Academic Psychiatry (2023) 47:603–604
https://doi.org/10.1007/s40596-023-01858-7

THE LEARNER'S VOICE

Healer, Heal Thyself

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Received: 21 June 2023 / Accepted: 29 August 2023 / Published online: 13 September 2023

In the PICU hallway, a young man kindly and firmly communicates his needs: "The best thing you and your colleagues can do is give us space." The primary team consulted our child psychiatry CL team to assess his safety because he is pacing outside the room of his dying child. He tells me he is collecting himself before his wife sees him, that he must be strong for her, for his family. Clearly, he is not suicidal. He is not a danger to others. He is not psychotic… I inhale, exhale, and with fresh eyes, I see the team as my patient.

I attend to the staff's distress too and bear witness. Yes, this mother is wailing on the floor. Yes, this father is not yet ready to say goodbye. No, these reactions are not pathological. Indeed, this is healthy. This is grief — raw, broken, open. These parents are not dis-eased; they are wholly (holy?) human. I provide psychoeducation to my colleagues that, to heal, or at least begin to reckon with this harsh reality, this family needs to feel — everything. To police that process is to do harm.

After my shift ends, I put one foot in front of the other. My stomach aches. A supervisor passing by sees the tears streaming down my face and worries that if I keep carrying this work home with me, I will burn out. I nod and offer sniffly gratitude. I keep walking. Alone at home, I scream.

Perhaps in parallel process to my patients, I too wish for space to mourn, to be messy, to be mad.

While on service, several children died. I do not understand. I mean, I do, from a medical standpoint, but I also do not. Why? Why? Why?

Perhaps this tender way of being in the world is dangerous. All my life, warnings haunt me, "You are too sensitive. You need a thicker skin to survive." And believe me, I have tried. Now, I am fluent in Medicine's detached, objective tone, "running the list" of one person's life crisis to the next. I armor up with evidence-based practice recommendations and seminal studies. I wield our profession's weaponry of defense mechanisms well: Isolation of affect, intellectualization, and rationalization. These are just a few that protect me long enough from my patient's pain so I can think clearly and do what I can to tend to them. Yet, the chink in my armor reveals itself when someone "falls off the list." Indeed, since medical school, I always find out that my patient died when I log onto Epic in the morning and notice my patient is no longer on my list. I search for their name and a pop up message asks, "You are opening the chart of a deceased patient. Do you wish to continue?" I crack. My soul breaks through. True, I was trained to relieve and numb the pains of living and dying via medications, but my soft, sensitive spirit demands I lay down my shield and sword. I surrender to song, to movement, to prayer, to the ways my Filipino ancestors heal in community as I metabolize the pain and honor their deaths. I light candles and burn incense for all of them for weeks. I embody the tumultuous waves of grief and feel alive, even as I fear that I will drown.

Yes, this is a dangerous way of being in the world because it threatens the current culture of Medicine itself. What if we could feel — fearlessly? Fiercely? Imagine. What if we heed emotions' invitation to integrate and align our thoughts, feelings, and actions? Indeed, emotion comes from the word emote, which literally means "to move." Emotions galvanize us, channeling our heart to align the work of our head with the work of our hands. Perhaps a way for us healers to not burn out is to be brave enough to shape Medicine to make space to feel our full humanity. May we heal ourselves too.

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Data Availability N/A

Declarations With regard to the ethical considerations for this manuscript and adherence to confidentiality standards, the situations described are purposefully vague and quotes are paraphrased. I did not specify demographics like race or age for the parents and moreover, I did not include assigned sex at birth for the children to honor and protect the privacy of patients and families such that they would not recognize themselves as being depicted.

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