

Don't Worry Alone

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“So, this is the last session I’ll be teaching you,” my medical school instructor said to the class in a microphone-amplified whisper, switching the projector to a recent study published in a major medical journal. “And before we part—at risk of sounding blasphemous—I want to talk about something much more important than your studies. I want to talk about you.”

Normally vibrant and energetic, he continued solemn and straightforward. “This is a very thorough meta-analysis on medical student mental health worldwide, and the results are very troubling.” Reading through the analysis, he emphasized that more than 27 percent of medical students screened positive for depression or depressive symptoms, and over 11 percent reported suicidal ideation [1]. According to the authors, these rates were 2-5 times higher than the age-matched population, yet only 15 percent of students screening positive for depression reported seeking treatment.

My class grew silent and considered the numbers. In a room of 40 students, approximately 10 of us would face depression in the next few years. Roughly four would at least think about killing themselves. There were another 150 medical and dental students in my class, not to mention thousands across the country. I felt a deep disquiet.

“We don’t know why this is happening,” the instructor followed in a compassionate voice. “We, the people guiding you through your training, are trying to help you. But many more of you are suffering than we would like to think. So while we figure this out, it’s very important to look after your friends. If you see someone struggling, reach out to them. It’s far more important to know about that, to know and love one another, than anything else.”

Medical school is, by all standards, a process of socialization. One is constantly socialized to new professional norms, new modes of interaction, new sorts of people, and that process is concerned with the ways in which we connect with others—our patients. Yet other components of this socialization are less explicit, but no less critical: the ability, closeness and attention needed to foster deep and healing relationships; the capacity to change our perspectives and grow into new identities; and amidst that change, to care for one another.

In two years between undergraduate and medical school, I spent most of my days writing and managing equipment in a small, windowless basement on a university campus, an experience that made me particularly keen on the idea of connection. I was submerged in long lonely

hours, humming artificial lights, and drawn-out silences, growing anxious and contemplating what non-filtered air smelled like. Though unpleasant, I enjoyed my work, mentors, and colleagues. As I reexamine that feeling now, it’s clear that my distress was self-propagating: loneliness begetting loneliness. It was the product of isolation.

The struggle was similar to the only time in my life when I bordered on depressive. As a junior, I had just left the varsity basketball team due to injuries and the stress accompanied by attaching too much importance—too much identity—to athletic success. With added brooding ruminations of a newly found medical illness, I was an unsettled, uncertain, unhappy young man. Despite numerous close friends on campus, I wallowed in a dark place for months, expanding and magnifying otherwise natural woes, until one night I broke down crying, alone in my dorm room.

In the thick of pre-med and no longer on the basketball court, I felt unjustified in taking the time to seek therapy. Irrationally, I considered therapy an admittance of failure, and the best way forward would be to create such a portfolio of academic and extracurricular success that my previous identity and aspirations would seem marginal. Therapy would only consume the precious time needed for extraordinary focus and efficiency. I tried think away worries, cover up darkness and failure, and in the process prevent others from understanding the true depth of my struggles. My friends, through no fault of their own, believed I was happy.

This lack of connection is my largest regret. In choosing silence, I spun a web of repetitive complaint, weaving thought after unproductive thought of self-reproach. I poured myself into academic success and sheer productivity, fermenting loneliness with a dearth of laughter or connection, but lots of feeling lost inside my formerly communal world. Loneliness magnifies our sufferings. As Tolstoy writes, “It is known that there is no subject so trivial it will not grow to infinite proportions if one’s entire attention is devoted to it” [2]. Loneliness is far from trivial, but it gave room for the expansion of my mental suffering, allowing it to grow unchecked by the recognition and care of other people.

But if loneliness allows for the propagation of sadness and suffering, perhaps its antitheses—connection, community, love—can stem the tide of our psychological troubles. I am thinking particularly of my instructor’s words—If you see someone struggling, reach out to

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them—and their simple, intuitive nature which belies an equally simple, yet profound idea: we must be close to our peers if we are to help them. As personal distance grows, so does the gap between one's suffering and another's understanding of it. But when people are close enough to recognize the unspoken, half-seen hurts of their peers, they can draw one another out of absorbed and isolated thought patterns. And it is there—in connection, in sharing, in vulnerability—that incessant mental struggles may be brought to light, understood, and healed in the company of others.

In my own experience of mental suffering, it was not a change in thinking, fortune, nor intervention which set my feet on new ground. It was all of that plus integration into a cohesive group of bright, kind, curious individuals that brought me back to myself. I came to see sadness and depression as pains mediated not solely by the brain and mind, but also by disconnection. This disconnection I felt on a small college campus in rural Ohio is certainly possible for young people trying to find their way in the vast new world of medicine.

In that world, a hectic mosaic of projects, duties, and assessments, it is easy to suffer quietly amid the noise. But depressed and lonely people do not fare well with quiet suffering, and this is where the medical community can—and should—rise up for its students and practitioners. Even after starting medical school, I struggled with a recurring anxiety and an intractable, distracted mindset. Yet I had learned from previous experience and knew, as one physician had said during my orientation, “not to worry alone.” I found a university-employed therapist who spoke with me free of charge. I discussed worries with caring faculty members who offered insights from their own lives. And I exposed my vulnerabilities to thoughtful, attentive classmates who, in their own

moments of unsettlement, would later come to me for the same support. Slowly but surely, the mental fog dissipated. And now, as I write this, I've ever been more content.

That sort of interwoven support network was, I believe, what my instructor had hoped to seed in our class. Deeper healing requires something more complicated, and less measurable, than the support provided by medical schools, hospitals, professional societies, or even the most caring mentors. We as individuals must look after our friends, determined not to let them suffer alone. And it is far more important that we understand that—that we know and support one another—than anything else.

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