

The Greatest Reward Was When I Wasn't Needed Any More.

Joae Graham Brooks, M.D.

Joae Graham Brooks, one of three women in our Class, had earned her R.N. from the Massachusetts General Hospital School of Nursing before earning her Bachelor of Arts and Doctor of Medicine degrees at the University of Rochester. Following postgraduate training in medicine at Duke University Medical Center and psychiatry at the Massachusetts Mental Health Center and Beth Israel Hospital, she practiced child and adult psychiatry in Boston until her retirement to Florida in 1997. She is the author of three books: two for children and their parents on toilet training and one on sex education for children and adolescents.

Psychiatry was a good choice for me. I had taken as many psych courses as I could squeeze in at college and had an extra rotation in psychiatry while a student nurse at Massachusetts General Hospital. I like to take ample time with patients and enjoyed getting to know them so well and helping them gain insights and learn better ways of coping with conflicts and problems and dealing with relationships. Although some patients were very trying, most were gratifying in terms of their progress. The greatest reward was when I wasn't needed anymore.

I was fortunate in having some interesting experiences unexpectedly come my way during the past decade. One was serving a two-year term as president of The New England Council of Child and Adolescent Psychiatry, an organization of child psychiatrists from the six New England states. Another was as consultant to the Kimberly-Clark Corporation, which was developing a disposable toilet training pant and wanted a book written on toilet training for young children and their parents. Being a member of the Board of Registration in Medicine of the Commonwealth of Massachusetts during this time was also fascinating experience. I kept up my private practice of child and adult psychiatry throughout.

When my seventieth birthday and my ninety-seven year old mother's peaceful death both occurred in 1996 it seemed to be the right time to retire, especially because my husband Bernie had retired ten years earlier. We decided to leave Boston winters and move to our vacation home in Naples, which we love. It was a huge job to close my practice and empty out the office and then the house but we got it all done and moved in January 1997.

I obtained a limited medical license in Florida and was a volunteer psychiatrist in a clinic for low income seniors for nine years. Then my husband died after a long illness, and in 2007 I retired for the second time and moved to Pennsylvania to be near my adult children and their families.

The field of psychiatry has greatly changed and expanded its scope since the 1950's. At that time psychoanalysis and Freud's teachings were the dominant force, and the usual treatment was long-term psychoanalytically oriented psychotherapy. Schizophrenic, severely depressed, and manic-depressive patients, now called bipolar, received electroshock therapy, and often patients with schizophrenia were treated with insulin shock therapy. Electroshock, but not insulin shock, is still used and is helpful in treating patients who are chronically seriously depressed and have not responded to antidepressant medications. In the late 1950's Thorazine came along and was efficacious in schizophrenia. Antidepressants and antianxiety medication appeared. Now we have a variety of newer antipsychotic, antidepressant and antianxiety drugs

which are very useful. Some of the newer antidepressants are helpful in treating obsessive-compulsive disorder. The current approach now is to treat the patient with drugs and therapy at the same time.

Research in drug development is very active in our field, the aim being to develop even more helpful ones with fewer side effects. Basic research is making discoveries about the brain and the causes of mental illness. Psychoanalysis is still a vital part of our field, and there are flourishing institutes in many cities where academic medical centers are located.

Managed care has brought much frustration to practicing psychiatrists, mainly by small financial reimbursement for the fifty minutes spent with each patient in therapy sessions and limiting the number of therapy sessions allowed per year for each patient, often short of the number required to reach therapeutic objectives. While we work together with clinical psychologists and psychiatric social workers for the benefit of our patients we are also in competition with them for patients. There is a shortage of psychiatrists and especially child psychiatrists. Many medical students, aware of our difficulties, do not choose psychiatry for their life's work. Nevertheless, it is heartening to know that increasing numbers now enter our field.