

Bipolar Disorder: Truth or Dare
By Larry Zaroff, M.D., Ph.D.

Doctors fear handing a diagnosis of serious disease to the patient. Breaking bad news is disturbing. Even to speak the word *cancer* is hard: difficult for the patient to accept; heavy for the doctor to dole out. Burdens, responsibilities and consequences remain for doctor and patient, as both are affected in this process.

Although most cancers leave an indelible mark, nowadays they no longer carry their daily stigma—the permanent tattoo of redress for wrong doing or punishment. Over time, if the patient is fortunate, these marks will wash away. Cancer can be cured; eventually time blurs the entries in the patient's ledger. But these days the label of a psychiatric illness is blatantly bigger, the blemish permanent. Bipolar disorder or manic-depressive illness often requires life-long treatment. The diagnosis is both private and public—the identity not easily erased, the label unbreakable.

I asked John to talk to my premedical class about bipolar disorder. I knew his history of the disease. For many years we lived in the same small town; our families had been close, our children friends. John and my son went to college together and played on the same athletic teams. John was a brilliant student; he excelled at everything he tried in both athletics and academics. He also had charm. But few activities could maintain his interest over time. Months before the diagnosis of bipolar disorder was first suggested, John described himself as easily bored, always wanting to do a myriad of things, with frequent feelings of grandiosity.

I thought I understood manic-depression. After all, I had read extensively about the disorder, and in my seminars examining the literature of illness I had studied and assigned Kay Jamison's book, *An Unquiet Mind: a Memoir of Moods and Madness*, about her life with bipolar disorder. But I had missed that diagnosis in Salinger's protagonist Holden Caulfield in *The Catcher in the Rye*. John pointed out that Holden behaved exactly like a patient with manic-depressive illness. Read that way, Holden's flighty ideas, inability to focus and sleepless stretches made sense.

In class John was a natural teacher: captivating, quick, witty. He knew the *The Catcher in the Rye* and its implications well. If he seemed over

enthusiastic and excited that day, I rationalized that the best teachers are passionate about their material. John seemed to verify that the patient is the best teacher. Both my students and I were impressed. John seemed to comprehend his condition as well as anyone who had written about manic-depressive illness. Yet it turned out that he and his psychiatrist had not totally accepted his diagnosis.

While he was our house guest, John was perfect and sweet as could be. Not a bother, he arose at four in the morning and wrote sparkling poetry. (We still have his first poem, dedicated to us.) The poems were creative, imaginative, vibrant. Afterwards, John would go out for a run, return for breakfast and then play golf. Likable, engaging and handsome, he would quickly make new friends during his days on the golf course and meet them in the evenings. He hardly slept. Gradually, he became more energetic and frenetic, not pausing between activities. He seemed to be the clone of Holden Caulfield. The day he left to return home, I suggested that he see his psychiatrist.

Soon after arriving, John had an acute manic episode that required hospitalization. The diagnosis of bipolar disorder was reaffirmed, and his medications were renewed. During the time of his most recent manic episode, I learned that his psychiatrist, perhaps somewhat unsure of the diagnosis, had taken John off his medication. No matter how experienced the doctor, or how compassionate and empathetic, he cannot fully appreciate the patient's feelings. Empathy is incomplete and has its limits—contingencies exist on the ground. Often a doctor's knowledge is only partial. It is not surprising that a psychiatrist and an intelligent patient would fail to recognize or affirm a mental illness. John had refused to take lithium—the standard therapy for bipolar disorder—and opted for one of the secondary drugs instead. If he took lithium, he said, he would have to admit that he had bipolar illness.

This failure to diagnose bipolar disorder speaks to the fine line between those people who are highly creative and hypomanic—accomplished, energetic, artistic—and patients who have manic-depressive illness. As Jamison has argued, many of the most highly imaginative and productive folks carry an element of manic-depression. John, I believe, knew he was bipolar from the start, but he as well as his psychiatrist could not easily accept the diagnostic label because it carried the stigma of mental illness.

Author Bio: Following his residency and two years in the U.S. Army Surgical Research Unit, Larry Zaroff has had four careers. He focused for 29 years on cardiac surgery, including a stint as director of the cardiac surgical research laboratory at Harvard. There his work centered on the development of the demand pacemaker. He spent the next 10 years concentrating on climbing and did a first ascent of Chulu West, a 22,000-foot peak on the Nepal-Tibet border. His third life has been at Stanford, where he received a Ph.D. in 2000, and where he teaches courses in medical humanities. His fourth career has been as a writer for the NYT science section. He has received awards as the outstanding faculty advisor for the Human Biology program and in 2006 was honored as Stanford's Teacher of the Year.