

Seeking help through group therapy

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Sometimes I feel so isolated. Surely there are others like me whose frame of reference is the same — who understand what it's like to be a health professional with a mental illness.”

In April 1997, a physician's personal account in these pages ended with those words. The doctor, who suffered from depression, experienced the same loneliness, stigma, isolation and lack of understanding from members of the medical community that many others who are similarly affected must feel, but don't verbalize — or let show.

Our tradition as healers encourages an outward display of assuredness and competence. There is no room for anxiety, self-doubt, fear, or despair. Yet these, and other powerful emotions, are commonplace for many physicians. Among the physician population are individuals who suffer from psychiatric disorders and substance use disorders.

In sickness, doctors learn to hide their pain because so much is at stake, both personally and professionally, including successful completion of medical training, hospital privileges and gainful employment. Professional reputation is our currency and must be protected.

There are many barriers to seeking treatment. Often denial, a feature of mental illness, prevents adequate insight and a call for help. Others

around the troubled physician feel uncomfortable or confused, and can delay acting on his or her behalf.

Physicians don't accept the patient role readily, and often feel ashamed when they do. Few physicians have family doctors and, ironically, don't know where to turn even when they are ready to ask for help. And insurance companies are institutionalizing secrecy by penalizing doctors, and other professionals, when they divulge psychiatric treatment histories when applying for life and disability insurance.

Yet there is help. If isolation is at the core of these illnesses, then connectedness can heal. Psychotherapy can calm and reconstruct distorted thinking, provide sanctuary, and make sense of the chaos. A connection with a skilled therapist offers a safe setting for the deeply intimate work of healing. But for some, one-on-one therapy is not enough.

Many individuals who are recovering from addiction have taught us that they get better in groups. In therapy groups, personal and vitally important issues are revealed and reconciled. Family groups deal with marital and other conflict, coping

and healing within the family.

Mutual help groups, such as Alcoholics Anonymous and a host of similar programs, exist in communities everywhere. These groups attract people with similar problems and give participants a sense of belonging. They also provide practical tools members can use in their daily pursuit of recovery and peace of mind.

Physicians and other health professionals in recovery meet in many locations in peer support groups called Health Professional Groups, or Caduceus groups. These gatherings have earned an important place in the recovering doctor's program. Professionally facilitated, they provide a safe place for the addicted health professional in recovery to meet with others on the same journey — the people who understand them best.

Participants in these groups offer each other the lessons of their experience, validate one another's emotional responses, and share in the pain and joy of recovery. The shame and stigma of illness in our profession vanish as sick healers tend to one another. More than a therapy group, the Caduceus group becomes

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a community of caring people, a healthy family where honesty prevails and wisdom and love heal.

In her excellent book entitled *Kitchen Table Wisdom*, Dr. Rachel Ramen, referring to a Bill Moyers commentary, says that the traditional value “live and let live” can never establish good health for all. Health, she says, requires us as individuals and as a people to go a step beyond this — it requires us to “live and help live.”

Why can't health professionals with other common problems do the same as the chemically dependent in recovery and form healing communities? That is the question posed at the outset of this article by the doctor dealing with depression. The simple answer is that they can.

A professionally facilitated and supervised support group for physi-

cians dealing with personal psychiatric disorders is now forming in the greater Toronto area. Designed as an adjunct to other care and treatment the doctor is receiving, the group will provide a setting where issues of mutual concern can be voiced and shared, where participants will live fully as doctors and people, and help others to do so as well.

If you are interested in learning more about this support group, or if someone you know is in need of the confidential services offered by the Physician Health Program, please contact the PHP at 1-800-851-6606 or (416) 340-2972. OMR

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