

# Healing: It's Not So Simple



By Jessica K. Hairston, MD

One of the many challenges in psychiatry is creating the confidence and trust needed for healing to occur. Each new person who walks into my office carries past disappointments, mixed feelings, and preconceived beliefs about psychiatry, medicine, and what awaits them. This is evident from the moment they enter the room and sit down on “the couch.”

Sometimes the answers are simple. For example, there was a man with horrible daily panic attacks. Each morning, panic was triggered by thoughts of his job, complete with episodes of vomiting before he could walk out the door. This had been his daily routine for over a year. He was certain that this was awful and doubtful if there was actually any help for him. That day, after a careful history, I learned that he was drinking the equivalent of two liters of Mountain Dew every day. We gradually decreased the caffeine to nil and started mirtazapine, which decreased his anxiety and helped him get a good night's

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sleep. In less than three months, the panic attacks were gone, no more vomiting, and he had lost about 15 pounds from giving up soda. Woohoo! Open and shut case.

Other times, the answers are much more challenging. There was a woman who was sent to me after being discharged from the hospital. She entered my office and eyed me with suspicion. I thought to myself “hmm . . . is this curiosity or mild paranoia?” She started by asking me, “I don’t have to take that medicine anymore, do I?” I relaxed; it was the bread and butter typical question. I said, “Well, why were you in the hospital?” I soon learned that she was a working professional whose untreated mood disorder reached a breaking point—a psychotic break. She had always been an over-achiever, the top of her class, social and the life of the party until her untreated illness developed into paranoia and the delusion that her family was poisoning her. This was a very serious matter. So I told her “Yes, you really do need to take your medication.” She nodded, accepting the news solemnly, so I thought.

Although she returned to work, she could not concentrate on highly technical statistical calculations as before. She no longer felt social. Her mood was not high and euphoric but pessimistic and sad. The medications stopped the paranoia and the delusions, but her joy of

living was gone. The changes were too sudden, too drastic for her. The free-spirited socialite had been replaced by a morose woman taking three medications—seven tablets—every day. Nothing like this is supposed to happen when you are young, single, and in your 30s. Unbeknownst to me, she stopped taking her medications. Over a period of weeks, she became very depressed and secretly suicidal. She locked herself in her house for a week. She was suicidal and had written a note. It was her mom who came to her rescue. Back to the hospital she went.

This hospital stay was longer. Afterwards she came to see me again. Her mom was with her. All were quiet. All were glad that she was sitting here on the couch. She said to me “I think I need the medication.” I replied, “Yes, you are right.” She said, “I still don’t like taking it.” And I replied, “I can’t really think of many people who do.”

Although the conversation started light, the moment was grave. I was learning that real acceptance is a necessary first step, but not a simple step on the way to healing. It does not happen right away or easily at all; sometimes it takes a fight. At any moment life can take an unexpected turn. It happens every day. Taking the steps to help yourself is sometimes the hardest thing you can do. Encouraging someone on that journey is sometimes the hardest thing that I do. **h&h**

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