



## Sink or Swim

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At approximately 1:35 AM on June 28, 2022, I was sleeping on an upholstered sofa in my uncle's basement for about 30 minutes when I awoke to the words, "Ba is gone."

Feeling the burning tears threatening to escape my eyes, I silently walked upstairs to where my grandmother's now lifeless body laid with an expression as stoic as I could muster. While my family surrounded me with tearful faces that showed their grief, I found myself with a blunted affect as if my face was attempting to compartmentalize my sorrow. Around 3:00 AM, the hospice nurse arrived to pronounce my grandmother's death and prepare her body for transport to the funeral home. I reflexively stood up and softly said with a cracking voice, "I can help." After taking a deep breath to stop my eyes from betraying me, I proceeded to aid the nurse in readying my grandmother. When she left, I sat outside for another hour, silently permitting my tears to fall in the dark solitude of night. I returned to the basement at 4:30 AM, where tears slowly trickled down my cheeks as my consciousness faded into slumber.

That morning, my alarm rang at 6:30 AM to signal that it was time for me to mask my emotions once again. I quickly readied myself to begin the 2 hour commute from my uncle's home with tears racing down my cheeks in the company of the rising sun and Bollywood music. It was the second week of orientation for psychiatry residency, and I entered the facility to begin my Tuesday. Multiple colleagues told me "you look tired" or commented on how my affect was less bright than usual. After all, they were unaware of what had transpired in my personal life, beyond the entertaining stories I shared of my experiences at a recent conference to Austin, TX.

Throughout the day, my family texted me reminders to request time off for the funeral on Friday. I hesitantly messaged my program director to speak with her, hoping

I would not appear unprofessional for requesting to miss the "white coat ceremony" that symbolizes our transition from medical student to resident physician. I could not stop the tears from escaping my eyes when my program director showered me with support and expressed surprise that I came into work at all. I looked at her with wide eyes, in awe and appreciation, but mostly with heartfelt gratitude for her support in this difficult time and for giving me a chance to obtain closure by going to the funeral. Looking back, I think of this as the moment I first recognized the emotional challenges that will be present in my own journey and in those of others pursuing medical training.

The transition from medical school to psychiatry residency training was an induction into the role of the psychiatrist: one who is responsible to advocate, to provide care, to diagnose, to prescribe psychotropic medications, to apply therapeutic approaches, to lead the treatment team, and to fulfill many other duties in service of the patient. Everyone says, "it will be fine, you can do this." Yet, many including myself experience worries that they will fail to uphold the duties ascribed to psychiatrists. Some days in residency, it truly feels like you are playing a game of sink or swim. No matter what happens in your life, you wake up ready to support someone going through the worst moments in their life, sometimes feeling empathetic while helplessly unable to process your own grief as you support others. A national survey demonstrated an increased risk of depressive symptoms and burnout in medical trainees that exceeds age-matched peers beginning in medical school and progressively worsens with further advanced medical training [1]. Stressors in the personal and professional lives of medical trainees are associated with increased risk of burnout [2]. From the start of your career, you fear your vulnerabilities will translate to others as factors clouding your ability to thoroughly assess patients, determine mental status, and provide evidence-based psychiatric treatment.

Feeling a need to censor our lived experiences is a sentiment pervasive in medical training, even in psychiatry, a

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field regarded as more inclusive and forgiving than others. Fear that our transparency will harm us professionally hinders our ability to care for ourselves and others. Societal stigma and fear of prejudice are often barriers to open discussion of mental health by physicians and trainees [3]. A close friend during medical school once told me, “You need to take care of yourself. If you don’t, then no one will. Then, you might not be able to take care of others either.” With time, I am realizing the gravity of her statement and how much the medical profession demands of us, at times stretching us to our limits. Exposure to physicians who had the courage to discuss their mental health and lived experiences may benefit those pursuing medical training and improve mental health attitudes [3, 4].

As my program director says, “it takes a village to raise a resident.” My village enabled me to overcome the anchoring grief sinking me toward depths of despair and to instead become empowered to swim toward glittering shores of personal and professional growth. I found immense support from my residency program, trusted mentors, friends, family, and partner that motivated me despite my grief to become involved in scholarly projects, join a gym, practice self-care, further my interests in medical education, and spend time applying therapeutic techniques we teach our patients to my own life. All psychiatry residency programs should employ strategies to detect risk and to provide trainees with ample resources to protect themselves from sinking due to the negative sequelae of personal or professional stressors [2]. As time goes on, I aim to keep swimming and

aspire to eventually provide flotation rafts to support other trainees who may find themselves at risk of sinking.

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## Declarations

**Disclosures** The author states that there is no conflict of interest.

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