MINNA SADENIEMI

UNRAVELLING STIGMA – A PSYCHIATRIST'S EXPERIENCE AS A PSYCHIATRIC PATIENT

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When I studied medicine in the 1990s, it was never discussed what to do if a doctor became ill and needed medical care themselves. What I did learn was that medical doctors are at greater risk of suicide than other people with the same level of education. I recall learning that, compared with the general population, the relative suicide risk was especially high among female doctors, anaesthesiologists and psychiatrists. Not a single lecture during the six years of medical school addressed how to reduce the risk of ending up making that tragic final decision. Nor was it discussed how to cope with mistakes one makes, or with the responsibility, demanding working hours and chronic stress inherent in the medical profession. Nor did anyone talk about what to do if one needed psychiatric care as a doctor. We were never encouraged to seek help ourselves. It was never said aloud that it was okay to seek help when needed.

When I recently gave a lecture to young doctors specializing in psychiatry in Helsinki, I asked whether the situation had changed over the past 30 years. The answer was no. One young colleague said that the subject had once been mentioned by a professor during a lecture attended by about one hundred students. The lecturer had demonstrated the prevalence of serious mental disorders by explaining how many of the students present would eventually receive such a diagnosis. But then the professor added that, of course, this prevalence did not apply to them. Why not? Nobody dared to ask.

Why would being a medical professional protect someone from psychiatric illness? Is the cognitive capacity that allows a young adult to gain admission to medical school enough to provide lifelong protection against mental health problems? Obviously, the answer is no. As a psychiatrist, I have had several colleagues as patients over the years. They have suffered from common psychiatric disorders such as depression and anxiety, while others have had bipolar disorder or an eating disorder. They have been ordinary human beings experiencing ordinary human suffering. But what has always been different is that seeking help as a doctor is never quite the same.

Many doctors try to take care of themselves by prescribing medication for themselves, including psychiatric medication. Misuse of prescription medication is one of the most common reasons for losing one's prescribing rights in Finland. Seeking professional help may be partly inhibited by the fear of losing one's professional rights. But there are other reasons, too. In my experience, the stigma surrounding mental illness remains strong within medicine, including within psychiatry itself.

There are many jokes within psychiatry that are based on the division between healthy professionals and ill patients. Humour is, of course, one way of coping with difficult emotions. I remember laughing more than anywhere else, when I worked on an acute psychiatric ward during the first two years of my career. I have often tried to remember what it was that we laughed at. Was it madness itself? Was it, indirectly, the patients after all? One of the most common jokes is that when someone says something odd, another person asks whether their medication is "in balance". The humour relies on the implicit assumption that the professional could never be taking psychiatric medication themselves. Of course, the joke is not funny at all if the person actually is receiving psychiatric treatment that keeps them well.

I began specializing in psychiatry immediately after graduating from medical school. Psychiatry has been my passion ever since, and I have never regretted my choice. Even after 28 years, I still find working as a psychiatrist highly interesting, motivating and fulfilling. I genuinely love both the clinical work and my role as a senior consultant supporting younger colleagues. I had been somewhat of a hypochondriac ever since childhood, but I was always afraid of somatic illnesses. I was never really worried about developing a psychiatric illness myself. I was completely unprepared when, in the summer of 2004, a couple of weeks after giving birth to our third child, I experienced a mixed mood episode for the first time in my life. I had had milder mood symptoms after the births of our first two children, but this time I truly crossed the line into madness.

I did not realize that I was psychiatrically ill, although my husband tried to make me understand it. I was outraged by his suggestion. I thought he was merely trying to free himself from responsibility for my exhaustion. To be fair, I had a point. We had bought an old house before the birth and had started a complete renovation project only a couple of weeks afterwards. I had also been working and studying extensively while carrying most of the financial responsibility for supporting our family during the previous years. But my husband was right, too. I was not myself during the extreme turmoil of my mood, and I was in complete denial.

I recovered from the first mixed episode without professional care. My parents took my family into their home and looked after our children so that my husband could finish renovating our house with the help of our friends and relatives. I was completely unable to take care of our children or, almost, even of myself. My mood swung from mania to depression and irritability within minutes. I slept only a couple of hours each night and was extremely anxious. My cognitive abilities no longer functioned properly. I could not follow an ordinary conversation or read anything. On television, I could only follow the Teletubbies because every scene was repeated twice.

After a couple of weeks, I gradually understood the rhythm of my mood swings, and this reduced both the chaos and the anxiety I was experiencing. After that, I started sleeping normally again, and my mood slowly stabilized until I returned to my usual self.

We could not talk about what had happened, because my husband still believed that I had experienced a mood episode, whereas I clung to my scientifically unfounded exhaustion theory. We moved into our renovated house in August 2004 and somehow struggled through the autumn. I was tired, but my mood had become stable again. I was on maternity leave, so fortunately I had not endangered my patients' care or damaged my professional reputation. The damage had occurred within my family. It was my children and my husband who had suffered during my period of madness.

In February 2005, six months after the first episode, my mood started becoming unstable again. I thought it would pass, just as it had the first time, if only I could get some rest. But when I finally had the opportunity to rest, I realized that I was unable to calm down. This time the mood swings were even more intense, and I was extremely irritable and anxious. I realized that I needed professional help and admitted myself to a psychiatric hospital.

I was definitely not an easy patient. I believed that I knew better than anyone else what I was suffering from. My theory was that I was experiencing some kind of delirium caused by exhaustion. To me, this explanation was far more acceptable than having a genuine psychiatric disorder. My doctor offered me antipsychotic medication, but I felt deeply insulted because I had no real insight into my own condition. I refused appropriate medication during the first couple of weeks. What eventually changed my mind was a conversation with the psychologist on the ward, with whom I somehow established a better connection than I did with the doctors or nurses. She said two things that I have never forgotten. First, she asked, "Don't you see that we are worried about your ability to work?" This struck me deeply. I had not thought about it before, but I immediately realized that I would never have been able to work in the condition I was in. The second thing she said was, "You have suffered because of your profession. Any other patient would have been treated differently." As a psychiatrist, I immediately understood what she meant. She meant that any other patient would most likely have been given medication against their will. I had been able to argue my way out of treatment. That made me agree to start taking antipsychotic medication. For the first time, I truly understood how seriously ill I was.

It is somewhat remarkable that, although I had agreed to be admitted to a psychiatric hospital and to take antipsychotic medication, I still could not accept that I was actually mentally ill. I insisted on undergoing thorough diagnostic interviews and psychological assessments, which were carried out. By then I had already been discharged from the hospital and visited the psychologist as an outpatient.

When all the assessments had been completed, a meeting was held with the psychologist, the junior doctor, the senior psychiatrist of the ward, several nurses and me. These multidisciplinary meetings, which had taken place several times during my hospital stay, were extremely stressful for me. I always felt as though there was an entire group of professionals opposing me, and I found it intimidating to discuss deeply personal matters in front of so many people.

At this final meeting before the end of my hospital treatment, the senior psychiatrist told me that he would write a medical certificate so that I would be entitled to special reimbursement for my psychiatric medication from the Social Insurance Institution of Finland. I replied that I probably would not qualify because, as far as I knew, the reimbursement required a psychotic-level illness. "I will write it with the diagnosis of a mixed episode of bipolar disorder. With that diagnosis, it will be approved," he said. Those two sentences made my world come crashing down. After having completely denied my illness, I suddenly gained full insight into my situation. The realization was overwhelming and deeply painful. I had a serious mental disorder. I had been wrong, all along. My husband, the doctors and the nurses had been right.

Before becoming ill myself, I had worked as a psychiatrist for four and a half years, and all of my experience with bipolar disorder came from working on an acute psychiatric ward. I had seen only the most severe forms of the illness: psychotic mania, violent behaviour, suicidal depression, repeated hospitalization, broken families and permanent loss of the ability to work. When I received the diagnosis myself, I wondered: *Was this the future that awaited me*?

It is difficult to describe the profound sense of insecurity I experienced. It felt as though the entire foundation of my life and identity had been taken away. Would I ever be able to work again? Would I be able to take care of our children? Could I still be a good friend? Would I ever return to the life I had before? I had always trusted my ability to persevere, to work hard and to take responsibility for my duties. Alongside the fear and uncertainty, I felt overwhelming shame. When I attended my first appointments with the psychologist at the outpatient clinic to which I had been referred after discharge, I felt ashamed simply because I had become a psychiatric outpatient. After the second mixed episode subsided, I was profoundly exhausted, and my cognitive functioning remained impaired for a long time. Perhaps I was depressed as well, but more than depression it felt as though my brain had been burned out by the mixed episode. I felt as though I were recovering from a brain injury—which, in a sense, I was.

The psychologist at the hospital had once told me that sleep is nature's own medicine. I took those words seriously and slept almost around the clock. My parents worried that I had become overmedicated and emotionally blunted. Perhaps that was partly true—I was not yet accustomed to my medication—but I believe that most of the emotional flatness resulted from my psychological condition and the aftermath of the severe mixed episode I had gone through.

In many ways, I was fortunate. My husband, our parents and our friends were all unwaveringly supportive. I was completely open about my diagnosis with my family and close friends. I received both practical and emotional support, for which I will remain grateful for the rest of my life.

At the outpatient clinic I had the privilege of seeing a wise, experienced psychologist every other week. She and my husband both believed that I would recover and eventually be able to return to work. During the first year of my recovery, I cried during every single appointment with my psychologist. The crisis of having a serious mental illness completely dominated my life.

At that time, I had no way of knowing what my prognosis would be. Yet, little by little, month by month, I recovered. I was on sick leave for one year and three months. In June 2006, I returned to work as a resident in psychiatry. I was enormously relieved to discover that my professional abilities had not disappeared. I could still work.

In some ways, working as a psychiatrist became easier after my own illness. I had experienced firsthand how stressful and intimidating it is to see a psychiatrist, and how much power psychiatrists have, when assessing and diagnosing deeply personal psychological experiences. When I had been the patient, what mattered most to me was being treated as one human being by another—not being looked down upon from behind a rigid professional role.

I had also learned how important medical documentation truly is. In Finland, sickness benefits are paid and psychotherapy is reimbursed on the basis of medical certificates written by psychiatrists. Among psychiatrists, this paperwork is often considered tedious and unpopular. After my own experience as a psychiatric patient, I have never complained about it. What may seem like routine paperwork to the psychiatrist can be of enormous importance to the patient. I had learned that recovering is almost impossible if one does not know whether there will be enough money to buy food for one's children the following month.

Since returning to work 20 years ago, I have experienced only a couple of mild, short depressive episodes. Apart from those, I have remained in remission. I have been utterly committed to taking my medication every evening, and I intend to continue doing so for the rest of my life.

Once I accepted the diagnosis, I also accepted the lifestyle changes that were recommended. During the first few years, I was very strict about maintaining a regular sleep schedule. Over time, I have learned that I can tolerate quite a lot of stress. I still monitor my mood, although not nearly as obsessively as I did in the beginning. If I notice symptoms that remind me of the mixed episode—such as unusual irritability, elevated mood or inner agitation—I increase the dose of my medication and make a particular effort to get enough sleep. This strategy has enabled me to remain in remission. I do not know how much of this stability is due to taking my medication faithfully, maintaining regular routines, undergoing three years of psychotherapy, carefully monitoring my symptoms and receiving strong social support. Or whether it is partly because the particular form of bipolar I disorder that I happened to inherit has been relatively benign and responsive to treatment Most likely, it is the result of both.

I completed my specialist training in psychiatry two years after returning to work. Since then, I have now been able to work continuously. In 2022, I completed my PhD. I have served as the editor-in-chief of a psychoeducational book on bipolar disorder for patients and their families, and another book on dialectical behaviour therapy skills for people with difficulties

regulating their emotions. I have also become a member of the Finnish Current Care Guideline working group on bipolar disorder and have given numerous lectures on the illness. Alongside my medical work, I have written two collections of poetry and performed publicly as a pianist. None of these achievements have felt self-evident. Rather, they have been a source of profound gratitude and joy. I have never again taken my ability to work for granted. Instead, I regard it as a privilege.

When I was first diagnosed with bipolar disorder, I initially felt a strong urge to tell almost everyone about it. My husband advised me not to rush. "You can always tell people later," he said, "but once you've told them, you can never take the words back." I followed his advice. I was completely open about my illness with my family and close friends, but within professional circles I remained silent. There were several reasons for this.

First, I was still at the beginning of my career, and I did not want bipolar disorder to become the first thing colleagues thought of when they met me. Second, I had no idea what kind of future awaited me with this diagnosis. Third, hearing the sometimes disrespectful way in which healthcare professionals occasionally spoke about patients behind closed doors did not encourage me to be open. Would they speak about me in the same way if they knew about my diagnosis? I often asked myself that question. There was also another reason for my silence. I was afraid of how my patients might react. Would they still trust me as their psychiatrist if they knew that I had bipolar disorder?

Ever since receiving the diagnosis, I had thought that one day I would tell my story publicly. That moment came after I was diagnosed with breast cancer in January 2024. As I began writing about my experiences as a cancer patient, I realized in a very concrete way that life is finite. If I wanted to tell my story, I should do it now, before I ran out of time. This led me to write the book *Lääkärin sairauskertomus – merkintöjä syövästä, mielialahäiriöstä ja rakkaudesta* (Avain, 2025). A free English translation of the title would be *A Doctor's Case History – Notes on Cancer, Mood Disorder and Love*. I wrote the book because I wanted to contribute, in my own small way, to reducing the stigma surrounding mental illness—especially the stigma that still exists within healthcare itself. I also wanted to offer hope to people who receive a diagnosis of bipolar disorder. Finally, I wanted to describe the particular difficulties that healthcare professionals face when they themselves need psychiatric help.

I had kept my diagnosis hidden from my colleagues for twenty years. After the publication of my book, none of my fears came true. Quite the opposite. None of my previous books had generated as much spontaneous positive feedback from patients, colleagues and other readers. Meeting patients who have read my book has been an unusual experience. Traditionally, psychiatrists reveal very little about themselves to their patients. In my book, however, I share a great deal of my own life. To my surprise, this has not negatively affected my relationship with the patients who have read it. If anything, it has become easier to meet them as equals, knowing that they are aware I have gone through a serious struggle myself. The book has even brought some new patients to my private practice who specifically sought me out because they had read it.

For me, being open has been deeply integrating. I have realized that keeping a secret in itself reinforces the feeling that the secret is something shameful. Being open has proved much simpler—and much more liberating—than I had imagined.

To be fair, however, it is much easier for me to speak openly now than it would have been earlier in my career. I have worked as a psychiatrist for many years. I have been in remission for a long time. I have demonstrated my ability to work continuously for twenty years. My situation would undoubtedly be different if my mood were still unstable or if I were competing for a position that I deeply wanted.

My eldest son, who was also diagnosed with bipolar I disorder a couple of years ago, has been open about his illness from the very beginning. One day, his manager mentioned at a meeting that he had developed a stress fracture in his foot after long-distance running. My son later said to me, "Why shouldn't it be just as natural to talk about stress fractures of the mind?" I have thought about that sentence many times. To me, after finally speaking openly within professional circles, it has indeed become just that natural.

I still do not know what my future holds. It is always possible that I will experience another bipolar episode. I can never completely forget my illness. But so far, I have been able to live a rich and fulfilling life, not despite my diagnosis, but together with it. And if living through bipolar disorder has changed me in any way, I believe it has made me a more humble, more compassionate and ultimately a better psychiatrist.

Author

Minna Sadeniemi, MD, PhD, psychiatrist[1]

[1]Malmi Mood Disorder Outpatient Clinic
Helsinki City Social and Health Care Services

Correspondence

Minna Sadeniemi
E-mail: minna.sadeniemi@gmail.com