

Op-Ed: I am California's acting surgeon general. And I have bipolar disorder



(Jim Cooke / Los Angeles Times)

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In 2011 I was a third-year medical student at Harvard Medical School. I was on my psychiatry rotation – and I had a secret.

My attending doctors remarked on how well I supported our patients. I was grateful but felt as though my familiarity with and deep empathy for their symptoms and medication side effects were like a neon sign that at any moment could out me.

Using the words “bipolar disorder” in reference to myself was brand-new to me then. The images I had of people with bipolar disorder just didn’t fit with my sense of who I was.

And I felt strong internalized shame around my diagnosis and the mood-stabilizing medications I had started taking.

That stigma was ever-present around me, too. On other rotations I'd heard colleagues refer with unfounded prejudice to patients with bipolar disorder. "You can't trust anything she says. She's probably lying – she's bipolar."

I never wanted anyone to diminish the doctor and colleague I could be with stereotypes like these. So I went to some lengths to keep my diagnosis to myself.

I first noticed mood symptoms in 2009, before starting my second year of medical school. That summer, I had worked at a health center in a Nicaraguan village, far away from those closest to me.

When I returned to Boston, I remember standing frozen in the grocery store, completely overwhelmed by the vegetable choices in front of me. My mind kept going over and over the options without knowing what to put in my cart.

My thoughts were sluggish. I was absent in conversations. It felt as if I was experiencing my life from a faraway place, muted and without color. It took all my effort to come up with the right thing to say to seem "normal."

I would read the same passage over and over – and not recognize any of it. For the first time I felt out of my depth in academics and thought maybe I didn't have it in me to continue with medical school.

The hardest moments were the sleepless nights. I would toss and turn, feeling alone and agonized. Nothing relieved my exhaustion. I dreaded the sunrise because it meant having to get through another day.

I alternated between feeling numb and having jagged spurts of panic: What's wrong with me? Could this actually be the new me? It was terrifying to lose such fundamental parts of myself – the way I thought, how I related to others, even my baseline disposition.

I knew something was really wrong. But despite having studied depression, I didn't recognize it in myself.

After two weeks of feeling this way, at the urging of my partner and parents, I saw a psychiatrist. Since I didn't have a family history of bipolar disorder, she didn't suspect it. I was started on routine antidepressants and therapy.

For more than two years I tried medication after medication, with no significant relief. The medications also layered what felt like a miserable, activated energy on top of my depression. Eventually they tripped me into mania.

But that first – and so far, only – manic episode saved me. It led to my receiving the right diagnosis of bipolar disorder, two and a half years after my symptoms began. I was losing hope that I would ever feel like myself again, but that diagnosis led me to treatments that finally worked.

It took a few months of medication adjustments and riding out my lowest depression yet – when I struggled with suicidality – but I finally got my full self back.

With experience, therapy and support from loved ones, I became an expert in the variances of my moods – those that were “normal” and those that were part of my bipolar disorder. I learned to ask for and receive help when I needed it.

I learned that circadian rhythm disruptions and sleep deprivation wreaked havoc on my brain. The rapid day-to-night schedule switches and 30-hour shifts of medical residency – not healthy for anyone – could specifically trigger major mood episodes for me. I learned to minimize triggers, to recognize my red flag symptoms and double down on behavioral and medication management when I needed to.

In 2021 I'd had six years of wellness. I was working at a public health job I loved and was pregnant with my first child. The hormonal shifts, sleep deprivation and new roles at work and at home meant I was entering an especially high-risk period for a mood episode. I was terrified that I would lose myself again.

But with help from my partner and my family, and concerted strategies to protect sleep after my son was born, amazingly, I was able to stay well. There were certainly ups and downs that first year, but I was grateful to start parenthood as myself.

Today, I live with bipolar disorder as a chronic and manageable health condition. Having touched rock bottom and survived, I'm motivated to protect myself at all costs, to fiercely guard the boundaries and care strategies I need to stay healthy. With the right treatments and therapy in place, I hope to be well for the majority of my life.

I'm now increasingly open about my diagnosis with colleagues and friends. I'm more authentically myself than ever before, having worked toward accepting all parts of me, flaws included. I would never have predicted this in the lowest points of my illness.

struggles can be the source of our superpowers. They show us our capacity for vulnerability and strength – that we can endure and overcome hard things.

They also give us empathy for the full spectrum of human experience, allowing us to better support others at their most vulnerable moments.

I am not who I am today despite having bipolar disorder, but because of it. Experiencing bipolar disorder has made me a better doctor, colleague, parent, family member and friend.

I wish during my darkest moments I had known someone who had survived the worst of bipolar disorder. Someone who could tell me that I'd not only reclaim who I really was but go on to thrive. I wish I'd known that bipolar disorder wouldn't get in the way of becoming who I wanted to be – in many ways, it would enable it.

By sharing my story, I hope to dispel stigma and internalized shame and to help anyone struggling know they are not alone. If you feel comfortable, consider shining a light on your story – stigma festers in the dark and scatters in the light.

Most of all I want people to know that with effective treatment, a full life and our dreams are all within reach.

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