

Healing Narratives of a Physician with Bipolar Disorder –  
With an Afterword on Self-Disclosure, Medication,  
Psychotherapy and Peer Support

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I am a physician living with bipolar disorder and my story is one of denial and avoidance, remorse and regret, comfort and relief, humor and humanness. Mine is a story of distressing narratives that have thrashed about in my skull for most of my life—and my success in replacing them with others that are healthy and life-affirming.

In February 2015, after too many years of avoiding psychiatric treatment, I walked into the office of the psychiatrist that I continue to see to this day. I knew that I had no choice but to finally steer my ship toward a safer harbor. I'd been piloting my own boat on a very lengthy cruise to nowhere for far too long. It was relieving in some ways but also quite humbling. After all, as a psychiatrist, I wrongly believed that I wasn't supposed to have this or any other psychiatric disorder. Now, as the recipient of psychiatric care I felt like an airplane pilot

suddenly forced to sit in coach. Humbling indeed. But soon I realized that being a psychiatrist with bipolar disorder offered me an enlightening and unique perspective on both delivering and receiving care. After all, I now understand lithium levels, hand tremors and weight gain in a very different way. I'm currently prescribed two mood stabilizers, an antipsychotic and an antidepressant.

I eschewed psychiatric treatment for decades. The closet door of my bipolar disorder remained firmly shut for a very long time. These days, I have come to respect the power of the closet door. We all have closet doors, I think. We keep the painful things, the overwhelming things, the disturbing things and the shameful things locked away. And then we drink, we drug, we spend, we eat, and perhaps we have compulsive sex. We try hard to outrun our inner storm clouds in a misguided attempt to stay safely warm and dry. We strive to flee from ourselves but only end up intoxicated, drugged, poor, overweight and, in my case, unsatisfyingly over-sexed. Running, I have come to see, is always a futile effort.

My early childhood imprints originated in a home where feelings were secreted away with the expectation that we keep emotions inside and soldier on. We weren't supposed to have moods, much less wild mood swings. I learned that looking to others for support was frowned upon. I became an independent, self-sufficient kid. Despite the family proscription against expressing emotion, my mother had recurrent bouts of major depression. During her depressive episodes my mother expected me to be her caregiver, a role my father passively and reluctantly allowed. My own desire for comfort was secondary to helping her navigate through her own closet doors. It was a lonely existence, like living in a castle with the drawbridge pulled up, wandering around by myself behind thick, impregnable walls

I learned to distance myself from my own feelings, to present myself as not needing comfort or care, to believe that intimacy and vulnerability were weak and to place the needs of others above my own. It was a perfect storm that explains much about how I have dealt with having bipolar disorder. Little did I know back then that this toxic mix would lead to devastating consequences down the road.

Though I was treating patients with depression and bipolar disorder for years, amazingly, it never occurred to me that I was ill. Perhaps I was unwittingly attempting to save myself or re-enacting historic expectations to save my mother. Either way, I was opaque to what ailed me. I had "moods" and "bad days", but everyone did, I told myself. It certainly never occurred to me that I had a biologically based brain disease. Astonishingly, I could be bombarded with suicidal thoughts upon awakening and then hospitalize patients later that day who had the exact same commands swirling in their heads.

My mood symptoms weren't much noticed because I had long ago become a master at secreting my feelings away. I was in my own witness protection program. There were times I couldn't contain my euphoric exuberance or my quiet depressed withdrawal but mostly my illness remained invisible to others. Perhaps if I had acted on my suicidal thoughts or if my hypomanic episodes had resulted in hospitalization, things would have unfolded in a different way. In retrospect, I wish I would have fallen apart much earlier in my life. It was the height of irony that I was known for being the guy with a level head and the dispenser of sound advice. It mystifies me how I functioned throughout all these years without receiving treatment. How was it possible that I navigated my way through college, graduate school, medical school, psychiatry residency, and then established a successful practice and ran large hospital-based programs? My

capacity to avoid my internal reality and compartmentalize my illness was impressive. So, unsurprisingly, I had no awareness that I was hurtling forward to terrible events in 2015 after which seeking care became the only viable choice.

In retrospect, I began to cycle up and down in college. While my depressive periods could last for months, my hypomanic episodes were of briefer duration. When I finally allowed myself to recognize that I was having periods of depression, I viewed myself as weak, damaged and pathological. At some point during my psychiatry residency, I began to prescribe myself antidepressants. This was a terrible decision, one which I came to deeply regret years later. Antidepressants can precipitate manic episodes and, over time, increase the frequency and intensity of mood swings. Since I was in denial of my bipolar diagnosis, I was oblivious to the consequences of my decision to self-prescribe. The self-sufficient kid had become his own psychiatrist to hide his pathology once again. I used strikingly poor judgement and, in so doing, exacerbated the course of my illness.

Depression was very physical for me. I'd walk more slowly, feel exhausted and nap during the day, think more slowly, and find my concentration impaired. I'd be unable to exercise despite my telling depressed patients to do just that. I'd awaken every morning dreading the day. I'd have suicidal thoughts that would persist in an endlessly ruminative loop all my waking hours. When depressed, I didn't feel sad. I felt empty and vacant. It's as if I were looking at myself and the world through a darkly colored lens. Every aspect of my internal and external world seemed permanently dead. I'd question myself, my marriage, my friendships and my vocation. It was a kind of insanity. The facts on the ground remained the same but my experience of them became deeply distorted.

Though my periods of depression were painful and longer lasting, my hypomanic episodes caused me much more distress and have had more profound consequences for me. When hypomanic, my brain was hijacked, taken over by neurotransmitters that transported me to places I hadn't asked to go. It was like being strapped into that rocket ship on Disneyland's Space Mountain, except I didn't buy a ticket for the ride. I'd have thoughts I'd never have in my right mind, propelled into actions that my sane self would never have. It was like being taken against my will to a place I no longer knew. I'd lose my footing, my perspective, my moral compass, and myself. My brain would burn with the fire of ecstatic agitation and no amount of effort, no amount of will, no amount of wishing or prayer would stop the inevitable from happening. It is deeply disturbing, profoundly humbling and indescribably frightening to be forced to surrender in this way. To be kidnapped is to know fear. But I was unable to stop an unstoppable force. When hypomanic, I was a surfer careening along the surface of a tidal wave moving at terrible speed. My sleep was disrupted but I didn't care because I had boundless energy. I was chatty with strangers. Obsessed with my physique, I skipped meals and lost weight. There was a spring in my step. I believed I could write novels and plays. I spent money recklessly. My mood fluctuated between euphoria and irritable short-temperedness. I felt self-assured and uber-confident. I had no self-doubt. And sex. Insatiable, out of control sex. Meaningless sex. Hypersexuality was, unfortunately, my primary hypomanic symptom. I wanted to orgasm over and over again, but it was never enough and never satisfying. Like a crack addict, I was searching for that perfect erotic high. But there was no perfect high in my hypomanic place. I found escort after escort and repeatedly indulged. I was insatiable. But then, like a good little boy, I was showing up for work and functioning every day. Yet inside, I

was on fire. The times I knew I had lost my mind were never during a hypomanic episode. It was only when I returned to a euthymic state that I realized that I had lost touch with reality. When I was hypomanic, I felt supremely compos mentis and questioning my thoughts and behavior seemed utterly ridiculous. In fact, decisions to have sex, to spend money or to write novels struck me as enlightened and admirable.

In January of 2015, I experienced the longest and most intense hypomanic period I'd ever had. I was sexually promiscuous and scheduled an erotic massage. Soon after I arrived, I was assaulted, held against my will and then raped. The grossly impaired judgement that I had always experienced in the heat of my hypomanic state had, once again, catapulted me forward but this time, it was catastrophic.

Beyond the immediacy of the trauma, I found myself asking, how could I ever forgive myself? How could I reconcile the guy who values decency, fidelity, health and safety with the guy who behaved contrary to all those basic traits? How could I find peace and come to terms with what I did? My health and safety, my marriage and my career were all at risk. Where could I go to reclaim my soul?

My journey toward acceptance began with the unassailable reality of my diagnosis and now that journey continued more forcibly with my entering into treatment. I could no longer keep my bipolar closet door nailed shut and deny the undeniable. The choice became: get treatment or destroy my life. The caregiver, finally, had to surrender to care. Accepting my diagnosis raised very uncomfortable questions for me. As a psychiatrist with bipolar disorder, I wondered about my professional work. Had my illness influenced the care I had given to my patients in problematic ways? When I was hypomanic or depressed, would I say something or

prescribe medication that was influenced by my mood disorder? Did I always succeed in keeping my internal world secreted away? I take comfort in knowing that I was a master at keeping my feelings and behaviors entirely out of view, a capacity that likely served me well as a clinician. If my friends and family barely noticed my intense mood cycling, likely my patients were unaware as well. I hoped so.

In addition to four medications and a therapeutic lithium level, I began to wonder what healing would look like for me and realized that I had to begin with the narratives in my head. It is the human condition to have inner voices that compose the storylines of our lives. There are times when we behave in ways that fall short of our own expectations and when the inner chatter that fills our heads becomes guilt laden. The guilt that we feel can be healthy, leading us to alter our future actions. Unlike guilt, shame is a corrosive belief that we are unworthy and defective. It is malignant and dehumanizing.

During my residency, I suspected that I had the diagnosis. But it was a suspicion, only. Eventually I could no longer avoid the reality of what stood before (and inside) me. Despite knowing my diagnosis for more than a decade, I had continued to avoid psychiatric treatment because my mood disorder was imbued with deep shame. It was as if I had a Greek chorus in my head waiting in the wings that would enter stage left and stage right, loudly proclaiming me to be pathological, sick, and worthy of contempt. This narrative was harsh, cruel and filled with self-reproach. I came to eventually see that my shame only survived in the dark. Knowing my diagnosis and secreting my reality away confirmed that I was worthy of contempt. For quite some time, what remained unspoken came to feel as if it were unspeakable. But with the assault and my entering treatment all this changed.

Soon after I began treatment, a warm and wise woman who suffered from bipolar disorder came to see me in consultation. She related her story that I quickly realized was remarkably like mine. I felt that it was a privilege to be invited into her inner world and empathized with her struggles. Rather than seeing her as sick, I saw her merely as being scared. Rather than viewing her as pathological, I understood her vulnerability. It was her humanness that resonated with me. I thought a lot about my own self-view and what I had previously been blind to came into clear focus. For years, I had been running away from myself believing that I was unworthy and damaged. I was trying hard to stay one step ahead of my bad-ness. But what this admirable patient awakened in me was something I had known all along. We humans can have compassion and kindness for others that we don't often bestow upon ourselves. I thought that surely, I could find a way to see myself in the empathic way I viewed my patient. It would require me to rewire the way I spoke to myself, replacing the voices of self-condemnation with ones of self-respect. I began to shift my internal narratives from those of shame to others imbued with kindness and humanism. This was revelatory for me and allowed me to usher in an affirming sense of self. I had, at last, found my way out of the darkness that had plagued me. I claimed an inner storyline that was healthy, undeniable and freeing. I came to see that this new affirming sense of self did not evolve easily and passively in me. Rather, it required a conscious and active choice to picture myself through a lens colored with decency and fairness, rather than one tinted with self-loathing. My road toward health was not a spectator sport. It seems trite and obvious now but back then, it was empowering and healing to realize that I held my identity in my own hands. It allowed me to finally accept my diagnosis and engage in treatment that I had long avoided.

It's true that during challenging times, my Greek chorus of shame can briefly sing out. But when that happens, I reflect on that brave woman who shared her story and I remember the kind voices she elicited in me. During these difficult times, I do my best to find my inner voice, to tell my story and reclaim my healthy narrative. I try to be generous to myself and hear those fair, understanding and decent voices in my head and heart. I am reminded that since I have found my way to that healthy narrative place, it's easier for me to find my way back when I am inevitably pulled toward moments of secrecy and shame. If a blind man is given sight for a day and then becomes blind again, what he saw can't be unseen. So, since I've tasted the strength and comfort that comes with claiming my healthy story, I can't ever un-feel it. I can't un-think it and I can't ever forget.

As I pursue my more authentic self, I know that life can carry me, despite my best efforts to resist, to places I'd rather not go. Internal forces and external life events can propel me in directions that leave me no choice other than to surrender to a reality that I cannot control. I now know that I hold no sway over my brain's un-medicated neurotransmitters and the behaviors that occur as they rage. But my efforts to move in the direction of ownership, to come out of the shadows and to embrace my story with compassion and respect help me find solid footing. I'm trying hard not to be that self-sufficient kid who's cut off from his internal emotional world hiding in the darkness. I'm a care giver and, at last, relaxed in being a care receiver. I'm no longer immersed in shame living in silence behind the castle walls. I'm telling my story with

voices of self-affirmation. In so doing, the chorus that I now hear in my head is the healing and healthy storyline of my life.

## Afterword on Online Self-Disclosure, Medication, Psychotherapy and Peer

### Support

DHIngramMD: Our thanks for this significant contribution to our website. Perhaps some of our readership will locate aspects of their own experience in your story. You include your own hypomanic hypersexuality and the trauma of suffering rape. How do you want us to understand your online self-disclosure to include these matters that more traditionally would be kept veiled and private?

JBudinMD: This is an excellent and important question. I made a purposeful decision to acknowledge the full range of my clinical symptoms, including hypersexuality, and to share all my experiences living with bipolar disorder, including the sexual assault, for several reasons. Authenticity matters to me. It was important that I claim full ownership of my story without embarrassment or shame. After all, why should I feel ashamed of my brain's neurotransmitters or what another person perpetrated on me? Secreting these symptoms and experiences away was inconsistent with my full healing. It's important for readers to know that untreated illness took me to terrible places because there is a very hopeful message embedded in my historical reality. While I had to jump over high hurdles of shame and unwarranted fears of professional repercussions to come to terms with my diagnosis, others need not do so. Mine is a cautionary

tale. Early treatment saves heartache and lives. Finally, sexual assault against men is too frequently a taboo subject, hidden in the shadows. The incidence of violence against those who have bipolar disorder is depressingly high. Bringing what has been unspoken into the light of day helps to shift the status quo of silence that permeates our physician culture. While I understand that disturbing material may leave some readers uncomfortable, having these difficult conversations is what's required to improve physician health.

DHIgramMD: Did your impending retirement from practice affect the timing of your decision to disclose? Would you have made the same decision to have your diagnosis publicly known earlier in your career?

JBudinMD: The timing of my disclosure was unrelated to my decision to retire. I opted to reluctantly admit that I was ill not because I was headed toward retirement but because I had no choice. Not doing so threatened my health and safety and all that I held dear. Writing my story was essential to my healing and while doing so, I quickly realized that speaking out publicly would, amongst other things, further my path toward health. When I disclosed, I was still in practice. My greatest concern in doing so was the reaction of my patients should they come to know my diagnosis. I concluded that for some patients, it likely wouldn't matter. Others might even feel it would enhance my understanding and empathy toward them. But I had to admit to myself that the care I was rendering to some patients would be impacted in a detrimental way if they knew my diagnosis. This was a sobering realization. After all, we physicians live by the credo "do no harm." On the one hand, we place a premium on the treatment we deliver to our

patients. Rightly so. On the other hand, though, we too often neglect our own mental health as we practice. Discussions about how we reconcile these agendas are important to have. I believed that some patients would opt to terminate their treatment with me if they become aware of my diagnosis. Despite this, I chose to disclose because I believed the benefits of doing so for the physician community (and, selfishly, for myself) outweighed the harm that might befall some patients that I was treating. I recognize that other clinicians might have made a different decision but if I had to do it over again, I would make the same choice. That's not entirely true. Had I been psychologically ready, I would have acknowledged my diagnosis decades earlier.

DHIngramMD: Dr. Budin, I know you serve on the Board of the Depression and Bipolar Support Alliance (DBSA). In your judgement, what is the relative value of medication, psychotherapy, and the peer support groups that DBSA coordinates?

JBudinMD: We have learned a tremendous amount about the biological underpinnings of most psychiatric disorders. It's no surprise then that medications have become a mainstay of treatment. Increasingly sophisticated and effective psychopharmacological interventions have greatly improved the lives of millions who suffer from mental health conditions. I am a good example of this. The medications I take every day have saved my life. While resistance to being treated with medication exists (and is understandable), too many are suffering needlessly by not embracing recommended medical care. That said, I speak from personal experience that psychiatric illnesses are as much psychological conditions as they are neurochemical ones. Though my mood cycling was stabilized by my medication regimen, psychotherapy was

essential for my mental health. I can't underestimate the degree to which my therapist helped me understand and process the reality of my diagnosis, the assault that occurred while I was ill and the painful repercussions of my untreated illness on those loved ones around me. No matter how effective, no medication was going to help me reclaim my soul. The kind, supportive and insightful person sitting across the room from me did. The literature is clear that those who have mental health conditions find comfort, support and help from peers in ways they cannot from others. Those who attend support groups are more adherent to care and have better outcomes than those who don't avail themselves of psychotherapeutic groups. The sense of aloneness felt by those with psychiatric disorders is almost universal. Being present with kindred spirits who understand, support, laugh and weep together can be healing in ways that no other experience can be. During my long journey towards health, I must say that I have often longed to sit with a group of supportive physicians living with a psychiatric disorder. If such a group exists, I am unaware of it. I hope that will soon change. Allow me to finish by saying that my illness has been a disease of the brain, the mind and the soul. I have been blessed by all those around me who have become my team of caretakers. Because of them, I am a success story: a physician living very well with bipolar disorder. Since I have found my way, I know that if we all act together, we can bring those who have been quietly suffering in the shadows of night into the light of a bright new day.