intima a journal of narrative medicine

FIELD NOTES | FALL 2022

On Carrying Grief

By Lajja Patel

"At 67, you should probably lay off cocaine" I say, my face flushing with embarrassment as I realize the heavy judgment in my tone. Disappointed in myself for admonishing my patient Henry, I pause.

It was the end of intern year. I had expected to emerge as an efficient, empathetic, and knowledgeable provider. Instead, there I was – eroded from thousands of hours spent writing notes for billing, performing death exams, and delivering horrid news to patients' families.

"You think I don't know that?" he says from behind a forearm perched across his face.

"Often, people rely on cocaine to cope. Would it be helpful to talk to a therapist?" I ask frivolously, thinking about pending discharges and medication orders.

Tears streamed down his face. An emerging cry palpable with grief reverberated as his body curled into fetal position. Acres of disappointment flashed across his face. In between sobs, he narrated scenes that flickered in and out of focus, like a movie reel displayed at a summer film festival. A once successful, well-connected mechanical engineer transformed into an empty, hollow soul the day he found his beautiful wife splayed on their verdant green farmland under a thunderstorm. She lay there immobilized, paralyzed, bloody lacerations on her limbs quickly cleansed by rainwater. Hazy visibility combined with angry skies and an impulsive turn off the road killed their only son.

He lifted her into his lap as she screamed that she killed their only son in a crash. Meanwhile, dusky skies continued to roar relentlessly as if expressing their own pain. Their 11-year-old son, the kindest soul, had once asked if he could use the money he was gifted on his birthday to buy his less fortunate friend some new clothes to wear. Even at 11, he was so thoughtful and altruistic.

As the months passed, Henry exchanged his dreams of owning a power-tools company for taking care of his wife. She blamed herself until the very last day when she took her life. He took solace only in cocaine and in the friendship with his 20-year-old neighbor, who had come to visit earlier that day—a young lad covered in tattoos, multiple piercings, jeans laden with dried paint and a restless, jittery persona, curious to know what could have possibly caused his friend's chest pain and blood pressure of 204/112.

I considered words I could offer Henry: "Losing a loved one is a traumatic experience. I'm so sorry and heartbroken for you. This must have been difficult to process alone." I knew no

words could possibly alleviate his pain, so instead I sat next to him. Without saying another word, I listened to him cry and talk, allowing him to share the weight of his grief with me.

My eyes welled up as emotions of losing a best friend to a drug overdose re-surfaced while listening to Henry. A fellow had once told me *"Never cry in front of a patient. You have to be the strong one,"* so I instinctively pinched my finger to distract my limbic system. But, the more I allowed myself to hear his grief and let it intertwine with my own, it became harder to control the new tremor in my voice. Henry finally uncovered his face, looking at tears streaming down my face. His demeanor changed, welcoming the possibility of a therapeutic relationship.

As a second-year resident, we are taught how to carry our team, how to support our interns, and encourage autonomy. A huge gap remains, though. Who teaches us how to carry our patient's grief? How about when it triggers our own grief?

The hidden medical curriculum entails emotional intelligence– embodying warmth and consolation without becoming overwhelmed or over-attached. Emotional intelligence is much more difficult to practice when lack of sleep is compounded by insomnia and long checklists of research projects and topics to review on top of a failing relationship.

How do I offer a piece of myself without fully losing myself to the interaction?

During intern year, I had honed efficiency, carefully parsing out my time for each patient down to each task. Always cognizant of how many hours there were in a day, I had mastered how to break down problems into actionable items. But, I was at a loss as to how to parse out my emotions. How much emotional bandwidth is each patient allotted? Or are providers expected to have an endless reserve of emotional support?

It has been experiences like this one with Henry that have reminded me that while I may have finite time and energy, it *is* possible for me to nurture an acknowledgment of patients' struggles and uphold myself to a higher degree of mental presence. In the time that I am able to spend with patients, at the very least I can help them feel seen, heard, and *cared for*.

In retrospect, it felt silly to deflect Henry's misery onto a therapist. Rather than itemizing his grief, I shifted my intention from being task-oriented to presence-oriented. In creating space for his grief, he both uncovered his face and unloaded parts of his sorrow. As I walked out of his room, I paused, this time out of admiration for his strength in the face of colossal losses.

Lajja Patel is an Internal Medicine resident at the University of Cincinnati. She received her B.A. in Neurobiology and Psychology from Northwestern University and is from Chicago, Illinois. She was previously a competitive dancer in college, partaking in various styles including hip hop, modern, jazz, ballet and Bollywood.