

## **Dr. Ducker's mental health history**

The following accounts of the major mental health events Dr. Ducker has had and recovered from are told in a medical model sort of way to:

- bring forward the similarities in treating both physical and mental health (underscoring how we are of that one interwoven cloth),
- streamline a great deal of information to give people a sense of both the external events and the internal processing, and
- provide a sense of how mental health treatment and recovery goes for anyone who doesn't know what might be involved.

### Dr. Ducker's first bout of depression

**When:** It happened in 1985 during his third year of medical school.

**Trigger:** Most likely a family crisis.

**Medical treatment:** None. Not really understanding what was going on with himself and with no readily accessible support mechanisms around, Dr. Ducker realized he was going to have to get out of whatever this was on his own.

**Recovery:** It took 2 – 3 years for him to fully recover. Something began to shift after the victory of graduating from med school – not at all a certainty given his struggle with depression – and he slowly began to return to himself, perhaps because becoming a physician had been a lifelong dream.

**Keeping himself healthy:** Not recognizing at the time that he had been suffering a major clinical depression, Dr. Ducker hadn't consciously done anything to heal himself and therefore didn't consciously do anything to keep himself healthy afterwards. However, being a vigorous athlete who played on the school's rugby team likely factored into his recovery while being an avid exerciser on his own when no longer playing team sports likely factored into his ongoing mental health.

### Dr. Ducker's second bout of depression

**When:** It happened in 2003, two years after moving from the United Kingdom to Unity, Maine.

**Trigger:** While being a country doctor had been one of Dr. Ducker's medical career ambitions and he loved it, the move was a big upheaval for his family. Still, while the stress of that move was significant, there was nothing in specific he could point to that seemed to be the trigger for the depression two years after. In fact, he wasn't able to identify it as being a second bout of depression until his wife, Edwina, pointed out that the lassitude and extreme irritability he was experiencing seemed to mirror the symptoms he'd had during the bad few years back in medical school.

**Medical treatment:** Hard as it was, he forced himself to call a colleague and get treatment which included counseling and medication.

**Recovery:** He responded very well to treatment and was able to function well at work. Within a year he was back to feeling himself.

**Keeping himself healthy:** Dr. Ducker didn't deliberately do anything to keep himself mentally healthy beyond returning to doing things he loved and continuing to exercise and eat a healthy diet which was his norm, all things highly instrumental in maintaining mental health. However, these practices were not done specifically to protect his mental health because prevention wasn't really how mental health was thought about at that point in time. His depressions felt like events that had simply happened to him and therefore might happen again.

#### Dr. Ducker's heart attack and companion bout of PTSD

**When:** In 2019.

**Event/trigger:** On March 13, 2019 Dr. Ducker experienced chest pain so bad he thought he might be dying. What kept him going during the excruciating ambulance ride from Inland to EMMC was the knowledge that the pain would go away when he got to the hospital and received TPA (tissue plasminogen activator) to bust the clot. However, not only did TPA not bust the clot but the pain intensified and became so unmanageable that in one stark moment Dr. Ducker shifted from being afraid he might die to fervently hoping that he would as soon as possible. Almost instantly he realized in seeking this annihilation of self that a line in his humanity had been crossed. In that horrifying moment something shattered. PTSD followed.\*

**Heart attack medical treatment:** Dr. Ducker received an aspirin upon arrival at the hospital to prevent clots from developing and TPA to bust the clot that had developed. This was followed by an emergency angiogram and the placement of a stent which is standard treatment after TPA.

**Heart attack recovery:** 9 weeks of cardiac rehab.

**Keeping himself healthy:** Dr. Ducker continues to exercise and eat healthy, as he always has. He now also ensures that he takes all allotted paid time off (PTO) each year.

**PTSD medical treatment:** Dr. Ducker sought counseling with a focus on cognitive behavioral therapy. Because the crux of his PTSD involved reliving that dreadful moment when the pain was so bad he wanted to die, the major emphasis of treatment focused on training the mind to immediately shift from locking onto the terrible pain to reliving the astounding relief he experienced *the very instant* the stent broke through the blockage.

**PTSD recovery:** While it is hard to talk about the experience and disturbing to talk about that dreadful moment when death was what he wanted, Dr. Ducker no longer suffers the daily torment of reliving the experience or having intrusive thoughts and nightmares. While talking about his experience can trigger some symptoms, it calms down after a few days and then he is back to normal.

**Keeping himself healthy:** Dr. Ducker makes sure to go to bed on time, eat sensibly, and exercise. In addition, he allows for a glass of wine on Friday night. Perspective also has a significant impact on mental health. While someone could easily feel angry or scared about what happened, Dr. Ducker feels like he has a new lease on life. He could have died but he didn't so now he just goes for it, doing things he's passionate about and that give him a sense of purpose and make him feel most alive.

***\*How Dr. Ducker's trauma turned into PTSD:*** *This harrowing experience mapped itself into Dr. Ducker's neural circuitry in the brain stem where all new information – both internal and external input -- is first processed and categorized. The brain stem receives this information through the senses and, among other responsibilities, stores intense experiences as "memories" for survival reference down the road in order to immediately differentiate between good or bad situations. When informational cues from Dr. Ducker's terrifying experience overlap with a piece of similar information in his current environment – even something like the smell of antiseptic or an expression on someone's face -- the traumatic experience surfaces as if it were happening all over again, a terrible Groundhog's Day scenario since the brain stem has no sense of time and doesn't reason. This information mismatch is PTSD, post-traumatic stress disorder.*