## Emotional 5 YN COPE

Evan Schrader, MS, Class of 2020

Sometimes life is really hard. Everyone thinks they've found the meaning of life when they spew quotes of motivational encouragement—the hard parts make you stronger; these trying times help you grow. But that doesn't make the hard parts any easier. Hard parts in life are hard, and they are inevitable.

On my second week of pediatrics, I walked into a patient's room, an 18 year-old male at his final well-child visit with his pediatrician. I walked in and before I could get out my minute-long spiel about who I was and why I wasn't his doctor, my heart got mushy and my med-student brain shut off. He was crying. Already. Not just tears, but uncontrollable sobbing, a full-fledged avalanche of emotions that he couldn't even keep up with. We just scratched the surface as he told me about how things were good—sometimes—and yet bad at the same time. I was confused. He had such powerful tears coming from a place of restless soul-searching and exhaustion. He couldn't figure it out.

When my precepting pediatrician entered, I learned about how Sam was a straight-A student, dual-enrolled for college credit in his senior year with a 5.1 GPA. I didn't even know it was possible to earn a GPA that high. His mom was in the other room with his sister for her well-check and the family was normal—they didn't have any socioeconomic hardships and lived well together. Sam was a well-developed, healthy kid with no medical conditions, and plans to leave for Chicago on a full-ride scholarship for volleyball. He had built himself to perfection. But after this proud distraction, the tears returned. They were fearful tears, coming from a dark and unfulfilled place. I could really feel that he didn't understand where they were coming from. His life seemed enviable, but he was deeply, internally unwell. Then I learned that a year and a half ago, Sam hung himself in his bedroom. The frame of his closet snapped from his weight suspended on the rope. He attempted suicide, but survived. His family and entire community surrounded him with immense support after this event, but as each month had since passed, his family and friends slowly started to get back to normal, "pre-suicide" life and leave the past in the past. That concern he was initially met with started changing, and I think Sam was beginning to hit those same obstacles that he faced two years ago. For Sam, he wasn't able to just leave them in the past.

By the end of his visit, he still refused to see a counselor. He refused to take any medications. My preceptor tried as much convincing as he could, but they ended up in a stalemate.

He had begun to open up to me in our few minutes alone before the visit, and just leaving him at this point didn't feel right. I realized I was having one of those gut-feelings moments—a feeling that came from somewhere way down deep, a feeling that would linger until I did the right thing. So I stayed and ended up talking with Sam for 45 minutes. It turns out it's a lot easier for an 18 year-old to connect with me than with his 63 year-old pediatrician. But I don't think it was age. I don't think it was age or gender, student or doctor. It was an element of humanism. It was empathy, because I saw little me sitting on that table. I saw little me on that table who really needed the now me. I saw little me with the same 4.0 GPA and the same perfect nuclear family and the same full-ride scholarship to college, yet the same incompleteness and turmoil. I struggled with my sexuality when I was in high school. I coped through stellar performance and constant self-pressure to succeed, thinking that might 'make up for' what I hadn't yet accepted about myself as okay. I felt that I may never prove my self-worth and so I lived in undulating fear of the repercussions of the inescapable moment where I'd finally come out to my family. I knew I would have no control over their reactions, so I worked tirelessly, knowing that still might not change things. Not that I thought this was the exact problem that he was struggling with, but I knew exactly what he was feeling inside. As I shared with him the pressures I put on myself and how I completely lost self-love, the words just came out of my mouth: "It's okay to not be okay."

"It's okay to not be okay."

Because remember, life is hard. These hard parts of life are inevitable. And so, you know what else is inevitable? Being not okay.

As we started talking about all the different ways and times that he's been feeling these emotions, we realized together that this wasn't the first time he had felt this way. And really, we saw that we've both experienced this feeling multiple times. We threw out our ideas on the things that are hard and contribute to being "not okay" and as therapeutic as it was for Sam—it was the same for me. Life brings unexpected changes that can rip our support scaffolds from under us, yet we're expected to show up and be our same selves in our daily commitments when we're "not okay." It's sort of unfair. As we connected, I realized how we began to normalize all of the times we had felt this way. If we can just expect to eventually be "not okay" at some point or another, then we can

accept
w h e n
we're not okay
and actually do
something about it.

I realized that Sam's uncontrollable tears had become my newly-discovered phenomenon: emotional syncope. Just like how our bodies overpower our executive function by removing gravity when we are underperfusing our brains, I think that our emotions can do something similar. We see this as Sam sobs uncontrollably, his call for help when he wasn't otherwise able to do so for himself. His emotions overpowered every function in his body to get him help and restore balance, thus, an episode of emotional syncope. Today, we're lucky that he was in a place where he was okay to not be okay.

I didn't work as a doctor today, just as a human. I saw myself on the table. I saw the times when I wasn't okay and how much better I would have felt if someone would have just told me, "It's okay to feel this way right now—you're normal." I got to give that to someone today. I got Sam to commit to himself and to see a counselor. But above everything, I got the chance to believe today that it's okay to not be okay, because that feeling's not permanent, and we are graced with the empathy to understand and share that with everyone who needs it.

Evan Schrader is a fourth year medical student and future women's healthcare specialist.

FLYING IN THE RAIN Shellon Baugh, MSc, Class of 2023