



*Newsletter of the
Association of Women Psychiatrists*

AWP October 2021

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President's Message

Greetings and thank you for being a part of the Association of Women Psychiatrists! We are honored to have so many esteemed members in our ranks, and we cherish the opportunity to connect with you through these newsletters.

For these two years as AWP president (2021-2023), I propose a unifying theme of Connection and Belonging. In this new “normal,” as we await more definitive progress in the pandemic, we have all experienced the world in challenging ways – from a sense of isolation or disconnection, to loss and mourning, and certainly for all an overwhelming uncertainty about what the future holds. It seems almost every day there is a new challenge! Yet with challenge comes opportunity, and opportunity brings hope.

The everyday struggle and our work as physicians – the baseline before COVID threw layers of complexity upon us – remains. We still have generations of people struggling with anxiety, depression, and trauma. We still have the epidemic of loneliness that preceded the pandemic, perhaps even more acute now for those who find themselves alone in isolation. The anxiety we help manage has become more intense for many as they struggle to handle the additional challenges brought about by a global pandemic. Lack of childcare, limited resources, financial strain, distance from loved ones, and loss of loved ones are just a few of the challenges we have faced. Simultaneously, we are removed from some of our most helpful coping mechanisms and find ourselves reworking what it means to cope, to manage, and to integrate our lives with our work. For working mothers, of which there are many in our membership, there are the disproportionate domestic responsibilities women take on to ensure the household continues to function. We find ourselves reaching new levels of resilience we didn't know we had! I can't tell you how many women superheroes I have witnessed over the course of the last 1.5 years, fighting the fight with what they've got and adapting to each new challenge that comes along.

For those among us who also experience bias, who deal with racism, sexism, and other forms of discrimination, we have witnessed the fueling of a growing social unrest, a mounting desire to address the inequities that plague the systems in which we live and work. It is herein that I find hope. With attention and resources to address discrimination and hate, we may arrive at policies and behaviors that can effect real change. Change is a slow process – but one that must continue despite inevitable frustration, disappointment, and even disillusionment. We must summon up our strength to fight and be the change – because without advocacy and persistence, we are accepting injustice.

In this newsletter, you will find themes of wellness and support, trauma and resilience, and inspiration from women who have lived through horrific adversity and emerged whole through perseverance. I hope you will enjoy reading the contributions as much as I did!

I would like to send a sincere thank you to all of our members and the AWP Executive Council who so tirelessly and generously give to others and are dedicated to advancing women's mental health. Your ongoing support through AWP dues helps us continue to provide a forum for networking and connectedness among women psychiatrists. In our social connections, we find meaning, and in meaning we find a sense of belonging – one of the most powerful antidotes to uncertainty.

<https://www.facebook.com/womenpsychs/>

<https://www.linkedin.com/company/association-of-women-psychiatrists/>

<https://twitter.com/womenpsychs>

Christina Tara Khan, MD, PhD
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From the Editor's Desk

As a medical school graduate, I was energized by the possibilities that lay ahead. Women constituted half of our medical school class and were some of the brightest, kindest students. Women in medicine were stepping into roles as deans, tenured professors, presidents of national organizations, training directors, and more. Decades later I am both excited by the steps forward yet also keenly aware of the work that remains.

In my own journey in medicine, memorable conversations with mentors and sponsors are rooted in my mind. These individuals have been guiding lights along my non-linear path; they have served as reminders to extend a hand to other women. In this spirit of mentorship, we are introducing The Leah J. Dickstein Mentorship Page in this fall newsletter. Each edition will pose a question to our members for consideration with the hope that we can collectively provide mentorship. We hope that you will both contribute your thoughts as valued members of the Association of Women Psychiatrists and enjoy reading comments from your colleagues.

It is hard to think of 2021 without thinking of Covid. In addition to the increased workloads for physicians, women have been stretched between professional, child care, domestic and elder responsibilities. Finding time for self-care and cultivating well-being can be challenging. We are launching The Wellness Corner in this newsletter as a space to create community and share photos, personal tips, and wellness stories.

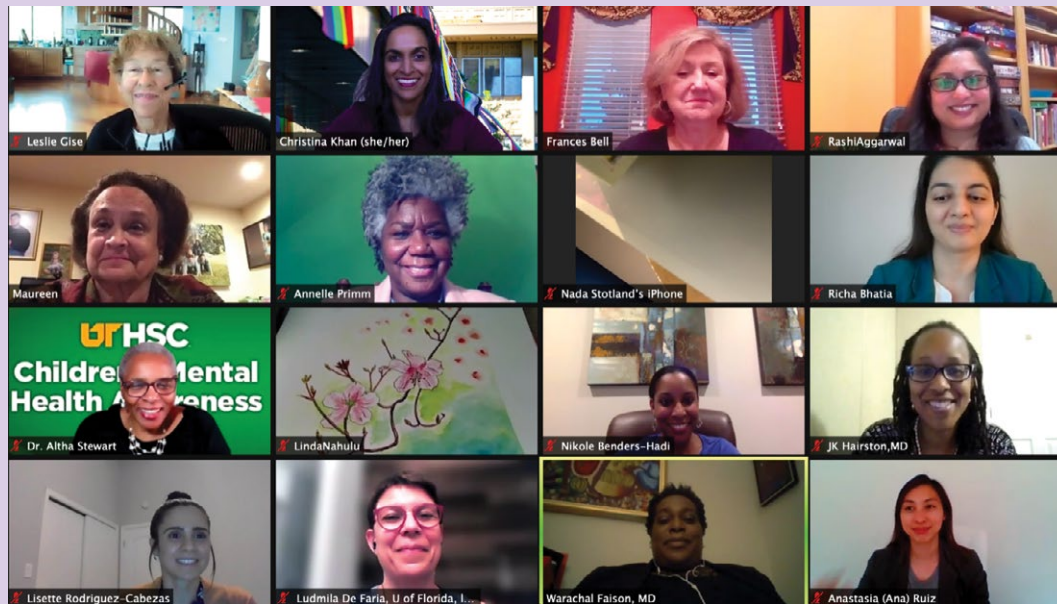
Looking forward to engaging with you on this journey, reading your submissions, and meeting you along the way!

Be well,

Anjali Gupta, M.D.
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Connections at our AWP May 2021 Meeting



Welcome to Our New Member!

Eunice Peterson, MD

The Leah J. Dickstein Mentorship Page

What Qualities Make a Good Mentor?

By Our AWP Members



The Wellness Corner

Photos from Members



In an Interview with Physician Support Line's Dr. Smita Gautam

by Anjali Gupta, MD

Physician Support Line

(<https://www.physiciansupportline.com>) is a national support line service started in March 2020 by a group of psychiatrists to provide peer support to physicians and medical students in the United States. More than 700 psychiatrists have volunteered to provide services since its inception.

Anjali: Where did the idea of the Physician Support Line begin?

Smita: The idea began on a private Facebook group of physicians focused on conversations about Covid-19. The group saw several posts from frontline physicians who were overwhelmed, feeling helpless about their patients and scared for their own safety. One of the psychiatrists in the U.S., Dr. Pu Cheng wrote about his experience with Wuhan physicians over a chat-line. The group's moderator connected him to her colleague, Dr. Mona Masood. She discussed his team's work with him and proposed the idea of starting a support line for physicians here in the United States. Her proposal on that Facebook group called on all psychiatrists to help with a peer-to-peer support line for physicians. That was March 23rd 2020.

Anjali: How did you move it from a brainstorm to the support line it is?

Smita: Within hours, hundreds of psychiatrists responded with interest. They volunteered to staff the line. Three showed an interest in helping build the support line: Dr. Allison Cotton, Dr. Suzan Song, and myself. Within 3 days of Dr. Masood's initial call, our admin group of these 5 psychiatrists was formed; in another 4 days, the logistics were established including legal support, policies, platform, domain, creating an on-call process and developing a database of volunteers. The volunteer group of psychiatrists rose to 400! The Physician Support Line was launched on March 30th 2020, which is also National Doctors' Day.

Anjali: What were some of the challenges on the front end?

Smita: We were building the plane as we were flying it. None of us had a tech or helpline background. Our first platform, Doximity was not a good fit so we had to look for another platform. We were onboarding 50 physicians every other day. We were working on this during any breaks in our own work a day and then until 2 am at night. It was a crisis response phase. What kept us going was our drive to help our physician colleagues fighting on the frontlines. We are grateful that people were eager to help and problem solve with us. We got guidance from many well-known speakers and pro-bono services from our legal team and website developers.

CONTINUED NEXT PAGE

Anjali: How many doctors has it served?

Smita: We have been serving doctors for 18 months now. On a peak day we were serving 30 doctors, and at the slowest we were serving up to 5 physicians a day. The calls last anywhere from 20 to 60 minutes and occasionally more than 60 minutes. Since inception on March 30, 2020, we have responded to nearly 2500 calls and provided more than 49,000 minutes of support.

Anjali: What are the types of ongoing challenges physicians are facing?

Smita: Physicians have called for both Covid and non-Covid reasons. Loneliness, work stress, family problems, marital problems, moral injury, feelings of betrayal by the system and the community.

Anjali: Physician wellness and burnout were important concepts even pre-Covid, what are your thoughts on this post-Covid?

Smita: Physician Mental Health has been a long neglected topic. The physician suicide rate is 300-400 per year. Burnout numbers among physicians are too high. Covid gave physicians the avenue to talk about their struggles.

Anjali: What do you envision for the Physician Support Line post-Covid?

Smita: We will continue to do this work and remain autonomous. To keep it sustainable we have started receiving grant support from an organization called Vibrant Emotional Health. They are providing us with support staff so that the admin team can focus on bigger issues. We are a grassroots effort, and we want to keep it that way to preserve the autonomy and trust of our callers as well as our volunteers. We kept the line national so physicians can get help from all over the country and avoid the potential awkwardness of talking to someone in their own area.

Physicians have a very hard time asking for help. All day long they focus on others, and their training makes them leaders of their teams. We made this specifically for physicians so that they get the implicit permission to ask for help.

Seeking

by Lisa Ekeanyanwu, MD

Brown eyes that faded into a beautiful face
That's what I noticed as I took my place
I saw the face of a child
But heard the words of a woman
I inferred a pain that had yet to be proven
So I stayed and listened as they condemned her ways
And I found myself...seeking

"Who is she?" we thought
When our questions were met with silence
Her voice was encased in a frame of violence
The markings on her face seemed to speak for her
But what they said
I could not defer
So I found myself...seeking

The sun went down and her demons came at night
Her roaring screams became our sight
By morning a new story had come to light
Written in her flesh, it stung my eyes
She clawed her face and tried to hide
But her bloodied nails betrayed her
Again I found myself...seeking

I closed the space, and wiped the blood
It was then I found an unexpected hug
I asked why she had done this thing
Why she had marred her angelic face
And she spoke words that seemed to drown in tears
So closer I came, still...seeking

I knew her beauty had brought her much pain
It called out to demons that came to her at night
To violate her innocence, her body and mind
In seeking her face, her brown eyes met mine
And on that day, we finally met
No longer was I...seeking

For now I knew what she was running from
Her years of trafficking and meeting the earth's scum
And here I was, a witness to trauma
A custodian for someone who'd lost her honor
I know what I am, the humble advocate
A physician who will always be...seeking

Book Review

By Maureen Sayres Van Niel, MD

The Choice: Embrace the Possible

By Dr. Edith Eva Eger Scribner



As soon as I began reading this National Jewish Book Award-winning memoir, I knew it was a paean to the power of hope. In it, the nonagenarian author recounts her remarkable life before, during, and after internment in several Nazi concentration camps. As I pored through the terrifying account of her family's experiences, I was mindful of the frequent heinous incidences of anti-Semitic hate crimes disfiguring the current American landscape, culminating in the mass murder of Jews at the Tree of Life Synagogue in Pittsburgh. Uncovering the unthinkable, that event demonstrated that life-threatening anti-Semitism persists maliciously and undeniably. An already compelling book took on a much more somber note. It is no exaggeration to say that reading this memoir changed my life in several ways.

As the author describes her travails with the detail of a gifted writer and historian, I developed what felt like a personal concern for "Edie," rooting for her survival. Edie Eger was born in 1927 into an ethnically Hungarian and culturally sophisticated family in Košice, Czechoslovakia. Her father, Lajos, was a tailor; her mother, Ilona, a homemaker; and her two older sisters, Magda and Karla, were both accomplished musicians who alternately chided and protected her. At age 16, Edie's great passions were ballet and gymnastics, and even though the 1944 Olympics were canceled because of the war, she was part of an Olympic training team in gymnastics.

The mood darkens as Edie details the ominous anti-Semitism that became insidiously evident in her Slovak town, where Jews were denied opportunities and forced to wear paper badges bearing the yellow Star of David. Edie's dreams were crushed when she was taken off the Olympic gymnastics team because of her religion; several days later, the SS came to her family's apartment in April 1944 to arrest them – after an intimate Shabbat dinner. She describes the long, freezing train ride jammed with terrified and hungry passengers, only to arrive at Auschwitz, which they were told was a temporary work camp. While there, she encountered Dr. Josef Mengele, the "Angel of Death," who commanded her to dance for him. Edie performed Strauss's "Blue Danube" adagio ballet solo, despite her rage, weakness, and emaciation—a cruel mockery of the happiness and passion she had felt when previously performing at concert halls in Budapest.

Even in the midst of unfathomable suffering, punctuated by plumes of dark gray smoke marking the daily incineration of her fellow prisoners, Edie and her teenage girlfriends struggled to steal a few afternoons of laughter, making up girly contests and new dances. I teared up in futility when Edie revealed a crucial verbal exchange she had with Dr. Mengele, which she is convinced caused the death of her mother. That guilt consumed her for decades. Feeling self-blame as a way of exerting control over uncontrollable abuse is a theme that shaped her life—also a frequent refrain heard by those of us psychiatrists working with traumatized patients.

Edie and the other few who survived Auschwitz were taken on one of the infamous death marches to Gunskirchen Lager, a concentration camp in Austria, where she was interned again. On May 4, 1945, when she lay diseased and delirious in a heap of decomposing bodies, she mustered a weak arabesque arm motion to a US soldier who had come to liberate the camp. Edie survived. She recovered in the home of a German family and eventually made it back to her native Košice, in present day Slovakia.

Edie eventually chose to emigrate to America. Her life of oppression and poverty continued in the States, until moving to El Paso, Texas. After many years, Edie acquired an EdD in clinical psychology and began an illustrious career as Dr. Edith Eger, a renowned expert in the treatment of trauma victims. Her mentors included Viktor Frankl, a fellow Holocaust survivor and creator of logotherapy; Carl Rogers, one of the founders of humanistic psychology; Martin Seligman, who studied “learned helplessness”; and Albert Ellis, creator of Rational Emotive Therapy, a precursor to Cognitive Behavioral Therapy. What makes Eger’s contributions to the genre unique is her willingness to take a deep and knowing dive into trauma, identifying not only its effects but also the best way for clinicians to treat it. She offers readers five gifts of wisdom from both her personal experience and her work with traumatized patients:

I. There is no hierarchy of suffering.

Always the generous one, Eger is quick to say that no one is in a position to judge whose suffering is the worst.

II. Suffering is inevitable and universal, but how we respond to it matters.

“The problem and the foundation of our persistent suffering is the belief that discomfort, mistakes, and disappointment signal something about our worth. The belief that unpleasant things in our lives are all we deserve.” (p.172).

In the words of her courageous and fast-thinking mother, who managed wise and loving words to her teenage daughter while on the dark train ride to Auschwitz despite her own terror:

“We don’t know where we’re going. We don’t know what’s going to happen. Just remember, no one can take away from you what you’ve put in your mind (p.34).

Those words allowed her to maintain a sense of control beyond the moment and kept Edie alive when the world around her was devoid of meaning. Rather than remaining bitter or going through life as a victim, she embraced the power in choosing how to process her experience. To her, building a good life became the best revenge.

III. Post-traumatic stress as a reaction, not a disorder.

Eger voiced dissent against the traditional conceptualization of trauma-related symptoms as somehow maladaptive or disordered, and in turn enlightened my care of trauma patients:

“I was having a flashback; the unnerving physical sensations...are automatic responses to trauma. This is why I now object to pathologizing post-traumatic stress by calling it a disorder. It’s not a disordered reaction to trauma--it’s a common and natural one.” (p.135)

It is in healing her patients’ trauma that Eger eventually broke through to address her own residual dybbuks after a trip to Auschwitz many years later:

“Freedom lies in learning to embrace what happened. Freedom means we muster the courage to dismantle the prison (inside of us), brick by brick. But so many of us remain stuck in a trauma or grief, unable to experience our lives fully. This we can change.” (p.6).

Eger takes pride in treating the most brittle patients, especially war veterans. She passionately advocates that clinicians not judge or criticize individuals who were so broken by their trauma that they could not heal or fully recover. However, one of my few reservations about the book is her at times unconventional approach to therapy; Eger led one session with a veteran’s gun pointed at her.

IV. Joy and passion can be reclaimed.

As a survivor of trauma, Eger worked hard to open herself so that she could fully enjoy and trust life once again. She feels we can reclaim past sources of meaning, even if they are hidden under decades of fear or imprisonment.

Eger even began to dance again and ends each speaking engagement with a grand battement— a ballet high kick. Somehow, she reclaimed the seemingly irredeemable joys of her youth, and her positive spirit is infectious. Before I knew it, I felt that she was cajoling me: “C’mon, Maureen! Get back in the pool. You miss it terribly.” She was right; after an accident I had been spooked about resuming my favorite activity, but I was able to imagine feeling that youthful glide once again, buoyed by her encouraging spirit. There it was—transformation jumping right out of the pages of this deeply moving memoir.

V. Never accommodate haters or downplay their intentions.

Among the sobering lessons Eger teaches is that we should recognize the reality that virulent anti-Semitism and other forms of hatred are still with us, and that we must work against them at all costs. The catastrophic annihilation of Jews during the Holocaust was the final act in a long era of normalizing hate; by the end of the book, the reader gasps in recognition at the escalating signs of worldwide anti-Semitism. In a 2018 report, anti-Semitic hate crimes in the United States were nearly 60% higher in 2017 than in 2016, the largest single-year increase on record.¹ In a recent poll, one third of Europeans surveyed said they knew “just a little” or “nothing at all” about the Holocaust.² We must all vigilantly monitor our own and others’ capacity to hate; we have “The Choice,” Eger tells us, about where we let our thoughts and actions go.

Edith Eva Eger’s memoir is a life-giving spark spurred on by her mother’s expired but indomitable spirit and carried valiantly from the embers of Auschwitz. The memoir shows us how desperately cruel we can be to one another. But it also shows us, incredulously, how we have the capacity to heal ourselves after facing such horrific trauma. Eger is a brilliant guide for all readers, but particularly for us psychiatrists who feel and understand the devastation of trauma, whether in our own lives or in our patients’. Let us look more deeply at our own traumas and lead others to be inspired to recognize, heal and suppress all current forms of hatred, including anti-Semitism.

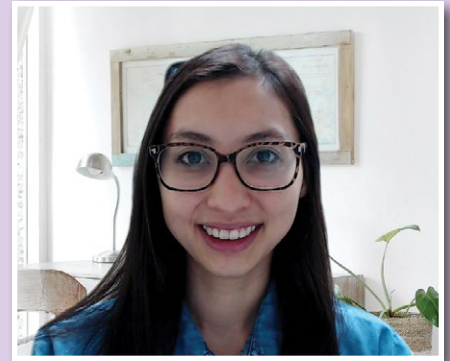
1) https://www.adl.org/news/press-releases/anti-semitic-incidents-surged-nearly-60-in-2017-according-to-new-adl-report?fbclid=IwAR0qqKu-F1LGJC5y1gqF5ARHTSedHT_L4LWQU5ev3t33BaAcejLKL32szbs

2) <https://www.cnn.com/videos/world/2018/11/26/cnn-poll-anti-semitism-in-europe-lon-orig.cnn>

A Proud Woman and a Proud, Female Psychiatrist

By Anastasia Ruiz, MD

As a psychiatrist who recently graduated from residency program, I was ecstatic to start my first post-residency job in a busy inpatient psychiatric unit. It has always been my passion to be able to help the inpatient psychiatric population. So far, the work has been so challenging and rewarding, and I am loving every minute of it. However, I have also received comments, though they are infrequent, from my patients and their families requesting to see another physician. As a female psychiatrist, I have heard, "You look too young," or "She is too young and pretty to deliver effective care to my son. Can we request an older, white doctor?"



I wonder if I would have received those comments if I was a man.

Nevertheless, as I sit in the courtroom advocating for mental health care for my patients, I notice that I am in front of a female magistrate judge, a female state attorney, a female public defender, a female bailiff, and a female patient---I am proud to be a female psychiatrist, and I am proud to call America my home.



2021 Meeting Dates:

Here are a few upcoming annual meetings for your calendar.

American Academy of Child & Adolescent Psychiatry
Annual Meeting (Virtual)
October 18-30, 2021

Academy of Consultation Liaison Psychiatry
Annual Meeting (Virtual)
November 10-12, 2021

American Academy of Addiction Psychiatry
Annual Meeting (Virtual)
December 9-12, 2021

Association of Women Psychiatrists

Executive Council 2021 – 2022

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August 2021



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ALEXANDRA SYMONDS, M.D.
FOUNDER: 1983

Membership Application Form

Name: _____ Date: _____

Address: _____

Phone/Office: _____ Home: _____

Fax: _____ E-mail: _____

Medical school: _____ Year of graduation: _____

Psychiatric residency training: _____ Year completed (or to be completed): _____

Postgraduate education: _____ Year completed: _____

Areas of special interest in psychiatry: _____

Board Certification in Psychiatry and Neurology Yes _____ No _____ Other Board Certification: _____

Are you a member of?

- ☐ American Academy of Child and Adolescent Psychiatry
- ☐ American Academy of Psychiatry and the Law
- ☐ American Association for Geriatric
- ☐ American Association of Community Psychiatrists
- ☐ American Association of Directors of Psychiatric Residency Training Programs
- ☐ American College of Psychiatrists
- ☐ American Medical Association
- ☐ American Medical Women's Association
- ☐ American Psychiatric Association
- ☐ Association for Academic Psychiatry
- ☐ Association of Directors of Medical Student Education in Psychiatry

Which AWP Committee would you be interested in chairing or becoming a member of?

Awards _____ Bylaws _____ Membership _____ Program _____ Newsletter _____ Long Range Plan _____

Signature: _____ Date: _____

Annual Dues

General Member: \$100.00

International Member: Countries A/\$50.00 – Countries B/\$25.00

Part Time Member: \$50.00

Retired Member: \$50.00

Residents: \$30.00 with copy of ID

Medical Student: Dues Waived

All dues include
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