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THE LEARNER'S VOICE

The Power of Social Connectedness: a Lesson Learned from Training

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Are we doing a good enough job for our patients in addressing the notion that humans are social creatures? I would like to share my personal anecdote on how I realized the power of social connectedness and how that experience transformed my clinical work throughout my training.

My training path has been a rare kind. I completed psychiatry residency twice in different countries. I first completed residency training in my home country of South Korea, then relocated to Maryland in 2018. The main drive for this big leap was my wish to dive deeper into psychodynamic psychotherapy. I was excited to start training at an institution where I could achieve that goal. But when the residency began, I struggled. I anticipated that the only obstacle would be learning how to connect with patients in a foreign language. However, acculturating to a different world with divergent cultures, social expectations, and etiquettes was unexpectedly challenging.

In retrospect, I was a very quiet and passive resident at the start of my training in Baltimore. I might have even been viewed as rude per American standards of workplace communication. Living thirty years in Korea under the virtue of "spare your words and stay humble" impacted my performance as a resident in the USA. No wonder I got poor feedback in the early months. One comment describing my "medical student-equivalent" performance stung me hard, as at that point I was a board-certified psychiatrist—albeit in another country. Cognitively, I tried to reassure myself by reframing that my brain needs extra time to soak up the new language and culture. But each negative feedback I got about my decision-making and interview skills hounded me viscerally. My sense of self had been noticeably chiseled away over time. It was difficult to feel good about myself. Every day I fantasized about quitting residency and returning to Korea. My training director assured me that things would get better. His supportive remarks kept me from packing up my luggage. Still, I fell into an unprecedented depression in my intern year.

The second-year training was much busier with a greater caseload and increased responsibility. Nevertheless, it was a watershed moment for me; I was happier. I was able to make a group of friends through the psychiatry movie nights held at a teaching attending's home. Participating trainees and their significant others had food together with his family. We sat down in a circle and had an open, cozy conversation about the movies we all watched. The regulars became a cohesive group of friends who met up every weekend. We spent hours venting about our work, sharing our personal stories, playing games, binge-watching Netflix shows, and hiking at the height of the pandemic.

After a while, I could reflect on my melancholia. Why had my self-esteem suffered so devastatingly from the evaluations most of which were constructive? I had not been a fantastic resident in Korea; being scolded had been my everyday routine even then. However, that had not shaken my sense of self. The difference boiled down to the different social support systems I had.

After 6 years in medical school, I pursued residency at the same teaching hospital in Korea. Everyone in my residency cohort had known each other for 10 years. I never appreciated how the robust social support system had protected my mental health. My relocation to the USA deprived me of family and friends, who had helped me metabolize the accumulated stress. I took people around me—and their supportive role—for granted. The full realization occurred to me only after another move; I left Maryland in 2021 to train as a child and adolescent psychiatry fellow at the Cambridge Hospital.

From patient encounters in my clinical work, I discovered something in line with my personal story: Most patients did not readily talk about their social disconnectedness. Deliberate questions were needed to start a discussion about the extent and repercussions of social isolation. Over time, I found myself examining the interpersonal correlates of

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patients' mood changes. This included asking patients about their friends: what they do together; what makes a good friend; and to whom, if anyone, they talk amidst distress. This practice helped me to understand how patients related to others and to gauge their vulnerability from self-esteem threats. It also prevented me from making unnecessary medication adjustments.

For socially disconnected patients, the undivided attention, nonjudgmental listening, and the sense of safety we provide in the clinic may constitute their entire interpersonal experience. Psychiatry training has taught me that these patients could benefit from interventions outside individual psychotherapy and pharmacotherapy. One example is group therapy, which can provide patients with experience of being in mutually gratifying relationships. Facilitating a group at Cambridge Hospital for teens who struggled to make friends (or to become a good friend), I witnessed firsthand the group's power to nurture their capacity to relate to others.

Another example is family therapy, a particularly helpful intervention for young individuals suffering from social disconnectedness or familial conflict. A good family intervention turns a hostile "biological unit" [1] into a more nurturing and safer one, allowing its constituents to develop long-lasting capacities to forge intimate, trusting relationships.

My answer to the initial question is that we should do better. Many psychiatrists view a patient as an isolated entity, insulated from others [2]. Routine checklist-style questions trainees adopt lack the nuances to capture the entire breadth of interpersonal resources which impact their wellbeing. Also, asking questions about family and friends is often considered optional during initial intakes. Getting exposure to nondyadic interventions in fellowship was gratifying; it helped me to view patients as interpersonal beings within complex social dynamics. I have gotten into the habit of writing "social context" in all caps on my notepad. Relationships matter and all psychiatrists should convey this notion to patients in the clinics, making it a core component of assessment and intervention.

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Declarations

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