

## Newton's Cradle

By Julia Festa

I lifted the outermost ball of the Newton's Cradle placed at the edge of my desk, holding it gently for a moment before letting go. I watched as the shiny silver spheres oscillated wildly back and forth, continually moving and continually overcorrecting. As the balls swung from left to right, I thought back to my own moments of personal and professional oscillation as I navigated the first three years of medical school.

Back and forth, left to right. I placed my hands on the table next to the cadaver, discreetly pinching the underside of my gloved hand in an attempt to distract myself from crying. It was the first day of anatomy lab, and I felt a need to prove to myself and others that I was strong enough to be here. While my sensitivity and empathic abilities made me a supportive friend, I found myself worrying about how these attributes might hinder future patient interactions.

A few weeks prior to starting medical school, I helped my mother provide home hospice care for her mother, my Nana. A deeply religious woman, my Nana refused pain medications in her final days as she believed the pain would help absolve her of her sins. While we knew our fierce matriarch could withstand the pain, we couldn't; out of the corner of my eye, I watched as my mother slipped Nana's prescribed pain killers into her food. It was this difficult experience that made the thin elderly female cadaver lying before me seem all too familiar. As I stood over the cadaver, it felt like I was tasked with dissecting the same woman who I had recently knelt beside to whisper "I love you" and "say hi to Grandpa for me" in between her final short, shallow and rattling breaths. Although I didn't cry in those last moments in an attempt to be strong for my own mother, I didn't have the same self-control now. I retreated to the locker room where I cried alone, feeling heavy under the weight of my failure.

I was given my strong sense of empathy from my Nana, a woman who raised four children while also caring for her mentally ill husband who cycled in and out of psychiatric hospitals before his untimely death. At funerals Nana and I would sit together, laughing at one another in between tears for crying when no one else was. While others in our family had become all too accustomed towards death, Nana and I felt each passing as if it was our first. In those moments she would proudly turn to me and say, "oh you've got the 'weepy gene' just like me," as if our propensity to cry in the face of sadness and suffering was imbedded in our shared DNA. As I sat alone in the anatomy locker room, I didn't share her pride of my "weepy gene," and it began to feel more and more like a burden as I tried to align myself with a community that I perceived to be so stoic.

The next day, I convinced myself that the body lying before me was instead an elaborate wax figure created to help medical students learn anatomy. With this in mind I was the first to uncover the body, and one of the first to dig my scalpel into her bare chest. My lab mates

commented on how beautifully I had uncovered her carotid arteries without damaging the vessels themselves. I called a friend over to proudly share the efforts of my delicate and time-intensive scissor spreading. “Look!” I said with a smile on my face, “I did that.” As I said these words, I caught myself softly stroking the cadaver’s bagged head. I stopped to think about who I imagined I was actually comforting in that moment, myself or the departed soul of the woman lying before me. For the rest of the semester, although I never totally understood why, I continued to find comfort in holding her hand as my lab mates dissected her open chest.

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Back and forth, left to right. Jane Doe, Bed 345B, East Wing: my last assignment of the day and my first interview with a patient in the throes of psychosis. Two years after my vulnerable experience in the anatomy lab and newly armed with an abundance of knowledge, I entered my clinical rotations with the ability to intellectualize even the most devastating of situations. I proudly taught myself that at the core of every patient interaction was objective science and medicine, unfeeling facts and figures.

When I could get Jane’s attention away from Jack, the evil spirit she saw hovering over her bed, I was able to get some answers to my questions. Our conversation was fascinating, and I was giddy about getting to observe the clinical effects of an overabundance of dopamine in the mesolimbic pathway firsthand. I called Jane’s father for collateral information and he described a history that aligned almost perfectly with the prodromal phase of schizophrenia. My smile grew bigger with his every word as I excitedly put together the pieces of a diagnostic puzzle that fit together to reveal my suspected clinical diagnosis. It was exhilarating.

As I left the hospital, I called my own father to tell him about my career first. His joy over the phone further fueled my excitement. And yet as I hung up, I couldn’t help but think about Jane’s own father who I had spoken to only minutes earlier. He would soon be arriving to the hospital to find his daughter, who up until this point had been independent and functional, restlessly moving in her bed talking angrily to an entity that only she could see. The life of this patient and the dynamics of her family would be forever changed by this chronic illness. And in the same reality where so many challenges were about to begin for Jane and her family, I had enthusiastically high-fived my attending for correctly explaining why our prescribed risperidone could cause galactorrhea. In my efforts to emotionally detach, I had overcorrected, and I lost a sense of myself that could have provided greater healing to Jane and her father.

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Back and forth, left to right. I looked concernedly out the window of our children’s psychiatric hospital. I had noticed that one of our day program patients, Jake, had yet to arrive. It was a dark rainy day and thunderstorms were forecast to begin any minute, which meant it was going to be a particularly hard day for Jake who had an immense fear of stormy weather. I had the opportunity to spend some quality time with Jake during his visits to the hospital. Our shared love of animals and Halloween, his light eyes and dark hair, how he enthusiastically said “Hi Friend!” every time I entered the room which mirrored my own habitual greeting of “Hi Bud!”

consistently made me feel as though I was interacting with my own future son. I was constantly tip-toeing the line of care and countertransference with Jake, trying my best to create a therapeutic alliance that wasn't intermingled with misattributed feelings of love and familiarity.

Jake had arrived, but his family couldn't get him out of the car. After an hour of trying, it was decided that Jake's father should carry him in against his will. The father stumbled in, trying his best to keep his balance as he held onto his kicking and screaming ten-year-old son whose terror-fueled strength proved challenging to his father's much larger stature. Jake threw his noise-canceling headphones to the floor, the sound of their impact deafening in a hallway full of providers who remained silent as they calculated the ways in which to de-escalate the situation. It was heart-wrenching to watch and there was no intellectualizing it.

I looked down the hallway and noticed Jake's grandfather standing solemnly by the window with his hands clasped behind his back. His clothes were soaked, his nose was red, and his lips were quivering. The attending walked over to his side. With her hand placed gently on his back she reminded him that as upsetting as this moment was it was an opportunity for growth, and that among Jake's screams and cries of agony was born an opportunity to conquer his debilitating anxiety. The attending didn't know it, but in that moment as I averted my tear-filled eyes, she was comforting me too.

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My journey to discover balance between the reactivity of empathy and the steadiness of professionalism is far from over. I imagine that this ongoing personal and professional evolution will be similar to the dynamics of Newton's Cradle: continually oscillating between two extremes until enough time has passed and enough friction has been encountered for the balls to sway closer to the middle. Until then, the power of continually reflecting will allow me to fight the momentum of overcorrection and bring me closer to finding my balance.

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