

Gratitude

By Samuel Payne

I have trouble responding to compliments. If someone likes the color of my sweater, I usually respond by saying I do too. Other people are quick to return the compliment. You like my sweater? I like your socks.

More than compliments, I have trouble knowing how to respond to gratitude. As a volunteer at a free clinic serving uninsured patients with brain and spinal cord injuries, I find myself at a loss for words when patients, sniffling and ages more recovered than their first visit, thank me and my coworkers for everything we have done. How do you respond to that? Without even touching the question of whether we deserve the gratitude, how do you reply to a heartfelt thank you? How do you acknowledge and accept it, welcome it inside your body, and yet move forward from it? I always want to thank them back, not simply for letting us provide our service but for such a pretty response. But isn't that like complimenting a compliment?

For a while now, I have wanted to write an essay exploring my response to gratitude. My first thought was about writing, moments after I shook the hand of a teary-eyed Hispanic man, let's call him Daniel, whose brain injury brought him to us wheelchair-bound, months before the birth of his third child. Writing would give me a proper response. But writing about gratitude as a medical student has become a cliché—that “medicine is a calling” moment. This isn't about my own gratitude; it's about my patient's and how I have no clue where it fits in my role as a clinician.

Daniel's injury left him unable to remember how to walk or fluidly speak; sometimes, he was unable to remember the past five minutes. Each month his wife, pre-teen children and parents sat in our clinic, patiently listening to everything we had to share. They saw only minor improvements. First it was moving the wheelchair with the tips of his feet to aid his hands, then remembering the steps of the family's enchilada recipe. But Daniel was a carpenter before his accident. He would have to come to terms with never being able to return to the same job. Four months into his rehab, he brought his newborn with him. That gesture felt like a gift, as if he wanted to share his family with those who supported him so intimately. His last day at the clinic, seven months after his first, he left pushing his baby's stroller. He looked deep into our eyes and thanked each volunteer as he walked out.

I am not here to say this case, or this family, or this patient is unique. All I know is this was my rewarding-beyond-belief moment. It confirmed my desire to be a doctor and my desire to live in the world of healthcare. And because I want to encounter these experiences forever forward, I formulated a response to gratitude, using the moment as a kind of template:

This clinic is made for people like you. But while it is our job to support every patient who walks in, what I can honestly say, Daniel, is you are the type of patient I look forward to seeing every month. Watching you grow clinic to clinic has been everything I have hoped for out of medicine.

My struggle is to remember that my role is never to obligate a patient's gratitude. My interactions with patients have been and could be messier, mundane or full of anger and anxiety. Some will be silent. I am not here to feel rewarded beyond belief.

I have been obsessed with the 'mundane' ever since my second semester of undergrad, when I read *The Brothers Karamazov* by Dostoevsky. There is a parable in it about a spiteful woman, whose only good deed in life was giving a beggar an onion in passing. When the woman dies, she is brought to hell, but an angel, who took notice of her single act of giving, pulls her out using an onion as the medium between angel and woman. As they rise higher and higher, others latch on, and the woman begins to kick, afraid the onion is strong enough only to carry her out. As she kicks, the onion falls away until eventually, she does too.

I first thought the parable was about small kindnesses. Was the tiny act of giving an onion strong enough to carry multiple sinners out of hell? If she had given a feast to the beggar would that have given her the strength to bring others along? After meeting Daniel, though, I think it is about never hierarchizing acts of giving. The moment we ask whether giving a feast rather than an onion makes us a better person is the precise moment we prevent ourselves from ever becoming that better person. Mundanity is the crushingly ordinary moment, not the rewardingly extraordinary one. It is opening the door on your birthday after a long day at work to find no surprise party waiting. I want to romanticize every patient interaction. But medicine isn't romantic.

Four months after discharge, Daniel returned to clinic alone. I didn't treat him that morning; instead, I helped inject two patients with Botox. It left me feeling disjointed. I wanted to piece together why Daniel came into clinic after discharge, but I had two other rooms to visit. Daniel walked in wanting to meet with our psychologist Matthew. So finding out what was happening with him was fragmented, a quick chat with Matthew while walking between patient rooms.

Matthew told us ICE had found Daniel and was deporting him back to Mexico. He came in today with hopelessness and depression. *Can anti-depressants do anything to mitigate that*, Matthew asked just before we entered the next room? *I don't think so*, the physician on our team replied. Later, Matthew told us that Daniel had been arrested for domestic violence. That was how ICE found him. That was why he came in alone today.

What do I do with this? This was my pristine patient, the one *who this clinic was made for*. My one to hold on to for hope and inspiration. I spent an entire Botox procedure blaming ICE only to realize he may have beaten his wife.

In her book *Bright Sided*, Barbara Ehrenreich writes: *We need to brace ourselves for a struggle against terrifying obstacles, both of our own making and imposed by the natural world. And the first step is to recover from the mass delusion that is positive thinking.* Daniel did not recover from his brain injury because he was gracious. He will not relapse because of a moral claim on his citizen status. Even more

complicated, his brain injury potentially influenced his acts of aggression and abuse, which does not excuse his behavior but qualifies it. He suffered a traumatic brain injury and responded how any human would respond – messily.

Entering medical school, I had trouble thinking compassion was something we could teach. But I now I believe we learn compassion exactly the same way as anatomy—hands thrust in some gooey sludge of an experience, each messy moment a means of gaining new understanding and new opportunity to ask others for support. That’s probably why the response to Daniel’s story is so difficult—seeing a patient as inspirational prevents us from adequately caring for them. Daniel does not need me to use his story for motivation. He needs me to support his depression, even if all I have is the proverbial onion to offer.

By the time we completed our Botox injections, the other medical team had finished up with Daniel, prescribing medication and home exercises to do if forced back to Mexico. I waved as he left. He smiled and waved back. Like so many medical encounters to come, it was the last I saw of him; all I have now is a romanticization of his future recovery. The bright-eyed med student in me wants to hold on to the gratitude in his smile and wave, because it helps me project resilience in his exit. But there is a danger in appropriating our patient’s stories. To say gratitude alone exists here is simplistic. With and without it we survive, with and without it we die. Within us all, gratitude acknowledges care and masks reality. And while it seems obvious not to force gratitude on another, it is equally important never to shame ingratitude. Which is why, if I saw Daniel again, I would repeat my template, recognizing it as the rough draft it is: *This clinic is made for people like you – all of you, mess and all.*

So instead of a compliment, I see gratitude as the onion of medical encounters. It is not meant to save my patients and me from illness and emptiness but instead offer sustenance and strength—leaving my eyes burning and blurry.

Samuel Payne is a second year medical student at the University of Colorado School of Medicine. He received a BS in chemical and biological engineering from the University of Colorado, Boulder, where he found community and support in an engineering humanities program. He looks to create similar spaces within the world of health care and foster narrative thinking in his communities to follow.

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