

# Why did you decide to become a Psychiatrist?

BY MARTIN FEAKINS

The initial temptation when faced with this question is to compile a Dr. Casa Cabrera-esque ode to joy and psychiatry, beautifully intercalated with obscure references which overwhelm the reader with simplicity and aesthetics, conveying a love of uncertainty, the philosophical conundrums of interpreting psychosis and depression, and an enthrallment with the more nebulous reaches of psychopathology:

*O the mind, mind has mountains; cliffs of fall  
Frightful, sheer, no-man-fathomed. Hold them cheap  
May who ne'er hung there. Nor does long our small  
Durance deal with that steep or deep.*

—Gerard Manley Hopkins (1844-89)

In my case, whilst these all had something to do with becoming a psychiatrist, the bigger reason was that I loved it, and I still do.

Love is famously intangible. Freud conceptualized love as repressed sexual desire, but this does not apply to my feelings towards psychiatry. Perhaps a better explanation lies in what we see in patients with personality disorders. We can sometimes understand their love for a strange partner because of their childhood.

So I could reference my personal issues like a maternal history of depression, attachment disorder, and a paternal role model of intellect as explanations for this love, and talk about sublimation.

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# Editor's Note

Welcome to the Spring 2017 edition of *Synergy*.

As the snow turns to rain (and to sunshine?), two local psychiatrists and a psychiatry resident have been reflecting on their jobs. As you read these essays, perhaps "job" might be replaced by "calling" in your mind. Clearly, the day-to-day tasks of being a psychiatrist engender rich thoughts and feelings long after the last patient has been ushered out of the interview room each afternoon.

Martin Feakins answered my question, "Why did you decide to become a psychiatrist?" with our cover article's thoughtful response. More short answers to this question from Queen's psychiatry faculty will, hopefully, be published in subsequent issues of *Synergy*.

After Nam Doan's last patient leaves, he picks up sci-fi—yet continues to think of psychiatry. He fuses the two in his essay.

Peter Wang, part-way through his psychiatry training, reaches well beyond memorizing doses of medications or diagnostic criteria in the final article.

We hope you enjoy the prose and, as always, welcome your comments.

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## SYNERGY SUBMISSION GUIDELINES

*Synergy* invites submissions from members of the mental health community in Southeastern Ontario and beyond. We encourage articles on current topics in psychiatry. Our essays are scholarly in outlook but not number of footnotes. We strive to publish good prose and ideas presented with vigour. Articles range from 500 – 1000 words. Longer articles may be accepted.

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But at the risk of reaction formation I would prefer to invoke the desire for an interesting life as explanation.

In what other career does one get the opportunity to see the inside of psychiatric wards and prisons and homeless shelters? Who else has the opportunity to talk and listen to the insane? How many other medical specialties rely exclusively on the skill of history-taking and looking carefully at the patient, described by Arthur Conan Doyle and others?

I am blessed not only to be able to heal the sick, but to heal the illness most people would name their most frightening: insanity.

Not only that, but listening to patients living with chronic psychiatric disability, and what creates quality of life for them, has taught me a Buddhist appreciation of living in the present, one which was also espoused by Jesus:

*Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.*

—Matthew 6:34

And somewhere along the way I learned to listen, a very useful marital skill. How can I not love this work?

Martin Feakins, MB, BAO, BCh, MRCPsych, is an Assistant Professor, Department of Psychiatry, Queen's University. He looks after the Community High Intensity Treatment Team for patients with unusually complex problems. He is completing a research project piloting the use of a motion activated game console in the treatment of the negative symptoms of schizophrenia. In his spare time he enjoys maintaining and running vintage cars.

# Science Fiction and the Value of Mental Calisthenics

BY NAM DINH DOAN

Scott Westerfeld's novel, *The Risen Empire*, opens with a dogfight—or, more accurately, an uncanny valley of the dogfights usually seen in science fiction. You are not quite sure why the scene feels abnormal, it just *does*. Then this happens: “Marx checked the altimeter’s last reading: 174 centimeters. At that height, the craft would take at least a minute before they hit the ground. [...] the Intelligencers were not much larger than specks of dust, and were somewhat lighter.” After you pick your jaw off the floor (everything in its proper order), you pause to re-consider what you have just read, and begin to see Westerfeld’s world from a fresh new perspective.

Drs. David Goldbloom and Pier Bryden write in their book, *How Can I Help?*, that they encourage their psychiatry residents to accrue a broad knowledge of the Arts and Humanities to help inform their understanding of psychiatry. My mentors at Queen’s University share this view, as anyone who has heard Dr. Casimiro Cabrera’s mellifluous orations can attest. We have book clubs here, film nights there, creativity-centric newsletters and conferences... The rationale for this connection is seldom explicitly spelled out—whether in that chapter of Dr. Goldbloom’s book, or in the living room chit-chats with my ultra-literate and cinephilic colleagues. This past year, I am starting to understand why the Arts and Humanities may appeal to us so, and how these may in fact be deeply connected to mental health.

This article will take an infinitesimal bite out of an arguably macrocosmic topic. Namely, the focus will be on psychotherapy, science fiction, and the thinking exercises that underlie both.

In some sense, cognitive therapy is a process of gradual philosophical change, and coaxing this philosophical shift along is the rationale for all the paper-and-pencil work. In a person with thinking patterns that spawn low moods, cognitive therapy sets out to bring the person towards the centre of objective reality, asking them to see things as another person would, acknowledging the value of multiple truths. Said in another way, this type of psychotherapy strives to increase one’s cognitive flexibility. To me, fostering the mind’s flexibility is the means by which we take a step back, rub our eyes, and refocus our gaze. Film critic Mick LaSalle puts it nicely when offering an alternative perspective on a film that is seen by many to be frustrating and overlong: “If someone gave you, as a gift, a bag of diamonds and rocks, you would not see it as ‘a mixed bag.’ You would see it as a bag of diamonds with some rocks that can be easily pushed aside, and you would be happy to be rich.”

A principle in therapy is that the lessons must be practiced outside of the office. Taken a step further, perhaps important therapy principles can be learned outside of a professional context altogether. A good book can do just nicely, and I happen to be partial to sci-fi.

Science fiction itself is a hodge-podge of things, but in grossly linear terms we can define a couple of important sub-genres. “Soft” sci-fi is the most popular sub-genre, itself unconcerned with realism, using the futuristic backdrop as an excuse to explore themes. The aliens in *Star Trek* are clearly actors with forehead ridges, but they make for engrossing melodrama. “Hard” sci-fi is a more obscure facet of the genre defined by realism, actual science, and plausible futurology. Realism rarely translates well onto the big screen, so the best examples of hard sci-fi are in books. Being more grounded in realism, I find that the themes in hard sci-fi are more meaningful to our real lives.

Ian Douglas’ *Star Carrier* series brilliantly depicts truly alien aliens. In the story, humankind is in contact with a handful of extraterrestrial species. Meaningful diplomacy and reliable communication with any one of them has proven a herculean challenge however—even after several decades, and despite state-of-the-art translation devices in hand. The gulf that separates the psychology of mutually alien aliens is a far greater precipice than quaint differences in language or customs. It may not be words, but entire ideas, that are untranslatable. This is a notion whose appreciation requires a cognitive shift away from typical sci-fi contrivances seen on the tele.

Sensory organs create sense perception, and thus influence worldview; specific evolutionary pressures shape biological imperatives, hence emotions and behaviours; lifespan and brain metabolism alter the perception of time. In Douglas’ books, an artificial intelligence tries to illustrate to a human why differences in perception are so vital, using itself as an example, in response to the human’s false-axiom, “An apple is an apple is an apple. [The aliens] must perceive something pretty much like it, or else they’re not living in the same universe we are. If I don’t see a solid wall in front of me, or if I interpret it as a pretty sunset, I’m going to have a sore nose when I walk into it.” An AI does not perceive a solid wall to be a barrier in the same way as a human does; feels no frustration at facing obstacles, physical or otherwise; and perceives wavelengths of light instead of humans’ gestalt impressions of colour. “It’s questionable that I ‘see’ at all,” explains the AI. How could you reliably infer the thoughts of an alien, if all of the parameters that shaped the alien’s brain were off-kilter as compared to your own?

From the perspective of the H’rulka—massive leviathans whose home is in the atmosphere of a gas giant—our solar system appears as “four planets, plus the usual scattering of rubble and debris,” with Earth described as debris-chunk, a “vermin-nest” with liquid dihydrogen oxide, “near-vacuum conditions and the deadly presence of oxygen.” Humans are perceived as fleas rather than true life forms simply owing to the sheer difference in scale; on the H’rulka homeworld, parasitic organisms are only slightly larger than humans. Inasmuch as these leviathans use radio-sense to speak, a human-to-human radio communication

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accidentally causes a nearby H'rulka to hear gibberish—cacophony even. Barely perceiving humans to be there at all, the H'rulka figures that it is experiencing a hallucination. Meanwhile, these beings adopt temporary rather than permanent names. “A name suggested an individual personality, and the concept of the individual was one only barely grasped by H'rulka psychology. [...] Even their name for themselves—which came across in a hydrogen atmosphere as a shrill, high-pitched thunder [...]—meant something like ‘All of Us,’ and could refer either to a single colony, in the first person, or to the race as a whole.”

On the Grdoch home planet, an apex predator (described as the stuff of nightmares) drove their race's evolution to extremes. Grdoch bodies have absurd physiological redundancy involving a widely distributed nervous system, decentralized circulatory organs, and dozens of extra pseudo-eyes. Even if half of their body was eaten, they'd survive and maybe even escape with a decent amount of brain left. Part of their fear response also involves expelling from their orifices a heaping pile of tiny Grdoch newborns onto the ground in order that the predator may be momentarily confused and slowed down. “Here [on a modern interstellar warship], the things were a nuisance at worst, a light snack at best”. They literally eat their young. For the Grdoch in particular, the author brilliantly conceives of their psychology from the ground up. Wanton disregard for the value of one's body parts or babies (both of which are plentiful to a fault) has been the biological determinant for the species since before their recorded history. We might consider Grdoch morality to be horrifying, but frankly who are we to judge?

Douglas' point is that contact with extraterrestrials will most likely be a confusing mess, and will definitely *not* involve actors with forehead ridges. Douglas' depiction is antithetical to readers' desire for relatable aliens, perhaps, but in my opinion is truer to the messiness that defines our real world.

A further lesson that I like to take from this topic is a greater appreciation for all of the things that we human beings share in common with one another. Never mind creed or colour; within a reasonable ballpark we have the capacity to infer the views, the thinking, and the feelings of another person. Academics may call this *theory of mind*, or mentalization. To go further still into specifics, I encourage all shrinks-to-be to remember this powerful lesson: as a psychiatrist you are far more similar to your patients than you are different. I may disagree with a person's psychotic belief about this or that, but it behooves me to appreciate why this paranoia exists and how a derangement in salience—to place importance on the unimportant—is an all too human phenomenon.

Douglas also poses an important philosophical question about speciesism. As it stands, legal rights apply primarily to humans, with other animals viewed as inferior to humans to some degree or other. This is arguably a pragmatic distinction, but may not be based on foolproof logic. In the future of *Star Carrier*, where extraterrestrials abound, the definition of “intelligent life”—previously a

narrow definition that only applied to humans—is necessarily expanded to include aliens, and by doing so many animals fit the new definition of a “thinking” species: apes, dolphins, and whales among others. *Sophonts*, they are called. The irony is that these sophonts still could not benefit from the new legal protections because most had already become extinct by that era. I find Douglas’ rumination to be an interesting thought experiment, one that puts into question the longstanding convention of speciesism, asking us to pause and reconsider the philosophies that define our present. You take a step back, rub your eyes, and see the real world anew.

Commonplace sci-fi technologies include the railgun, a weapon capable of accelerating a projectile to relativistic velocities. Accelerating *anything* to a significant fraction of the speed of light turns the projectile into a weapon of mass destruction. Pause for a minute to consider the real world implications of such a weapon were it to be in widespread usage (the railgun’s conceit *is* based on valid physics, after all). *Truth is stranger than fiction* goes the adage, and an interlude from the *Mass Effect 2* video game comically illustrates this point. As one officer explains to his recruits, “I dare to assume you ignorant [expletives] know that space is empty. Once you fire this hunk of metal, it keeps going until it hits something. That can be a ship, or the planet behind that ship. It might go off into deep space and hit somebody else in ten thousand years. If you pull the trigger on this, you are ruining someone’s day – somewhere and sometime. That is why you check your [expletive] targets! That is why you wait for the computer to give you a [expletive] firing solution! That is why, Serviceman Chung, we do not ‘eyeball it!’”

Taking a potshot at the game’s fourth wall, a couple of bystanders can be overheard lambasting *Mass Effect 3*’s contrived gaming mechanics: “It’s 2186. Who uses a *whip*?” Our mind is a stage blocked off on three sides, and perhaps like those two blokes it is worthwhile for us to consider breaking our own fourth wall.

Science fiction ought not to be escapism; on the contrary, sci-fi can bring us closer to understanding real life. To me, objective reality is potpourri—it’s messy. Cognitive flexibility is more of a philosophical standpoint about what Douglas Adams referred to as *Life, the Universe and Everything*, and is not just something that exists on a therapist’s couch. Good news, too, because therapy couches are out of style.

I’ll end with a joke from John Scalzi’s *Old Man’s War* revisiting the topic of human-centric bias, albeit with Scalzi’s over-the-top wit. The protagonist is shown an alien at a cultural competency lecture: “a nightmare popped up—something black and gnarled, with serrated lobster claws that nestled pornographically inside an orifice so dank you could very nearly smell the stench. Above the shapeless pile of a body, three eyestalks or antennae or whatever perched. Ochre dripped from them. H.P. Lovecraft would have run screaming.” His instructor deadpans, “These are the good guys, and this guy is unusually handsome for his species.”

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Nam Dinh Doan, MDCM, FRCPC, is a staff psychiatrist at Queen's University.

# Gazing into the Abyss

BY PETER WANG

When I tell people that I am a psychiatrist-in-training, the responses I get are often revealing. I can only speculate on what truth lies deeper in these responses. Though some of my colleagues have remarked that they feel disrespected when they share their choice of specialty with friends, relatives, and loved ones, I don't particularly find that to be the case. Generally speaking, people will congratulate me for working hard as a physician. Afterwards, they will say one of several things:

"You must be such a brave/strong/patient person to be working with people who are mentally ill."

"Oh, I could never do what you do, working with 'crazy' people."

"I hope I don't have to see you one day!"

"I hope you get to keep your sanity at your job!"

I think about these thoughts that people place into my mind and I remember Nietzsche's quotation on fighting monsters:

"He who fights with monsters should look to it that he himself does not become a monster. And if you gaze long into an abyss, the abyss also gazes into you."

I am surprised that I don't hear more people telling me to be careful not to start behaving like my patients do, this idea that mental illnesses can be 'contracted' by simply being in close proximity to individuals who suffer from them. Yet, for me to deny that working with my patient population has changed me as a person would be for me to deny reality. Physicians do seem to have a voyeuristic profession where it is our job continuously to probe deeper into the human condition—whether it be a physical illness or a mental illness. When I consider my experiences peering into physical illnesses, I don't have another eye peering back at me, but this is always the case with mental illness.

A human brain knows when it is being watched. A human lung does not. Thus, during my interactions with psychiatric patients, it is almost as if there is an abyss that we both gaze into. Neither of knows what is really on the other side, but we just know that there is something out there watching us. Observing us. Taking notes. Analyzing us. Though I cannot prove this or measure it with a scientific tool, I do feel that the mere process of talking to another person opens up a tangible portal to an abyss that we both share. It is the mystery of consciousness in that we can imagine what it is like to be someone else. Imagination is what helps build this abyss, which is a reciprocal process. Just as much as I am here to

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try to change my patients, I am irrevocably changed because of them as well.

So does the abyss make us “mad”? One thing the psychiatry training process has helped me with is developing greater awareness. Specifically, I have learned the difference between empathy towards other people and empathy towards the self. Clearly, in my line of work, empathy is a necessity. Self-empathy, however, is something we don’t talk about very often, yet it is the single most important factor in determining how well psychiatric trainees learn and are able to provide good care for patients.

Why do I believe this so strongly? It is because only by having self-empathy can we pay attention to ourselves during the therapeutic process (and thus avoid becoming “mad” like our patients).

Vulnerability appears to be the default state of human beings. We are born vulnerable and we die vulnerable. On some level, our whole lives are dedicated to the singular goal of *not* feeling vulnerable or, at least, being in control of our vulnerabilities. Most people have very different ways of meeting this goal that we all share. Our relationships, our employment, our spiritual/religious beliefs, our hopes and dreams all serve a common purpose of feeling secure in this world. What if I told you that a significant portion of mental illness arises from avoiding legitimate moments of vulnerability?

We encounter legitimate moments of vulnerability among the experiences that life offers us. Legitimate moments of vulnerability are opportunities to learn more about ourselves and grow as human beings. These moments allow us to examine parts of ourselves that need our attention and love, perhaps the parts that have been neglected and crying out for help. The more desperate we are to avoid legitimate moments of vulnerability, the more desperate measures we must take to accomplish this goal. When the sensation of vulnerability is so much that we need to leverage our own personal wellbeing in order to avoid feeling vulnerable, a mental illness has developed.

To have self-empathy is to deliberately make one vulnerable to oneself. It is an example of a legitimate moment of vulnerability. It is the same mechanism by which you open up an abyss every time you talk to your neighbour, your loved ones, and your co-workers. The difference is that you are opening up a conversation with yourself. You are consciously and deliberately examining your own thoughts and behaviors as if you were a third person, and providing yourself empathy and feedback from the different parts of your personality and being.

For some people, this may be a terrifying experience. Many people have dedicated their lives to destroying a part of themselves they did not like. As a result, they have also brought destruction with them wherever they open abysses with others. Consider the man who is met with repeated disappointments in his

romantic liaisons with women. He finds himself angry at the vulnerable part of himself that wishes to continue to seek out relationships, so he commits to destroying this part of himself completely. Though he still continues to seek out women, he sees them as nothing more than sexual conquests. He is disrespectful to women, criticizing them for being manipulative and incapable of having long-term relationships. We must pay attention to the things about the world or the people that irk us and seem to really get under our skin because, sometimes, the things that we love to criticize about others and seek to rid the world of are aspects of our own personalities that we have twisted to protect ourselves. Ultimately, however, this can contribute to our destruction.

Other people have preferred to ignore the parts of themselves that they do not like and desperately seek to open abysses with others in the hopes that others can provide them with what they are painfully missing. Consider the example of the woman who lacks confidence in her ability to be a likeable person. She finds herself so vulnerable to the idea that she might be disliked that she ignores the part of herself that praises her. That part of her could never praise her enough to meet her high expectation of how likeable she would like to become. Instead, she seeks affection from others and is willing to do anything to receive praise. We must pay attention to the way that we prefer others to treat us. Oftentimes it is our fantasies of how we would like to be taken care of that reflects back the part of us that we do not have confidence that can take care of us, the part of us living inside us that we've chosen to ignore.

Even more extreme are the people who find parts of themselves so painful that they have decided to simply put it all away and live a life without life. These are the people who go about life with a pervasive emptiness or live life through the lens of a fantasy they have concocted to deny themselves the vulnerabilities of reality. Consider the example of an idealistic man with a soft heart. He repeatedly finds himself at odds with the callousness and cruelty of a world that he cannot change. He finds himself vulnerable and at odds with the part of himself that wishes for a more idyllic reality. So, he represses the parts of himself that cause him to feel vulnerable, the same parts of him that endow his persona a gentle, caring touch. He lives alone and isolates himself from the rest of society, opting instead to spend his time on exquisite yet monotonous model airplanes or some other form of fantasy reality. He has no emotion, no excitement, and no enthusiasm towards his life. He is safe from feeling vulnerable, but at the cost of his humanity. We must pay attention to the things in our lives that give us strength to have hopes and dreams. Behind every hope is a fear, and we cannot have hope without fear. Sometimes it is the part of us that fears being vulnerable

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that compels us to hope for a better life.

When we meet patients in psychiatry, we sense their vulnerabilities peering at us out of the abyss. Sometimes, this is a voluntary process. Other times, our patients are so ill that they aren't even aware that they are displaying their vulnerabilities. Paradoxically, they have become so proficient at avoiding being vulnerable that they lack insight into their vulnerability-avoiding behaviours (which, in turn, make them vulnerable) that are being displayed for us to see. For the destructive patients, we feel angry or scared. For the dependent patients, we feel powerful or sometimes annoyed. For the patients who live life without living, we feel bored. All these feelings are being released from the patient into our own conscious and unconscious minds. After a while, parts of our patients begin to be a part of us that we cannot deny. We hold them in our thoughts in between sessions. We think about them when we are having dinner. And we start to develop feelings towards them, either positive or negative. We are human after all, and to deny our own humanity and vulnerabilities is not to practice psychiatry.

The solution to avoid madness in psychiatry is to apply self-empathy in order to dissect and understand all the various parts of one's being, including the parts that were inserted or amplified by patients—especially the uncomfortable parts. If we can love not only the positive aspects of ourselves, but the dark aspects of ourselves creeping around in the abyss, then we can avoid making the same mistakes that some of our patients have made. If we can learn to care for the dark parts of ourselves of which our patients remind us, then perhaps we can also learn how to properly care for our own patients in return. If we chose to ignore our own humanity inside of us, then it is no surprise to me that some psychiatrists appear to “go mad”.

When I think back to the common responses I get from people when I tell them I am a psychiatrist-in-training, I always wonder what is creeping in the abyss on the other side. The abyss is reciprocal; it involves a process in which we both gaze into each other. It's true that you should take care what you say to a psychiatrist. However, we also need to take care what we are hearing from you.

Peter Wang, MD, is a resident physician who is interested in the human condition. He explores this through writing, music, and his career.