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Days Like This

“I feel terrible,” she said. “I can’t sleep, I cry all the time, and I don’t want to do anything around the house.”

Her symptoms seemed mind-numbingly mundane. I’d heard a dozen similar stories in the past week alone, probably thousands over the years, and I had to remind myself that for her, this was a singular experience. She’d never felt anything like it.

I dictated my note in a practiced monotone. Hers might be a story of despair, or even of hope and healing, but the words were generic: depressed affect, speech soft, thought processes logical and goal directed. . . .

I asked myself: what happened to that sense of wonder and privilege I felt when I first started out in psychiatry? I questioned whether my colleagues ever had days like this. I looked at them as they worked: one was at her desk efficiently taking care of paperwork, and my other more senior colleague, with more than 20 patients to see that afternoon and onerous administrative responsibilities, sighed heavily as his pager went off again. Even his legendary patience looked like it was wearing thin.

Outside, the sky was gray and overcast, a depressingly obvious metaphor for my mood. Why, I asked myself, did I choose to become a psychiatrist?

Of course I’d been asked that question before—most of us have—but I hadn’t thought about it for a while. It’s interesting how we rarely examine the very choices that define us.

When I was in residency, in a combined internal medicine and psychiatry program, everybody approved of the internal medicine part of my training—that was acceptable, even commendable. But my friends and family thought psychiatry an unfortunate choice, although interesting in a morbid sort of way. To them, psychiatrists were like members of a secret society that dabbled in dark and unholy deeds. Psychiatry was a place everyone had heard of, but nobody wanted to visit.

In my final year of medical school, in Bangalore, I met a psychiatrist, my father’s acquaintance and occasional golf buddy, at a party.

“Think carefully before you do psychiatry,” my mother said, pointing discreetly at Dr. Muralidhar, who was standing by the buffet table serving himself pulao and chicken. “He has no social life because people don’t want to acknowledge that they know a psychiatrist. Only a few other doctors are his friends, but most people run away when they see him.”

My mother was given to hyperbole when she was trying to make a point, but this story of ostracism only increased my desire to become a psychiatrist. I watched Dr. M standing alone in a corner; to me, he was a noble figure, a Galileo, a Socrates, a Gandhi, a pioneer who pursued the truth despite formidable opposition. Later that evening, my fantasy was sullied a bit by the sight of Dr. M talking happily to a group of his friends, laughing and chatting, with no signs of the stigma that my mother had referred to earlier.

When I joined medical school, a friend of my father’s, a prosperous businessman from Bombay, asked me, “So, what do you want to specialize in?”

“Psychiatry,” I replied.

He looked at me, his eyes widened, then he leaned back and laughed out loud. “Psychiatry!” he exclaimed, with a mixture of hilarity and disbelief,

as if I'd just told him I wanted to become a Bollywood star. The conversation ended there. I didn't ask him why he reacted that way. But I'd grown up in that milieu; I'd seen the movies, and read the books, and I knew what he was thinking—that a psychiatrist is someone who walks the halls of a dank, decrepit building, a large rusty ring with keys in one hand and a flickering candle in the other, as crazed inmates scream wretchedly inside their barred cells.

For many people of his generation, there was no such thing as a normal person with an illness of the mind. You could, for example, be an average person who just happens to have a bad heart, or an ordinary woman who just happens to have arthritis. But the moment you were afflicted by mental illness, your very core changed; it was as if a person who was psychotic was transformed into another species altogether, a species that was considered better left uncared for, unheeded, and unmentioned. And I fancied myself the protector, shielding this underdog from the derision of people like the businessman from Bombay.

I remember other incidents that might have sparked my interest in psychiatry.

A classmate in college, on the eve of his exams, was found dead, hanging from the stairs, a paper bag over his eyes, and a rag in his mouth.

"Why did he do that?" I asked a friend of his.

He shrugged. "He thought he was going to fail the exams."

His death was ascribed to academic pressures, and his parents were blamed for pushing their son too hard. No one ever suggested that a mental illness may have been responsible for his death. The family left the city a few years later, never to be heard from again.

Then, there was a distant relative of mine, my mother's uncle's cousin or something like that. (His proximity to the family was always minimized.) The family secret was that the man would sometimes take his clothes off and run around naked in the village, much to the embarrassment of his family.

I was curious. "Why does he do this?"

My cousin shrugged. "He's just like that," she said. "Crazy."

And then, there was the boy in my seventh grade class who was clearly unwell. Even as 12-year-olds, we knew that he was different from the rest of us. Jasdeep ate pieces of chalk with seeming relish, and then often, when the teacher looked away, he took a piece of glass and casually ran it across his forearm, taking pleasure in the

reactions he got from us: amazement, disgust, fear, and fascination. None of us thought of telling the teacher. To us, Jasdeep was just being Jasdeep. Later in the school year he was caught cutting himself, and his parents were summoned for a meeting. I remember Jasdeep coming back to school the following day, subdued and sullen. His father had beaten him, he said. A week later, he started eating chalk again and cutting himself with a vengeance.

But my first vivid memory of anything psychiatric is from one summer evening in the late 1970s, when my parents inadvertently took me to see the famous movie about a girl with mental illness, *I Never Promised You a Rose Garden*. They thought the title was fairly innocuous.

I was 6 years old at the time, and the movie's images burned into my consciousness like a primordial dream: a girl taken to a hospital by her concerned parents; savage men brandishing spears and riding unbridled horses across barren lands; and flashes of the girl cutting her wrist and periodically extinguishing cigarettes on her forearm.

After I asked my mother for the third time, "Why is she doing that?" my parents and I left the theater.

I spent the rest of the week wondering why the girl had seemed so upset, why she'd cried and why she'd hurt herself. In retrospect, those must have been difficult questions for my parents to answer. How does one explain mental illness to a child who is still coming to terms with the concept of normalcy?

As I thought about these incidents, I realized that although I was not exposed to more than one's usual share of psychopathology, I always wanted an explanation for what I saw; psychiatry was a method of inquiry into the questions I'd always had. I realized that for me, as for many of us, psychiatry was not a dispassionate career choice, but a vocation.

I think we become psychiatrists because all our lives we have observed things on the periphery of our consciousness, things that we could not describe, or comprehend, or change, until we learned the language of psychiatry.

We did not choose our passion as much as it chose us.

On days like this, when my work seems dull and exhausting, thankless or frustrating, when even someone's misery seems commonplace and tiresome, I find it useful to remember why I am a psychiatrist. Remembering why comforts me, inspires me, and renews me.

I went in to see my next patient. There was nothing else I'd rather be doing. ♦