

Finding Meaning

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Alisa entered my office tentatively to present her first patient of the academic year. As occurred every July, she was one of a new group of residents starting their yearlong work in our psychiatry outpatient clinic. As her attending supervisor, I helped ease what was sometimes a difficult transition for patients who went from seeing a relatively experienced physician in June to a more anxious one the next month.

But Alisa arrived with surprising news that she declared with confidence. “Mr. C is stable and doing well today.”

Although she was meeting him for the first time, I had known Mr. C for many years. He was a man in his early 50s who had been forced to stop his job as a health care worker due to serious medical issues. These problems included both kidney failure and Crohn’s disease, for which he had been seeing many physicians in various specialties. We were following him for crippling major depressive symptoms and anxiety that had been refractory to multiple medication trials and psychotherapy. Mr. C remained angry about his inability to work, his unremitting medical and psychiatric complaints, and the resultant strained relationships with his family. Finding no purpose for his life, he had often felt like giving up in the past. However, his strong religious beliefs had kept him from suicidal behaviors so far. Yet each year, I supervised a new physician-in-training assigned to Mr. C, and we would struggle together to manage his unyielding psychiatric symptoms. So Alisa’s assessment of Mr. C was unexpected, and I walked to her office to see him for myself.

As we entered the room and greeted Mr. C, I understood Alisa’s impression. Mr. C appeared visibly relaxed as he sat back in his chair with an uncharacteristic smile on his face. The usual deep creases in his forehead seemed to have been ironed out.

“Good morning,” I said. “Your new doctor tells me you’re feeling better today. You certainly look... different.”

“I do feel better. But there’s a good reason.” he started.

The prior weekend, Mr. C had attended a family barbecue at a local park. He didn’t want to be there,

but he felt a sense of obligation to make an appearance at these family functions. He was sitting alone off to the side when he noticed a sudden commotion from a nearby group celebrating a child’s birthday. Several people were yelling, and he heard someone say, “Call 911!” Running over, he found a group of anxious adults surrounding a young boy on the ground. The boy was completely still and turning blue.

“The kid couldn’t have been more than 4 or 5,” he told us. “No one there knew what to do except me.”

Mr. C immediately pushed through the group of adults, picked up the choking child, and performed the Heimlich maneuver, dislodging a piece of food from the boy’s throat. The child coughed and started breathing, crying as his mother picked him up. He was still crying 15 minutes later when an ambulance arrived to take him to the hospital.

“I didn’t think. I just did what I was trained to do for so many years,” he explained. “But everything made sense after that. Maybe this is why I got sick. I certainly wouldn’t have been in that park at that time if I’d still been working my usual weekends at the hospital.”

Mr. C felt that what had happened that day had occurred for a reason, a reason that helped him justify all the previous years of pain, suffering, and unemployment. The child lived because of him, because he was there at that specific time and specific place. It was a new narrative for him—tracing his life from health care training, to his later illness, to saving a young life.

His experience was an important lesson for Alisa and a crucial reminder for me about the power of meaning for patients and our role as clinicians to help them find that meaning. For Mr. C, the change he underwent from this singular event was dramatic and clearly visible to him and all those around him. But many of our patients search to find similar meaning for the various difficulties in their lives without the accompanying life-changing experiences. A parent who has lost a child, an individual going through a difficult divorce, a patient struggling with a chronic and disabling illness—all look to explain why these hardships have specifically befallen them. As physicians, Alisa and I can help these patients make sense of their changed lives, to define the stories that explain why they are here. Their new narratives may

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be less profound—a person being able to spend more time with a grandson and possibly shape his future—but may still be the most powerful treatments we have to offer during those moments. As a teacher and supervisor, it was a fundamental lesson for me to pass on to Alisa and one she would hopefully convey in turn to the next generation of trainees.

Three years since that day, a new resident physician, Miles, knocks on my door after meeting Mr. C for the first time. Mr. C has become one of our most stable patients in the clinic. He's still on a low-dose antidepressant and a new medication for his Crohn's disease, while receiving continued treatment for his failing kidneys.

"I've got a quick case," the resident tells me. "The patient has been very stable since his last appointment here 3 months ago." He is unaware of Mr. C's past, since the event at the park was no longer included in the most recent off-service note.

I gesture to Miles to enter the room and take a seat. "Let me tell you a story..." I begin.



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