



Drawing by Chaya Chadad.

THEY DON'T TEACH MIND- READING IN MEDICAL SCHOOL

TOVA FEINMAN

A tall brunette young woman approached me as I sat in the Starbucks under my psychiatrist's office drinking tea and puzzling out my next writing project.

"Why do you write about your mental illness? It's so personal," she asked in an undertone.

At first, I was taken aback. I felt like she was challenging me to justify why I would expend so much time and emotion writing about a subject that makes many people uncomfortable. I didn't answer right away. I needed a moment.

"What's your name?" I queried.

She looked startled that I would ask, as if even her name was too personal a topic. She replied, "My name is Chana."* I invited her to sit at my table.

"Chana, I write about mental illness because there are too many people, families and patients, who suffer in silence, and too many people who wish they understood these illnesses better but are afraid to ask."

Chana looked down at the table and replied, "My illness embarrasses me and it embarrasses my family." I could see the shame on her face as she mumbled the words. My heart went out to her. "I write so you and your family don't have to live in silence. And maybe through my writing I can model how to navigate your illness with less pain."

She pulled a copy of my book, *Teacup in a Storm: Finding My Psychiatrist*, out of her backpack and placed it in front of me. "Would you sign your book for my mom so maybe she won't feel ashamed of me?"

* Any identifying information in the article has been altered to preserve the privacy of individuals.

My vision blurred with tears as I signed the book, *To Rivka, your daughter Chana is a blessing. May my journey bring understanding. Tova.* She took the book from me and darted out the door. I thought to myself, *I wish I had an appointment with Dr. Guterson right now.* I sipped my tea as the project I was working on faded from my mind.



I am a fierce advocate for building better relationships between psychiatrists, patients, and their families. The more empowered patients and families feel with the mental health providers they work with, the more accepting and supported they can feel with the illnesses they live with. Empowerment is the antidote to shame and silence. It matters to me deeply that patients like me build collaborative and healing clinical partnerships with our MDs in particular. Therapists are plentiful. You can change therapists because you don't like the décor of their office and you'll be able to find another therapist easily. With our psychiatrists, we don't have so many options. Psychiatry is a small specialty of medicine. There aren't enough psychiatrists to meet the needs of people suffering. Some areas of the country have few psychiatrists, if any, especially rural areas, small towns, and areas where patients rely on clinics for care. Learning to work with the psychiatrist you currently are seeing is more empowering than endlessly looking for an MD that you may never find. One chance interaction on the internet crystallized for me why I wanted to take on this important but rarely-discussed topic. I wanted to model for patients how to make the most of their clinical care. This encounter motivated me to write a book on the subject, and that's how *Teacup in a Storm: Finding My Psychiatrist* was born. [This book was reviewed in the Shvat 2019 issue of *N'shei Chabad Newsletter* and may be read online at nsheichabadnewsletter.com/archives. -Ed.]

Like many people with mental illnesses, I like to go on the internet and look for good discussions about my conditions. I have what's called "complex trauma," a combination of illnesses which include post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), and a dissociative disorder. I also have bipolar 1 disorder, which means I have episodes of mania and depression along with hallucinations and delusions. At 2 a.m. one night, I was on a website frequented by people with mental illnesses. Someone was posting about his

struggles with his psychiatrist. He was in real pain and believed his psychiatrist didn't listen and didn't care about him. Of course, the group pounced. They told him to dump his lousy doctor and look for his "perfect match." I could tell by his response that he didn't want to change psychiatrists. He wanted to fix what wasn't working in his current relationship. I asked him if he had ever told his psychiatrist what he just told the group.

"No," he confessed.

I suggested that maybe it was better if he talked to his doctor about his concerns rather than strangers on an anonymous message board in the middle of the night. I even suggested he could write a letter to his doctor if he couldn't find the spoken words. The man thanked me and said he was logging off to write his psychiatrist a letter immediately.

I was feeling pretty good about the exchange until the backlash from the group hit. One person typed, "The psychiatrist should already know how this guy feels. It's his job to know." Peeved, I replied, "How's the psychiatrist supposed to know if the guy doesn't tell him? They don't teach mindreading in medical school." When the group had no counterargument, they jumped to the next complaint. Someone else chimed in, "The young man shouldn't have to beg to get his doctor to hear him." Growling to myself, I responded, "It's not begging to ask for what you need in treatment. In fact, it's essential." Then a third person typed, "It's none of his psychiatrist's business how this guy feels about him." Now I'm getting really annoyed and I start typing in all capitals with exclamation points, "HIS DR. IS 50% OF THE RELATIONSHIP. OF COURSE HE NEEDS TO KNOW THERE'S A PROBLEM!!!!" The most distressing response was their return to the insistence that there really was a perfect psychiatrist waiting for this man if he'd just leave his terrible doctor. I ended up screaming at my computer, "That's a lie! There are no perfect psychiatrists because there are no perfect people. You are setting him up to fail because even Dr. Perfect will eventually end up disappointing him. He'll be jumping to yet another doctor, never getting his illnesses treated!!" I realized I was yelling at people who couldn't hear me, with either their ears or their minds. I logged off, angry and frustrated. I wondered if the people in this group treated all their relationships like they treated their clinical ones, expecting perfection.

Their arguments really bothered me because they ran completely counter to everything I had learned over my decades of treatment with my psychiatrist, Dr. Yaakov Guterson. It dawned on me that I might have insights

that people like the man on the message board would find useful in dealing with their own treatment issues. Dr. Guterson and I have been navigating my complex illnesses and all their challenges for a long time. We've learned a thing or two about communicating with each other and I've transformed because of those lessons. It's not that I think all clinical relationships are like mine. Of course, they aren't. No two psychiatrists are alike and no two patients are alike. However, there are truths that guide all relationships, even therapeutic ones. Truths such as hiding information is destructive, that believing your psychiatrist should know what you are thinking is a treatment disaster, that there is danger in unrealistic expectations because you will always be disappointed, and that it's not the case that conflict necessarily means the death of the relationship. In reality, conflict provides us with an opportunity to grow. It is my mission to help fellow patients realize that they have the power to shape the quality of their treatment relationships.



Looking for Dr. Perfect was my first mistake. I had the exact physician I was looking for etched in my mind. The 1970s television program MASH illustrated the struggles of patients and doctors during the Korean War. The cast of characters was colorful, but the unit's purpose was deadly serious: healing soldiers in a war zone. One of the doctors on the program was a psychiatrist named Dr. Sydney Freedman. Dr. Freedman had it all. He had the perfect bedside manner, deep empathy, sincere compassion, vast clinical knowledge, and humor. As a child growing up in a family with four generations of schizophrenia, I was sure that at any moment Dr. Freedman would knock at the door and whisk my tormentors away. The fact that this mythical MD never made an appearance in my home didn't stop me from believing he was out there somewhere, and all I needed to do was find him.

I carried this image of what a psychiatrist should be into my adulthood. Then I met my first flesh-and-blood psychiatrist in 1994. Dr. W. was a prickly, distant,

They told him to dump his lousy doctor and look for his “perfect match.”

and humorless man. He bore no resemblance to my beloved Dr. Freedman. I hated Dr. W. and I was miserable. My secretive and uncooperative behavior reflected my attitude. Anything he recommended I do, I didn't. Every medication he prescribed, I furtively didn't take. If he told me something I didn't like, I complained about him to anyone and everyone who would listen to me. Eventually, he dumped me because he couldn't work with me constructively. I wanted Dr. Freedman and this guy wasn't him. The problem was that Dr. Freedman never materialized in my life. I've had several outpatient psychiatrists, countless inpatient psychiatrists, and not a single one of them was my beloved Dr. Freedman. My frustration made me awful to work with and left me largely untreated because I was so uncooperative.

Then I met Dr. Guterson and I learned something: Unrealistic expectations were destroying any chance I had at having a healing relationship with a real psychiatrist. I was sabotaging my own recovery because I was hunting for a person who did not exist. Once I understood that I needed to deal with a real person and not my fantasy, I started to accept that I was never going to heal if I didn't change my attitude. I let a new psychiatrist into my world and I gave him a chance.

I realized that Dr. Guterson was a real human being with his own unique qualities that I could tap into in order to facilitate healing. Had I behaved better with Dr. W. and appreciated that maybe he wasn't sullen and distant, but rather a careful listener who picked up on the nuances of my mood and illness, maybe I could have stayed with him. He was a careful diagnostician. Even though I was a passive-aggressive patient, meaning I withheld information, was secretly noncompliant,

and held seething resentment that I had to see him at all, he diagnosed me correctly and medicated me appropriately. True, he wasn't Dr. Freedman, but he really was a good psychiatrist in his own right. Looking back, I realize I misjudged him. Several years ago, I wrote Dr. W. and told him this. I felt I owed him an explanation for my awful behavior. He never replied, but the letter gave me closure. I was able to express my appreciation for his work with me and let go of my disappointment in my own behavior. It was a healing letter.



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Unreasonable expectations are a significant reason why so many of us patients are unhappy with our doctors. The sad part is that we are sabotaging our own care because we have an image of perfection in mind that no doctor can meet. Those of us with severe illnesses depend heavily on our psychiatrists in times of crisis and distress. Of course, we want them to be attuned to us and sensitive to our needs. The problem comes when we unrealistically expect a level of perfection that is just unfair and destructive.

Once I understood that the attitude I brought into my relationship with Dr. Guterson played a key role in whether my relationship with him was going to succeed, I made space so that I could let go of Sydney Freedman and appreciate the skills of Dr. Yaakov Guterson. He and I have been psychiatrist and patient for 23 years. Has the relationship been without rough patches? No, absolutely not. However, the process of working out those difficult times has helped me heal and I use those same skills in my non-clinical relationships. By sticking out the difficult moments, I have learned problem-solving skills, collaboration skills, and conflict-resolution skills.

My newfound conflict-resolution skills have been key in my healing. As you probably could tell by my passive-aggressive war with Dr. W., I'd rather twist myself into a pretzel than have an open conflict with someone. I am by nature compliant and shy. It's a problem when

conflict comes up in my life. I go straight to panicked little girl, surrender, and suffer the defeat with internal resentment and anger. Therapeutic relationships are the perfect places to practice learning to speak up and resolve conflict. However, most patients interpret conflict with their psychiatrist as an invitation to bail on the relationship. After all, why should I pay someone with whom I am in conflict? This is my commercial for sticking out a conflict with your psychiatrist: I have had some serious conflicts with Dr. Guterson over the years. Each conflict terrified me. I was certain the discord meant I was either going to be dumped or I might have to leave. Neither, in 23 years, has ever happened. What has happened instead is that I've gotten successively better at speaking my needs and he's gotten successively better at adjusting his approach to me because of those needs.

A perfect example of just such a conflict happened a number of years ago. I sat in Dr. Guterson's office desperate to tell him about a PTSD event I had the previous week. The memory of being brutally assaulted in college played over and over in my head and had reduced me to quivering, sobbing, jelly. I tried to compensate for my terror by fortressing the entire house. I barred doors, wired shut window locks, and armed myself in case the criminal made an appearance in my home. I stayed up all night, vigilant for the assailant. When dawn emerged from night and I realized I had found a way to protect

myself, I intended to burrow into my home every night. I was triumphant with my new protection strategy, but also exhausted. As the days dragged on and I remained hyper vigilant and terrified despite the new security measures, I knew I needed Dr. Guterson's wise counsel to help me resolve the problem.

At my next appointment with him I tried to convey the complex situation with vague references, half-spoken truths, and a lot of staring at my hands. He seemed unfazed and answered my presentation with, "You seem to be doing well. I know you have a hard time when things are going well." I was devastated. I thought, *How could he think I am doing well when I'm not sleeping, I'm barring myself in my house every night, and shaking in fear as soon as the sun sets?* I dashed out of his office, dove into my car and wept piteously. As I calmed myself down, over time, I realized that in my conversation with him I never once told him I had turned my home into a fortress or that I hadn't slept in two weeks even as I kept a weapon by my side. I'm sure had I said that, he might not have made the comment that I seemed to be doing well. I was angry at him because he wasn't sensitive to my situation but I never clarified what exactly my situation was. It was as if I was expecting him to crawl inside my mind and magically know these details I'd never shared with him. I finally got honest with myself and said, *If I don't say the words, how is he supposed to know what I mean? How can I expect him to treat a problem he doesn't know exists?*

I answered my insight by writing Dr. Guterson a long letter describing the assault I had suffered in college, my safety measures, my fear, and my need for his help. Once I was able to communicate the previously jumbled information to him coherently, he was able to therapeutically respond. From this episode I learned several things. First, psychiatrists don't read minds. Second, if I want him to know something, I have to communicate it to him in a meaningful way. Third, even though I think he's the one at fault in a conflict, it might actually be something I'm doing. Finally, the written word is a very effective tool for me to communicate difficult experiences to him.

Had I done what a lot of patients do when they are disappointed by their psychiatrist and gone to an online message board to vent, complained to a friend, or just seethed silently over the presumed injustice, I would have gotten the standard advice: "Dump him, he's a lousy psychiatrist." Had I followed this awful advice, I would have never grown, and the problem would have repeated itself in another clinical relationship. Every time

Dr. Guterson and I hit a rough patch, I ask myself, "How much of this conflict is my doing?" Then he and I have a meaningful conversation about the current conflict

Thinking back to my encounter with Chana, the most powerful advice I could have given her was that if she felt more empowered, she might be able to let go of her shame. Healing is denied when we expect perfection, run from conflict, expect mindreading, and don't invest in those relationships. Empowerment happens when we collaborate as equal partners with our mental health professionals. ❧



Tova Feinman, author of *Teacup in a Storm: Finding my Psychiatrist*, just wrote a second book, *I'll Be Right Back*. Her

second book looks at the complexities of trying to raise a child while battling a mental illness. The book will be released before Chanukah, *iy"H*.



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