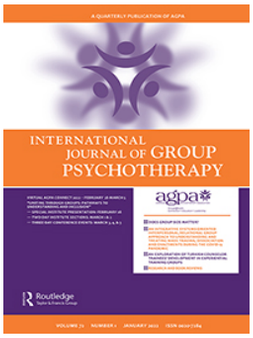

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Beneath the White Coat: Doctors, Their Minds and Mental Health

Edited by Clare Gerada and Zaid Al-Najir. Routledge, 2021. 291 pp.

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BOOK REVIEW

Beneath the White Coat: Doctors, Their Minds and Mental Health Edited by Clare Gerada and Zaid Al-Najir. Routledge, 2021. 291 pp.

Whether you have worn the white coat, worked with the white coats, or done your best to avoid them, there is something valuable here for you. Focused on medical professionals and their unique training, this book has a broad reach to all those who work in the mental health field. Psychiatrists currently make up 7% of AGPA's membership (personal communication, November 16, 2021, AGPA Office). Most groups are run by nonphysicians, but it is hard to find a therapy group without at least one patient on medication, which means that all group therapists are likely sharing at least some of their patients with physicians.

Induction into the tribe of medicine poses challenges that this book summarizes well, and learning about this process serves both nonphysicians and physicians. We wanted to illustrate this by writing this book review together – as a psychologist (Dr Dale Godby) and physician psychiatrist (Dr Tina Ali Mohammad). Medical and psychological education contrasts in several ways. For example, in medical school, Dr Ali Mohammad heard that receiving a psychiatric diagnosis could complicate the licensure process for oneself and it was not uncommon to hear the phrase, "physician heal thyself" as a way to promote self-sufficiency over seeking psychological help. In contrast, during Dr Godby's training as a psychologist, he was encouraged to be in psychotherapy, and those students who did not seek therapy for themselves were thought to be avoiding an important part of their training. He recalls a teacher saying, "to be a good therapist we need to go down deeper, stay down longer, and come up dirtier."

The author and co-editor, Dr Clare Gerada, trained as a general practitioner. Seeing the systemic pressures on doctors' mental health she decided to study groups and group therapy at the Institute of Group Analysis in London (Gerada, 2019). Her work on healing doctors through groups and the social forces that shape doctors' development are integrated throughout the book's 27 chapters (Gerada, 2016). Dr Gerada authored or coauthored 21 of these chapters. She is the Medical Director of the Practitioner Health Programme in the UK, which confidentially serves the mental health needs of 3,000 doctors per year. By all accounts she is an energetic, courageous woman who runs a group with her colleague, Francis Griffiths, called the "Group for the Dead, on Behalf of the Living" (Gerada & Griffiths, 2020). This group is convened for families and loved ones of doctors who have committed suicide. Royalties for this book are being donated to Doctors in Distress (2021).

When Dr Godby approached Dr Ali Mohammad to coauthor this review with him, she said her inner critic counseled against it on the grounds that as a medical doctor, less than a decade into her own individual and group therapy practice, her contributions would be irrelevant, however. Reading the book convinced her otherwise. Dr Gerada articulates the myriad ways in which the process of becoming a physician influences all aspects of becoming a doctor. Dr Ali Mohammad was brought up to revere doctors. In her imagination, they were demigods, powerful, unerring, and impervious to things like pain, or ignorance. Having no physicians in her family, there was no one to disabuse her of these fantasies. Naturally, in choosing medicine as her career, she was eager to join the ranks of those mythical beings while privately harboring the fear that she was not really "worthy" of the profession and that any day now, she would be found out. It was not until decades later, as a psychiatrist, that she allowed herself to value her identity as a human, entitled to her shortcomings and doubts, and possessed of the training that allows her to help others in a specific way. To the surprise of no one reading this review, Dr Ali Mohammad states, "my MD does not grant me infinite wisdom, resilience, or worth, and I am subject to the same limits as everyone around me. I had a fantasy of the group to which I was admitted, and it has sometimes been difficult to set that fantasy aside in favor of seeing things more objectively. Doing so, however, revealed that

making room for imperfection and vulnerabilities also allows for authentic connection and attracts allies from every corner. It is ultimately much more meaningful than any fantasy."

Dr Gerada has captured the experience of being a physician long before we don the white coat and enter the silent hours when we have only our thoughts to keep us company. She begins by examining the core belief that, "a doctor is something you are, not something that you do" (p. 3). She outlines how the rites of passage, meant to welcome a novice into the fold, also erroneously imply that the group is self-sufficient because it is made up of self-sufficient individuals and these are the traits to be celebrated and admired. Therefore, the slightest hint of mortality—be it exhaustion after a 36-hour shift or low marks on a qualifying exam due to insufficient preparation time, or an incorrect answer on the rounds—bears the shame of rejection or worse, expulsion from the pantheon. Seen in this light, the dynamics of this group are diseased.

The way in which Dr Gerada seeks to clarify the definition of resilience is invaluable. She shares a story from her youth about flowers, "This little orchid taught me about resilience. It has much more to do with the suitability of the environment in which we are placed than some innate ability or disability. Change the environmental pressure and a previously robust, hearty, and 'resilient' flower fails to survive. Everyone and everything has a breaking point beyond which it cannot go on" (p. 58). Through this beautiful analogy, Dr Gerada recognizes that limits are innate to all of creation and that denying them, as those of us in healthcare are famous for doing, is akin to encouraging Icarus on his wax-winged flight. The crash is inevitable and yet the overwhelming reaction is one of surprise. We are appeasing a myth and the sad truth is that so many of our colleagues see our self-denial as a mark of worthiness rather than the consequence of a false teaching. We are a group that needs to relate to each other and ourselves without the assumptions that isolate us in our individual impostor syndromes.

Dr Gerada suggests ways to tap into our collective resilience by encouraging practitioners to prioritize, "finding time to think, time to meet with peers, time to reflect (with another person) on the emotional impact of one's work and time to care for oneself and have life outside

work" (p. 61). We interpret this to mean, that we have a context outside of medicine that we can draw from to balance our perspective.

Dr Gerada also discusses the role of shame in medicine. She quotes Adam Kay, who left medicine after experiencing intense bouts of shame. In his book entitled, "This is Going to Hurt" (2018), he describes, "the shame of realizing I was not the person I thought I was" (p. 65). Dr Gerada clarifies further, "In other words, we only experience shame when our personal values are being challenged" (p. 68). With rhetoric like, "physician, heal thyself" and, "a physician is not what you do but who you are," doctors are specifically encouraged to incorporate medicine into their personal values without the tempering influence of understanding their limits and fallible nature. In particular, when we make interventions with medicines and surgery, we walk a fine line between harming and healing. If we harm, then we do not heal and if we are not healers then who are we? We are lost, unless someone like a colleague, therapist, family member, or friend extends a helping hand to restore our sense of empathy and self-compassion. Dr Gerada borrows Brene Brown's term, "shame resilience" to describe this phenomenon (p. 68).

Moving from the making of a doctor to their illnesses the book asks, 'What kind of patient does a doctor make?" Doctors in general recoil from relinquishing authority and placing their trust in another to solve their problems. Dr Gerada tells us when depression hit her, she felt worthless and had thoughts of suicide, she took to using a pseudonym and contacted a psychologist privately. Crossing the boundary between being a doctor and being a patient is a challenge to the personal and professional identity of one who has spent years studying to be a healer. As mentioned earlier, this dilemma may be somewhat easier for nonphysician mental health professionals (or may not be a dilemma at all). Reading about the pressures on physicians puts one in touch with the pressures all mental health professionals can feel. Pressures that can be easy to deny.

Sick physicians tend to present late, with diagnoses rather than personal accounts of what is wrong, minimize symptoms, and tend to mask the extent of their negative thinking. In her chapter on doctors treating doctors, she makes it clear that doctors often find it embarrassing to treat those in their own profession; finding it difficult to see the change of role from professional to patient. At times,

younger doctors with less experience are called on to see more senior professionals, doctors more knowledgeable than themselves, yet in need of help. She tells us it is important to allow the more senior doctor seeking treatment time to be vulnerable and frightened. They are often in need of simple explanations, reassurance, and compassion.

Dr Richard Duggins, one of eight other contributors to the book, writes a chapter entitled "The Doctors' Doctor." He points out the importance and dangers of identification. One can become overly empathic leading to a kind of intrusiveness and wanting to fix things. It can lead to poor management of the therapeutic boundaries. Conversely, overidentification can lead in the opposite direction, to create greater distance, to become less curious. In suggesting which therapy to use in treating doctors, he writes about his fulfillment in running a variety of therapeutic groups and he says he is impressed with how helpful the groups can be. Groups powerfully challenge the doctors' feelings of shame, stigma, and isolation. Group therapy also provides those who are currently ill and not able to work, the opportunity for the altruism that comes in helping fellow doctors. Dr Gerada writes a chapter with colleagues Caroline Walker and Richard Jones and says doctors like most patients initially prefer individual therapy, but when convinced to join, they find the group support and interaction extremely helpful. They describe groups to help those with exam anxiety, with addictions, with those who have lost their license, and to help families and loved ones who have lost a doctor to suicide.

The immigrant doctor faces additional pressures in that they are more likely to face bullying and harassment, feelings of exclusion, and difficulties raising issues of inadequate patient care. In addition, they have higher failure rates on exams and appear before the disciplinary boards more often. Fears of deportment and loss of employment make it difficult for immigrant doctors to seek the mental health care they often need. Akhtar's work (1995), which sees immigration as a third individuation, is a resource that helps us understand the culture shock and mourning all immigrants face in the larger developmental context. Immigrant doctors make up a significant percentage of those providing care to the population at large. Dr Gerada,

whose father was an immigrant doctor, makes a strong case for providing quality care for those immigrant doctors who care for us.

In a chapter on how to be a good enough patient, Dr Gerada offers concisely framed tips for doctors becoming patients: (1) avoid corridor consultations, and instead book a date and time, (2) you do not have to be a hero, take time off if suggested to do so, and (3) think about *why* you became unwell. There is a section for family and friends with the theme to above all be kind, doctors are hard enough on themselves. She offers suggestions on what to do while off work on sick leave and how to go about returning to work. These can be summed up as the importance of staying in communication with a trusted colleague or two from your workplace. Do not isolate yourself.

The Practitioner Health Service that Dr Gerada has set up is run through the National Health Service (NHS). They offer services to any doctor in England who self-refers and also to anyone in the NHS workforce. A person can choose to use a pseudonym to get help and when registering can ask that anyone they may know in the service will be blocked from viewing their record.

The final section of the book is about when things go wrong. Co-editor Dr Zaid Al-Najjar writes two of these chapters with Dr Gerada. They tell us that in England 8,000–9,000 complaints are made each year against doctors. The pain and shame created by these complaints results in anxiety, depression, and a feeling of hopelessness leading to suicide in the worst outcomes. It may be little comfort that only 60–80 of the 9,000 complaints lead to the loss of license. But having this in mind can help one move through the process successfully without catastrophizing. They strongly recommend getting legal help when the complaint arrives to assist with navigating the regulatory processes. Complaints about malpractice, fraud, sexual boundary violations, and financial mismanagement are some of the areas they explore. In a chapter on improving the outcome of a serious investigation they encourage insight, reflection, and remediation. All of which take time and expert help from therapists and supervisors. They end the book with a first-person account of a reflective journey written by someone who had been disciplined for providing a dishonest medical report. He struggled to maintain hope throughout the process, but

in the end was able to grow and be reinstated. He writes to give others hope.

Beneath the White Coat offers hope, but it is a difficult and serious journey. Looking at the dangers on the way to becoming and practicing as a doctor is painful and makes one want to look away. The nonphysician mental health practitioner may be tempted to locate these dangers in physicians, but with reflection will see similar dynamics in the training and practice of psychologists, social workers, and chaplains. It takes courage to look honestly at the challenges along the way to becoming a healer. Dr Gerada takes us deeply into the journey and shines a light on what can go wrong. She has worked hard to create an organization that can help. Reading the book is a comforting guide to our own journey in becoming a healer and finding help when we get off the path. The book offers excellent advice on helping doctors and mental health professionals. Group therapists will get specific ideas about helping doctors and mental health professionals through groups. If there is a second edition, more emphasis on the role of spirituality (Balboni & Balboni, 2019) in doctors' mental health as well as the role marriage and family plays in the life of healers would be useful additions (Myers, 1994; Sotile & Sotile, 2000).

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