



Protectors of Our Realm

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Hope persists as the purest aspiration—a beacon of light emerging from Pandora's box. Hopes represent our innermost desires and goals woven from a complex tapestry of both past and present psychological needs. They intertwine amongst themselves, representing what we believe we can achieve and what our past selves desire most. While hopes for a career may reside in success, altruism, or personal fulfillment, my understanding of hope in this context appears inverted. To me, psychiatry acts as my source of hope.

My training in the field of psychiatry has deeply reshaped my self-understanding. The process of learning psychiatry incites profound reflection into the inner workings of my mind—a stroll through a museum of various experiences and memories that have shaped who I am. Lining the walls of my psyche are plaques with detailed notes and explanations, replacing the blanks that once stood in their place. I can put names to feelings, justifications to behaviors, and answers to questions that had plagued me for a long time.

Each patient interview and every diagnostic consideration grants me further insight into my own habits and coping mechanisms. A notable transformation was the gradual erosion of my own feelings of isolation. What emerged was a realization that discussing one's worries was not only normal but indispensable. This revelation was championed by both colleagues and mentors who consistently encouraged said practice. Acknowledging what was afflicting patients and working with the psychiatric team to find a treatment plan that aligned with their needs proved to be the definitive pathway to progress and healing. In this context, I see myself as an active participant as well as a beneficiary of this structured yet subjective approach. Psychiatry promises a career that provides solace, understanding, and recognition. Perhaps that reflects on my own fears, but to me, psychiatry acts as a haven that ensures a safe space to learn. Upon the

beginning of my training, insecurities once tucked neatly into a corner of my mind suddenly felt safe to re-emerge.

Fear plays many roles in our stories, including its vital role as our protector. An integral member of our innate psychological defense system, fear easily pervades our minds when we've spent most of our twenties striving for overwhelming achievement. Its effects often seem unwanted, resulting in chronic anxiety and nerve-wracking fatigue. But when fear marvels at the experiences I gain during my training, it feels, most of all, safe.

During a psychiatric interview, we are taught to elicit answers, emotions, and experiences. Patients confide in us with their deepest fears and feelings, allowing us to truly understand the experience of their illness. When evaluating patients, I feel my psyche ease into a state of comfort, which in turn allows patients to mirror that comfort. My reward is a glimpse into the mind of my patients which affords details that strengthen our therapeutic relationship. Importantly, I gain the knowledge that I am not alone in the struggle for self-actualization.

One may initially understand hope and fear to be naturally opposing forces, each inhibiting the other. However, it is the realization that they hold no mutual exclusivity that drives me forward. While fear will continue to exist and protect, hope can find its place in my story through the knowledge that fear can and should exist without impeding hope's way. Throughout my medical journey, my fears have been affected largely by my giving them the space to simply *be*. Psychiatric training provides this opportunity and imbues my fears with importance and realness—which may have been their request of me from the start. In turn, my request of myself is that I never cease to listen to them.

Our vision for hope is oftentimes a clear path without interfering elements. It disheartens us to find what we perceive as negative and burdensome obstacles along the way such as fear and doubt. Despite being unwelcome, their presence and resulting conflict provide understanding of our internal feuds. It allows us to appreciate that rather than searching for ways around such obstacles, we must use the

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same approach we are taught in psychiatric training—to listen. As providers of solutions and support, we guide our patients to recognize their obstacles and work together on overcoming them. If we were to look upon ourselves as our very own team and acknowledge fear while listening to its associated symptoms and needs, the same therapeutic relationship can be established; thereby, allowing fear to be truly heard by the expert in the field. Fear can find lifelong collaboration in this partnership, empowering hope to continue its own journey with both as essential elements in our lives. While this is a large ask of our apprehensive minds, I am optimistic that fear need not be reticent in our presence.

When reflecting on the definition of fear, a reactionary thought and subsequent habit is flight. This can be directly challenged by the very nature of this profession, one that emphasizes pause, inquiry, and exploration. Psychiatry gives me eternal hope for internal reflection and understanding. I believe only this way can we provide the level of care we

hope to give. To my understanding, hope is, itself, a multifaceted and life-long journey. Constantly evolving, it looks for ways to incorporate itself into our careers and personal endeavors. While it may at times seem as though fear opposes or hampers such pursuits, it truly may complement hope if allowed to do so. With the knowledge gained from an academic and clinical field centering around vulnerability, trust, and validation, both hope and fear, the exhausted but content protectors, can finally be at peace.

Declarations

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