Christian Medical & Dental Associations
Changing Hearts in Healthcare

Psychiatry Section Newsletter

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NOTICE:
Per the decision at the Annual Business Meeting for stewardship and financial reasons, this newsletter will be the last sent by hardcopy. It will only be sent by e-mail, unless you specifically request a hardcopy from the administrative assistant at the address above.
Please be sure your spam filter does not block pscmda@bellsouth.net.

PRESIDENT'S LETTER

Writing at the conclusion of the APA's Annual Meeting in D.C., I feel gratitude to those of you who make the Section what it is, sadness at leaving many of you for another year, and excitement about future possibilities. Most of you know that the vision, enthusiasm and hard work of our outgoing president Allan Josephson and Administrator Sherri Williams have helped to reinvigorate the Section during the last three years. During this time, more inquirers have visited the Booth and more visitors and members have participated in Annual Meeting activities such as the social hour, academic discussion, breakfast meetings and banquet (see summaries of several of these in this newsletter). Not only have numbers grown, but residents and younger psychiatrists have increasingly engaged experienced clinicians, members who work in the U.S. have heard from those overseas (in Kenya, or France), and Christians in a range of traditions (e.g., Catholic, reformed, evangelical, charismatic) have been enriched by their varied contributions. Our Section is now more organically connected with the national CMDA.

My hope for the future extends beyond the activities of our Section. This year, as exemplified by our banquet speaker and 2008 APA Oskar Pfister Award lecturer Dan Blazer, Christians could be found actively involved in the Program of the APA's Annual Meeting, writing (for both the mental health and Christian communities), and teaching (as far away as Kurdistan). At a March conference in the Netherlands on Religious Psychopathology, I discovered that there is considerable new interest in the interplay between psychiatry and faith in Europe and that Christians have often been leaders in organizing conferences that bring together mental health and pastoral professionals.

It is sometimes easy to feel like a beleaguered minority, after encounters with activists influential enough to cancel symposia such as the one I was to have co-chaired in D.C. on Psychotherapy and Homosexuality: the Religious Dimension (http://www.washingtontimes.com/apps/pbcs.dll/article?AID=/20080502/NATION/374083070/1002). But my experience, like that of Dan Blazer's, is that most of our colleagues are genuinely curious about how to relate faith and mental health - for example, in areas such as prison mental health, or fundamentalists' resistances to treatment. Now that medicine and psychiatry include respect for religion as part of cultural competence, I believe new opportunities are emerging in scientific sessions of the Annual Meeting and elsewhere to help our colleagues appreciate the value of faith based, or spiritually oriented approaches.

In summary, I hope you value as I do the opportunities God has given us to learn from one another, and to pass on what we have been so freely given. Your ideas, prayer and active involvement will be important this year.

John R. Peteet, President

Many thanks to all who have been prompt in paying their dues this year! If you have not yet sent in yours, it is not too late! Dues for members are $100 per year, for retired members, $50 per year. Full time missionaries and residents are exempt. If you send a fax, please send an email as well so we can confirm receipt. Thank you!

PEOPLE in the NEWS

What a pleasure to meet some of our members in Uniform: **Dr. Christopher Perry**, US Army, joined us at the APA along with **Dr. Tim Brown**. Continue to pray for **Dr. James Spinelli** of Columbia SC for healing, and **Dr. Anne McKnight** with elder care concerns. Lift up **Dr. Cheryl Sanfacon** as she moves from private practice into retirement. And a praise from Dr. **Jo Marturano** : "Last year, around Dec 14, I had back surgery with success! The first week was worse than expected, but after that I did physical therapy and training, and am almost as good as new! I am back to water skiing, and heading for my first ski competition. Tennis is still questionable, due to the pounding nature of the game, but I am grateful to be pain-free, and I have a passion for water skiing that makes up for missing tennis!" She's also back to 30-35 hours of work per week. Hurray, Dr. Jo.

It was probably strange to the staff that a hotel guest would invite 26 "friends" into one suite for a Social Hour. But then what is that kitchen *really* for? Guests included: Dr. Robert Zimmerman, Dr. Marshall Simpson, Dr. Scott Armstrong, Dr. Warren Kinghorn, Dr. Andy Michel, Dr. Jeffrey Davenport, Dr. John Peteet, Dr. Allan Josephson, Dr. Nadine Nyhus, Dr. Dick Bagge', Dr. Pierre Unger and daughter, Anne-Rachel, Dr. Irv Wiesner, Dr. Ed Kroon, Dr. Doug Ghrist, Dr. Brian Briscoe, Dr. Tim Brown and Kathy Brown, Dr. John Raney and Karen Raney, med students John Tumeh and Vanesa Hernadez, and Dr. Saman Hamid and Dr. Rawisht Sabri of Kurdistan.

Dr. Karl Benzio writes: **The CMDA National Conference** (June '08) was a great experience as a first time attendee and it was wonderful to get together for breakfast as psychiatry. Others in attendance were **Dr. Leslie Walker**, **Dr. Bob Slack**, **Dr. Dick Bagge', Dr. John Raney** and **Dr. Steve Mory**. **Dr. Jarrett Richardson** stopped by to say hello. **Dr. Raney** commented: "I think having the next CMDA conference in September will help in regards to getting more psychiatrists to the national CMDA conference as the Psych Section typically meets at the same time as the American Psychiatric Association meeting which is regularly held in May. Having meetings in back to back months is hard to make for most of us, if it means flying across country and taking off for almost a week each time."

Administrative Asst. **Sherri Williams** will have an additional ministry this year as a 5th grade teacher at a private Christian School, in Atlanta. So email or voicemail will be the easiest way to reach her during school hours.

WELCOME NEW MEMBERS

From the Spring and Summer Executive Board Meetings

Jessica C. Kettel, MD, PhD. Resident at the Western Psychiatric Institute & Clinic. Dr. Kettel received at PhD in 2003 and her medical degree in 2005 from the Univ. of Pittsburgh. She lives in Pittsburgh with husband Michael and new baby, Daniel, born March 26. Congratulations!

Athena Sotus-Nawar, MD, After attending undergraduate school at Duke and medical school at Emory University in Atlanta, Dr. Sotus-Nawar is practicing in Savannah GA.

Dheeraj Kattula, MD, writes: "Since graduation in 2003, I have been a medical missionary in various places except during residency from 2006-2008. My residency was in Christian Fellowship Hospital, Oddanchatram, Dindigul Dt, TN, where I work currently. I also worked for a short while with Evangelical Medical Fellowship of India. I would like to learn to bring believing psychiatrists in India together to plan and formulate needs in our country so that we may respond in relevant ways.

Suk Fields, MD, is in group practice in Florence AL. where he lives with wife, Molli. This Univ. of South Carolina grad would like the support and fellowship of other psychiatrists on the trenches for the glory of our Lord!...

Doug Ghrist, MD. Doug and his wife, Kathy, are now affiliate members with Africa Inland Mission, recruiting part time to bring more psychiatrists and counselors to Africa. They live in Tyler Texas where he practices psychiatry.

Jean Anderson Dunham, MD. Is a resident in child and adolescent psychiatry at the Austin Medical Education Program, Austin Texas, after graduating from the UT Health Science Center. She was a member of the CMDA in med school and is looking for fellowship with other Christians in the field.

Where in the world are the Psych Section members?

Pamela Wright-Etter, MD, from the Univ. of South Carolina, discussed her visit to Northern Iraq at the Monday Evening Academic roundtable at the APA. Two of the young Kurdish physicians she met came to our Social hour asking if the CMDA could provide training for their physicians. If you are interested, please contact Dr. Wright-Etter at Dive4Pam@aol.com or MEI.

Missions News

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THE REPUBLIC OF TUVA (A PART OF THE RUSSIAN FEDERATION)

It all began early last century when a devout Christian was imprisoned in Siberia. He was moved a number of times from prison to prison since he was trouble-maker. He kept sharing his faith in Christ. Eventually he ended up in the Republic of Tuva, Siberia, near the capital city of Kyzyl. It just so happened he had a niece, who was around eleven years old and lived nearby. She was allowed to visit him and subsequently became a Christian. When she returned to her village and witnessed, 30 people accepted Christ. This was the beginning of the current evangelical church in Kyzyl, where there are now three Assembly of God churches, an independent Pentecostal church, and a Baptist church.

The tiny Republic of Tuva rests against Mongolia, in the southernmost part of central Siberia. Originally Mongolian, it was eventually conquered by the Chinese. Russian immigration in the 19th century continued on into the early 20th century, until Tuva became the battle ground between the old Tsarist forces, the Red Army, and the Chinese. Eventually it became an independent Communist state, not becoming part of the Soviet Union until after WWII. In 1992 it became part of the new Russian Federation. Although formerly the Russian population made up approximately 50% of the population, they now number only about 10%. The Tuvan people, who are genetically linked very closely to indigenous North and South Americans, have become the controlling majority. They are known for many things, including "throat singing" (produced by developing harmonics in the throat and vocal cords), Tuvan wrestling, and riding yaks and horses. The capitol, Kyzyl, is the exact geographical center of Asia. They do not play soccer, but favor basketball and volleyball. The kids all knew NBA players and wore their jerseys. It seemed very strange to be halfway around the world and in a very remote area that is not reachable by plane, only to see this. The geography is that of the "steppes" of Asia, vast open, barren buttes reminding me of central Washington. The only difference is that they go on for several hundred miles. The total population of the country is about 300,000 people. The official religions of the country are Shamanism, Buddhism, and Orthodox Christianity. The Shamanism and Buddhism seemed to be somewhat combined by people. Rituals involve drumming, dancing, and costumes closely resembling those used by indigenous people of North America. The local museum contains beautiful costumes and teepees, as well as yurts.

Several years ago, the American missionary and director of the Assembly of God Church work in the area became friends with a gentleman who was destined to rise in the ranks of government, only to now have the honor of serving as President of the Republic. He approached the missionary this year and asked if he had any contacts in America who could help them utilize a building and develop programs aimed at treating veterans with PTSD, depression, suicide, and ETOH/drug addictions. Joe Cacioppo, a member of CMDA, an ER physician, and a faculty member in Virginia, was contacted. He had been in Tuva a number of times with students, so he sent out a request for team members. Five of us (two psychiatrists, an ER doc, the director of MEI and a builder) thus traveled to Tuva the first week in May to meet the local people, develop relationships, gather information, and assess needs.

During a whirlwind three days, we met with the President of the Republic, the Director of the Health Ministry, several psychiatrists, an addictionologist, a rehabilitation physician, and a large number of veterans from both Afghanistan and Chechnya. The President has personal family concerns for the development of services and will be very supportive of any effort. Traditional services are only inpatient, primarily for psychotic patients and those with affective disorders. Length of stay is approximately two months. Treatment seems to be mostly medication and some milieu. The 240 beds are almost always full. The care is provided by psychiatrists and nurses, who provide a variety of ancillary services that we would offer in the U.S. through other professionals. Outpatient care is essentially non-existent. Plans are underway to establish five primary care clinics in outlying villages, and these may also provide a location for mental health care if the appropriate providers could be trained. The local vision appears to be that of a rehabilitation/sanitarium type facility, relying greatly on R & R, hydrotherapy, massage, relaxation therapy, etc. These approaches of course are greatly used in much of Europe and

are not novel. There is openness to further development within that framework, to include approaches to the family, suicide prevention, outpatient treatment of CD and depression. We were specifically asked by providers about the program called "Alcoholics Unknown" (referring to AA). Veterans also raised questions about the use of spiritual treatment, giving us a wonderful opportunity to witness. It might be possible to establish an office in the new building for a representative from the local church, functioning somewhat as a Chaplain, but without that specific name. There was some concern expressed that the Tuvan people by nature are very private and might find it difficult to participate in treatment. However, an understanding approach over time could be successful.

One of the highlights of the trip was spending time with the local pastor, who told us his story of miraculous conversion from the depths of despair. The members of the church understand prayer and fasting – and they do it. Shortly before we arrived, a baby had fallen out of a fourth story window – and survived, although unconscious. The church members responded with a prayer vigil at the hospital. The baby began to improve. It is interesting that they see no competition or conflict between prayer, fasting, and medical care. This collaboration is not always seen here in America.

A return trip needs to be planned for the fall or next spring, in order to present an orderly educational process, including the latest information or methods, but also aimed at helping integrate this into existing resources and existing attitudes. Progress would be slow, but the opportunity for witness is enormous. I cannot help but believe that God has opened this door at the highest levels of government in this Republic in the heart of Russia for His purposes. If you might be interested, please contact Shari Falkenheimer, Director of MEI, (mei.director@cmda.org), Joe Cacioppo, Team leader, (joecacioppo@comcast.net), or myself. Prayerfully consider the possibility that God wants to use you here.

WELCOME New Board Members

The following have been elected to 2 year terms as Board members for the Psychiatry Section
Dr. John Peteet – President
Dr. Nadine Nyhus-Vice President
Dr. Scott Armstrong – Secretary-Treasurer

Non-Voting:

Dr. John Yarbrough, Resident Representative
Dr. Allan Josephson, Past President

Sixteen members were present for the **Annual Business Meeting**, held on Monday, May 5. The idea was presented that members be given a choice of receiving the newsletter in hard copy form or by email. Dr. Yarbrough presented the idea that people who want a hard copy should have to request one. A member expressed the opinion that hard copies are not a good use of money and that an email copy is adequate. So make your request today if you wish to receive a hard copy!

WEBSITE UPDATE

WE HAVE A NEW WEB ADDRESS ALL OUR OWN! www.cmda.org/ psychiatry. Applications for membership can be found on the web as well as archived copies of the newsletter.

APA 2008 in REVIEW

At Monday's breakfast meeting, Bill Sneck, Ph.D., S.J., a Jesuit priest and clinical psychologist from Loyola University in Maryland spoke on possession and exorcism. After reviewing the church's practice and procedures over the centuries (each Catholic diocese still has a priest designated for this function), he described his own experience as a young exorcist in the Bronx, as a student of deliverances by charismatic Christians while a graduate student in Michigan, and as a witness to more frequent claims of possession while visiting India. He endorsed the church's "methodological materialism" in first ruling out psychiatric and medical conditions before proceeding to a diagnosis of possession. In the discussion that followed, he acknowledged the prominence of dissociative identity disorder in the differential diagnosis of cases in the U.S. ~John Peteet, MD

Tuesday, May 6, Dr. Albert Mohler, president, Southern Baptist Theological Seminary, Louisville KY. For further information see www.albertmohler.com

As Christians we have a distinctive word on the issue of same sex orientation that is less angular than it is thought to be – speaking the truth in love. Christians believe in the Christian unity of all that is beautiful – love and truth. Being loving and truthful are the same thing, yet we make it a dichotomy. Evangelical Christians have said many of the right things to homosexuals. Sexuality is important. It is a fundamental part of what it means to be human.

There are 4 overarching themes/issues in human history: creation, fall, redemption and consummation.

1. CREATION -- from Genesis we see
God created them male and female,
God gave the female to the male
God gave them the gift of marriage,
And there is a biblical verdict – they were naked and unashamed.

2. FALL -- Christians have an inadequate view of the fall. Bonhoeffer spoke of "cheap grace" which is related to a superficial view of sin. Sin is not an issue of discrete things we do wrong. Sin is our fundamental ontology after the fall; we are self-delusional by nature. In Romans 7, Paul talks about how he does not understand himself. "Total depravity is the only totally verifiable Christian doctrine." (Chesterton)

Evangelicals tend to isolate sin in "acts." Our intent is not what we may think it is, in doing good or doing evil. Evangelicals are correct in pointing out that homosexuality is wrong. Homosexual acts in every form are sin. But devoid of a larger context, we miss the point. It is not that we are rightly ordered before God if we are not homosexual. Rather, none of us has a rightly ordered sex life. We are all creatures of the fall. If all our sexuality only glorifies God then it would be rightly ordered. **It is not loving to speak truth so partial that it is unhelpful.** We need to speak to the brokenness of humanity not just homosexuality.

Scripture gives a narrative understanding of creation. But there is also general revelation and general revelation concerns come to the mind of homosexuals. There is a normativity to human sexuality. But all have sinned and fallen short of the glory of God. We are all sexual, political, financial, relational, professional sinners. The difference is that sexual sin is against one's own body.

3. REDEMPTION -- The way out is not just self-help through a titanic act of the will. We have lied to homosexuals by not telling the whole story and by acting as if they have "chosen" this. We assume our struggles are "normal" and that struggles that others have are not "normal." Evangelicals need to recognize arousal patterns are not a person's "choice." It is fundamentally unhelpful to say to adolescents, desperately wanting to be someone other than they are, that their arousal pattern is a "choice." Evangelicals seem to believe that "normal" is that you don't have an erotic profile, only others have this. But Christian traditions have great resources that speak to this. Augustine carried guilt for his promiscuity in his young years. He wrote on the spontaneous movements of his genitals. This is a human struggle, a Genesis 3 (fall) struggle. Redemption is through the blood of Jesus; transformation through regeneration not just reformation. There can be gifts of grace that bring about greater alignment with God's design. The law itself is a gift of grace. The only way out of sin that I know and the only one scripture talks about is the cross. This way out is needed not by homosexuals alone but by sinners as a category. Paul speaks of various sins (I Cor. 6) including active and passive partners of homosexuality. He includes in that passage slanderers and gossips. And he says "such were some of you, but you were washed." The church is to be made up of people who all see themselves in that category. Atonement is for sinners.

It is important that evangelicals understand the effect and curse of sexual sin. It is a besetting sin so common, dangerous, volatile, so close to the surface that when it erupts it disrupts human lives. We have to talk about this in a more honest way. We need to talk to our children about this in all its confusing complexity.

Roman Catholics' understanding of this area is better. They have a magisterial reflection based on natural law. But it also shows the shortcomings of natural law. There is more recently a greater denial of sexuality within the Roman Catholic church and this underlies some of the modern problems.

4. CONSUMMATION will never be brought about in this world. But evangelicals have a lot of work to do and it needs to be more sophisticated. We have a distinctive word, a necessary moral judgment, but in the context of God's desire for his glory to be shown by each person. ~ Nadine Nyhus, M.D.

Tuesday, May 6, Warren Throckmorton, PhD, Grove City College, PA,

Associate Professor of Psychology and Counseling.
For further information see www.drthrockmorton.com.

A key question is: What do psychiatrists and mental health professionals do with same-sex attracted evangelical clients? I don't know that they have any answer to that question in my profession. What guidelines can we offer for how to respond to an evangelical with same sex attraction?

Is the answer that their sexual orientation is not a choice but their religion is, so they should change their religion? If it is just understood that sexuality is not a choice, should they then just change their faith to a more affirming faith? This is very dismissive of their religion.

We as professionals are at odds with ourselves to deny a variable that is an important resource for our clients. If the professional doesn't know about the evangelical tradition how can he dismiss it? There are 60 million adherents in this country. Evangelicals are a people of the book. Religious teaching orders our lives. Mental health professionals don't order their lives that way.

On the other hand, it is not helpful to tell someone to change their sexual orientation. Those attractions are not chosen. It is also not helpful to tell an adolescent "you probably feel that way because you didn't have a loving father" because they may have had a loving father. They may have had a more loving father than their heterosexual friend. The answers we give are shallow. The fact is we don't know why individuals have same sex attraction. When we give shallow answers individuals who struggle with this issue feel misunderstood, alienated and angry.

I don't believe homosexuality is a pathology per se. A pathology is something that impairs functioning, relationships, work, etc. People with same sex attraction can live and work satisfactorily. I believe homosexuality is a sin, a sin in the context of the fall of human nature. There are health risks but we ignore the health risks of heterosexual behaviors.

After salvation we continue to experience desires. Heterosexuality is not a key to the Kingdom of God. One man with same sex attraction said to me "if being saved doesn't change your desires why become a Christian?" I could think of some other reasons.... like heaven. But he came to Christ to change his sexuality. He didn't see the big picture of redemption. He saw salvation as a way to "fix" himself.

Research on the cause of sexual orientation is incomplete. There are tantalizing clues in biology and environment. One study from Denmark found that it was more likely that an individual enter a same sex marriage if they were born in the city than if they were born in the country; that is, born in the city, not necessarily living in the city. Identical twins who grow up in the same family do not have a high degree of concordance. Bailey's study showed that 11 twin pairs out of 100 both had same sex attraction. If the family was strongly relevant one would expect higher. Identical twins have only a slightly higher concordance than fraternal twins though it is generally understood that identical twins are treated more alike than fraternal twins. The best thing we can say is that different factors operate differently in different people.

We need to be honest and say we don't know. Many colleagues say we do know. Many people say one is born gay, wired from birth and destined. There is not evidence for this. There is also not evidence to say it is a defensive detachment from the same-sex parent and a longing for attachment. Therapists are saying things they don't know. Since we don't know we need to say

we don't know.

The other line of research is on change in sexual orientation. Jones and Yarhouse have studied 156 individuals with same sex attraction over 3 years. The change rate from gay to straight is 15%. In addition to this 15% some were happy because they were able to live a lifestyle consistent with their faith. But more follow-up is needed. Other studies show people change behavior but does their sexual orientation change? Long term prospective studies are needed.

In the end does it matter? Many of these people (evangelicals with same sex attraction) want to live by their faith. The most frequent referral I get is a married man who hoped getting married would change his same sex attraction and it hasn't. He truly loves his wife but has a more general sexual attraction to the same sex. Should a therapist say to him, "You should leave your marriage and enter a gay lifestyle?"

We need to do more careful sexual mapping. I find that over time clients often don't shift from one sexual orientation to another but they add a sexual attraction. For example, a young man who is straight at 18 who develops a same sex attraction at 40. Some people are very fluid in their sexual orientation and some aren't. They have different developmental histories, different environments. They need to develop a life that is in line with their values. And the therapist needs to help them develop a life they value. Some will change and some will not.

It's not enough to say you can't change as if that lays out a therapeutic course of action. That client will go to someone else. We need an ethical framework that keeps the therapist out of the values dimension. If a therapist says I believe you were born that way and should be in a gay lifestyle it implies the client should change their religion.

So we need a middle course that focuses on the client living a life by the values they hold. Therapists need to let the client set the value direction. The therapist needs to be willing to say, "We don't know but we will help you the best we can."

Oskar Pfister Award Lecture, Wed. May 7, 2008

This year, Dan Blazer, M.D., J.P. Gibbon Professor of Psychiatry at Duke University Medical Center, received the 25th Oskar Pfister Award for his outstanding contributions at the interface between psychiatry and religion/spirituality. He noted in his lecture "Prozac and the Spiritual Self" that spirituality has traditionally shaped our sense of who we are, and that a significant source of our distress is having become depleted, saturated or fragmented selves. Prozac, as a metaphor for the promise of psychopharmacology, tempts us to look for instrumental means of self-improvement rather than to engage these problems in our society and in ourselves. While medications do good, our attitudes toward them can lead to further fragmentation. The rich discussion that followed considered ways of searching for one's spiritual self in narrative and community.

CD's of this talk may be ordered from the APA website, www.psych.org. We are sorry to report that audio taping of the other talks this year was unsuccessful. Hopefully next year!

Opportunities

If there are any Psychiatric providers that are looking for opportunities, our Biblically-based company, Remuda Ranch Centers in AZ & now in VA are actively recruiting for positions (Just tell HR that I sent them!!!). Our website is http://www.remudaranch.com. In His name & service! Dr. Ron Schwarz

Dr. Doug Ghrist and **Dr. Dick Bagge'** of the Tumaini Counseling Center in Nairobi, Kenya, gave an uplifting presentation about their work in Kenya during the business meeting at APA. They are looking those who might like to do short or long term missions work. Contact the Ghrist's dr.ghrist.ac@aimint.net or the Bagge's dick_bagge@sil.org. if you are interested.

A Symposium on Healing: Spiritual and Medical Perspectives

Tuesday, Sept. 16, 2008, 8 AM-5 PM

The First Church of Christ, 311 Temple Street, New Haven CT. The church is adjacent to the Yale University campus.
General Admission $75. Students and Residents: $35.

Speakers include: Dr. Stephen Mory, Dr. John Peteet, Dr. Harold Koenig, Francis MacNutt, Judith MacNutt, and Randy Clark.

For more information and registration go to www.globalawakening.com.

Co-sponsored by Global Awakening and the CMA Psychiatry Section.

Dear Members:

Finally, what we have all been waiting for…..

THE 2008 DIRECTORY FOR THE PSYCHIATRY SECTION OF THE CMDA accompanies this newsletter. Thank you for your patience as I learned a new computer program. As with any directory it is obsolete as soon as it is printed, so send those changes in asap.

Please read the guidelines on page 2 regarding the use of the directory and respect those members who have requested 'No Referrals'. In the 2009 dues notice, you will have an opportunity to share your current position/title and specialties to further refine our directory. Thank you!
Sherri Williams, Admin. Asst.