



# The Power of Offering Space Rather Than Solutions

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As medical students, we are taught how to take a detailed psychiatric history, which includes asking about the brightest and darkest times of our patients' lives. We are taught to ask about all their current and prior trauma—you know, the trauma that the vast majority of us have and tend to force into boxes within a locked safe in our minds for which we hope to never use the key. We ask our patients to find the key, open the safe and these boxes to reveal their memories. Sitting there, listening to my preceptor explain this aspect of history-taking, I felt uncomfortable. Would anyone feel safe to share their trauma with a stranger, like me? What if by asking them to enter this part of their mind, they re-enter the experiences of their trauma? If this does happen, how could I, as a medical student, provide the right tools for them to process their memories and feel settled before I leave? What if I unintentionally harm my patient rather than do what medical students aspire to, which is to be a source of relief for all those we interact with? For these reasons, I was the most apprehensive and nervous about the psychiatry rotation.

It is true that, arguably more so than other fields of medicine, psychiatrists must ask incredibly personal questions to patients that they may have met only a handful of times. The answers to these questions are valuable in understanding a patient's thoughts, feelings, and behaviors, to eventually provide an accurate diagnosis and treatment. When exploring these questions, I learned to follow the patient's lead. They have a much better understanding of which memories they can safely bring to the surface, and which must remain hidden for the time being. Follow the patient, with genuine curiosity and respect, as they chose which boxes to open in response to the questions you ask.

However, I still worried, as a medical student, how could I help? How could I provide the necessary words or tools to help them process their experiences? This is where I was wrong. My

resident kindly reminded me that, as physicians, we tend to want to fix things. We want to identify the problem and suggest a solution. While this may be a welcome approach in many situations in medicine, it is not universally the right choice. Sometimes, the most useful action you can take when a patient opens a box of their memories is to simply take a seat beside them. Sit with them and as they hand you their memories, hold them. Hold their pain with them as they process its meaning and effects on their mind, body, and soul. This may make the box feel a little lighter when they are ready to close it again.

I was still unsure that this would be enough during my patient interactions. As I went through my daily rounds on my assigned patients, I did my best to apply her suggestions. I sat at the bedside of patients, asked them how they were, followed their lead as they explored their trauma, and did not suggest solutions. I leaned forward, nodded my head, and used few but meaningful words to signify the validation of their very real experiences. At the end of our visits, I asked if there was anything they believed our team could help them with, and did my best to advocate for their requests, if present.

One day, after a patient expressed a great deal of trauma but requested no supports from our team, I stood up to leave at the end of the visit. She thanked me deeply for all that I had done for her during my daily visits. I told her I was happy to provide any support, but internally, I did not understand how I had done so. I closed the door behind me, confused. I recalled the tearful affect of my patient before I had entered and her relaxed posture and smile as I left. It was then that I realized the truth of my resident's words and the power of offering space rather than solutions.

## Declarations

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