistent with Christ's redemptive love.

Faith, Mental Illness and Psychiatry

Is mental illness a spiritual issue (the result of sin) or is mental illness a medical issue? Is a person with mental illness struggling spiritually or are they physically sick? Is a Christian supposed to have mental illness? Can't God cure mental illness?

Tim Keller wrote in his May 2010 article *Four Models of Counseling in Pastoral Ministry*, that we "must beware of giving people the impression that through individual repentance for sin they should be able to undo their personal problems. Obviously, we should not go to the other unbiblical extreme of refusing to acknowledge personal responsibility for sinful behavior as well...While we can't fall into the reductionism of believing all problems are chemically based and require medication, we also cannot fall into the reductionism of believing all problems are

simply a matter of lacking spiritual disciplines. Schizophrenia, bipolar depression, and a host of other psychological problems are rooted in physiological problems that call for medical treatment, not simple talk therapy.”

In his article *Their Religion May Differ, But Goals Are the Same*, March 16, 2007 issue of *Psychiatric News*, published by the American Psychiatric Association (<https://doi.org/10.1176/pn.42.6.0010>), Mark Moran discusses spiritual beliefs and their utility in the treatment of mental illness. In part he discusses an Orangeburg, NY psychiatrist who practices Buddhism, a Syrian-born Muslim psychiatrist and an Orthodox Jewish clinician, and how each utilize aspects of their spiritual beliefs in their treatment of mental illnesses. They are part of a trend in “patient-centered” care and an emphasis on cultural sensitivity that has expanded to include the awareness that a patient's beliefs—about the meaning and purpose of life and the nature of the universe—are crucial to understanding a patient, and to a patient's health and illness.

In the article, John Peteet, M.D., chair of APA's Corresponding Committee on Religion, Spirituality, and Psychiatry, is quoted to say that "recognition of the value of religious and spiritual beliefs and practices in mental health treatment has grown ... many patients seek out like-believing clinicians".

“I regularly hear from potential patients who are looking for a Christian psychiatrist, and I first try to assess if this is something they need, as opposed to something they can find better in a church or secular mental health setting,” Dr. Peteet said. “My faith informs the values and vision that guide my view of people as created in God's image and therefore valuable. It also informs my view of full health as relational and is marked by effectiveness in meeting existential life tasks, versus simply an absence of symptoms.”

Dr. Peteet believes the sensitivity that like-believing therapists can bring to their religious patients is clinically valuable. “Sharing a belief system can be an asset or a liability depending on what it means to the patient and clinician and how they handle it,” he said. “Potential advantages include greater understanding, trust, and the ability to draw on recognized and/or shared spiritual resources. Fundamentalist

patients may be able to trust themselves to a psychiatrist only of the same faith or one they find through a trusted religious authority. “Potential liabilities include negative reactions or struggles based on prior experiences with religious authorities; collusion to focus on religious or spiritual issues instead of on needed psychological work, some of which might require confrontation; and unwarranted assumptions based on a shared or similar identification.”

So, how does a clinician successfully navigate in both the religious and clinical arena? What does the clinician need to know or incorporate in treatment to be effective? What should today’s clinicians consider?

Dr. Warren Kinghorn, M.D., Th.D., in his article, *American Christian Engagement With Mental Health and Mental Illness*, September 14, 2015 issue of *Psychiatric News*, published by the American Psychiatric Association (<https://doi.org/10.1176/appi.ps.201400542>), writes that “although religious belief and practice are relevant to mental health outcomes, many clinicians lack knowledge of particular religious traditions required to make informed judgments about referral to and collaboration with faith-based organizations and clinicians. This Open Forum examines five diverse American Christian approaches to mental health and mental illness—pastoral care and counseling, biblical counseling, integrationism, Christian psychology, and the work of the Institute for the Psychological Sciences—that are relevant for contemporary mental health service delivery. Each of these movements is briefly described and placed in historical, conceptual, and organizational context. Knowledge of the diverse and varied terrain of American Christian engagement with mental health care can inform clinicians’ interactions with faith-based providers, clarify opportunities for responsible collaboration, and provide important insight into religious subcultures with faith-based concerns about contemporary psychiatric care.”

So, do faith-based providers readily accept the help of clinicians and reinforce the idea that they offer medical treatments which are acceptable and can result in successful management of mental illnesses? Is the collaboration discussed by Dr. Kinghorn, happening routinely and successfully or does the church still place a

stigma on mental illness which complicates treatment?

In the June 12, 2019 issue of Psychiatric News, published by the American Psychiatric Association, (<https://doi.org/10.1176/appi.ps.201900005>), Dr. John Peteet, M.D. in his article, *Approaching Religiously Reinforced Mental Health Stigma: A Conceptual Framework*, examines the stigma of mental illness in the church and its role in the treatment of mental illnesses. He writes that “religious reinforcement of mental health stigma is a widespread obstacle to treatment. Understanding its principal causes—fundamentalist thinking, communal bonding, misattribution of psychopathology, traditional beliefs and healing practices, and adverse experiences with secular providers—is a prerequisite to effective mitigation. This requires a sensitive search for common ground, efforts to work within community values, attempts to address both psychiatric and spiritual concerns, and educational interventions tailored to these challenges. Addressing religious reinforcement through collaboration between providers of psychiatric and spiritual care requires further study.”

Each member of the CMDA Psychiatry Section desires to appropriately integrate faith into the treatment of mental illness. Each realizes the need to be a part of a believing church where we do life together with other members. Does our church stigmatize mental illness? How do we minister and educate in the midst of erroneous views when present? How do we identify and address the effects of these stigmas in our patients? How do we assess the best methodology and degree faith and spiritual beliefs should be incorporated in treatment? The answers will differ with each clinician and patient. Click on the links above and read Dr. Kinghorn’s and Dr. Peteet’s thoughts and findings. Seek to collaborate with others in the Section and find out what they are doing and what they are finding successful. Share your thoughts with us on our [blog](#) at our website.

[CMDA National Convention, Ridgecrest, May 2-5, 2019.](#)

This year many of our members and families, attended the CMDA National Convention in early May. The Section sponsored a dinner where we provided a

venue for fellowship and encouragement as well as hosting presentations on the Saturday afternoon. The dinner was attended by approximately 25 doctors and family members. The training sessions were well attended and featured presentations by Co-Chair Dr. Tom Okamoto, Dr. Allan Josephson, and Professor Nancy Pearcey. Dr Okamoto provided a presentation on Joy and Psychiatry, Dr. Josephson provided an overview of Transgender Youth: Family and Developmental Youth, and then he and Professor Pearcey provided perspectives on sexuality and today's society and the risks and rewards to Christians as they live out their faith.

The venue provided an opportunity for encouragement, worship and professional stimulation. We will continue sponsoring Psychiatry Section activities at future National Convention meetings. We hope you will consider joining us in April 2020 in northern Kentucky.

[APA San Francisco, May 18-22, 2019.](#)

Thanks to all who participated!! Our meetings and booth at APA were a great success.

Breakfasts: We sponsored breakfast meetings on Monday, Tuesday and Wednesday mornings with an average of 14 in attendance. The venue was a meal in a private dining room with opportunity to engage with colleagues on professional and personal topics. Without exception, attendees who provided feedback were very pleased with the setting and activity. The goal of the time was fellowship and encouragement and we were able to succeed in providing this opportunity. We believe this is an excellent template for at least some of our gatherings in the future. Thank you for those who attended.

Banquet: Dr Sam Thielman provided a challenging account of his involvement with the church and family of Rev Andrew Brunson. Rev Brunson was the American pastor held in a Turkish prison for two years. Dr Thielman traveled with his (and Andrew Brunson's) pastor to Aliaga Prison near Izmir, Turkey to be present at two of Brunson's hearings and to offer moral support to Brunson and his

family. Dr. Thielman's presentation provided insights into unexpected roles behavioral health personnel may encounter when trying to support Christians working in hostile areas. Thank you Sam!

Booth. As happens every year, we had 50+ visitors to our venue in the exhibition hall. Visitors were greeted by Psychiatry Section members who provided information on Section activities, membership information, and an invitation to attend meetings at APA. Several significant discussions regarding psychiatry and faith occurred. We met psychiatrists and residents who did not know we existed, but wanted to get involved. The discussions were refreshing and encouraging as we sought to model Christ and psychiatry at the APA venue.

We will be at APA 2020 in Philadelphia and will sponsor breakfast meetings, a banquet and booth exhibit. We hope you will consider joining us. Philly is always a great meeting.

[Prayer and Mentoring / Coaching.](#)

We are kicking off a new season! We have already had several requests and want to field many more! If you would like to participate in an informal mentoring program (or have requested this in the past and have not been contacted), please contact us at psychsectionmda@gmail.com and we will get you connected. This is a small time commitment, and can be a life changing opportunity – for both. We encourage spending **1 or 2 hours per month** on the phone seeking wisdom related to studies, patients, practice dynamics, family, etc. We can provide structure if desired. **Practicing members**, this is something that is for you as well. Let me know of your interest and any specific desires, and we will connect you with a member who can meet with you and pray and provide insights into your situations. Thank you for partnering with us and letting us serve you. If you are willing to be a mentor, please let me know. Always seeking new folks.

[Refocus - Medical Students Becoming Psychiatrists!](#)

Sow the seed of psychiatry. Psychiatry can be a leap of faith for medical students who are Christians. Our outreach to Y3/Y4 medical students proved extremely difficult to coordinate. They are VERY busy and hard to connect with. We are regrouping and will now [reach out to Y1/Y2 medical students](#) and seek audiences with them to discuss psychiatry as a specialty. I will connect those members who have volunteered and circle back to set up meetings as we discussed. We will keep you updated as the meetings progress and report back on their success. Contact Marshall at psychsectioncmda@gmail.com if you desire to participate as well. All are encouraged to do so.

[Psychiatry Section Contact.](#) Comments, questions and needs?? Please contact Marshall at psychsectioncmda@gmail.com. We will promptly be in touch. Visit our website at cmda.org/psychiatry for meeting information, resources, blogs and much more. See our Facebook page at “CMDA Psychiatry Section”. Follow us on Twitter at “cmda@cmdapsych”.

[Psychiatry Section Finances.](#) We fund our activities through your dues (\$119/yr practicing psychiatrists, \$59/yr global workers, \$0 Residents and Interns) and donations, so partner with us as we reach out to a larger audience and seek to provide resources and opportunities for fellowship, professional development and collaboration. Go to [Psychiatry Section Dues and Donations](https://cmda.org/specialty-sections/psychiatry-section/) <<https://cmda.org/specialty-sections/psychiatry-section/>> to donate online.

*The Lord bless you, and keep you;
The Lord make His face shine on you,
And be gracious to you;
The Lord lift up His countenance on you,
And give you peace.
Numbers 6:24-26*





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