

On the Brink

By Alexandra Godfrey

I sense her fear the moment I walk into the room. Perched on the edge of the exam table, my patient teeters on the brink, wavering between stability and instability, presence and absence. Her smile betrays her too. Fleeting and forced, this grin is not an authentic expression of happiness, but rather one of those overzealous attempts to appear content. I smile back at her, effortlessly returning her greeting as I consider the possibilities: did she miss a pill, then a period and go on to recoil at the sight of two bars of blue on a dipstick of life? Has a cell in her body replicated and multiplied and gathered its forces to form a palpable mass that speaks only of death? Or did her boyfriend of years leave her for a beautiful Twiggy without an ounce of character?

I introduce myself; then close the door, creating a hermetic seal that efficiently separates the perfect rectangle of the exam room from the chaos of the open plan *we-have-nothing-to-hide* clinic. In a single click, the stage is set; my theatre a room complete with all the props: a scope for the lungs, the heart, the ear and the eye, all ready to bear witness to my patient's grievance as I affirm my commitment to the Hippocratic Oath. My patient is now protected from the operations underway in the clinic's main area – that forum for murmured complaints and whispered interrogations, which run unchecked from speakers to spaces to listeners: the receptionist's inquiries, the patients' musings in the waiting area, and the demands of the medical assistant to "step on the scale." I shut them out.

As I do so, I watch my patient carefully. I do not know her character and I am concerned that the closing of the door may trigger panic. Is she psychotic or delusional - a single white female with a hand ready and waiting to rock the cradle? Thankfully, my patient rejects the popular icons of female insanity. She makes no effort to move nor does she seem perturbed by my actions, so I put aside her chart and settle on a stool about three feet away. I hope I am close enough to encourage my patient to talk, but not so far that I seem detached. She has my full attention. This is our time; the fifteen minutes that the book, the scheduler, the insurance company, and my preceptor have deemed permissible – in this moment, I have one expression only, the one that our patients need to hear most: *Hello, I am here for you.*

My patient glances up at me, making a quick study of my character, checking perhaps for my stability. She is young and clearly not accustomed to being in a doctor's office. She fidgets, looking down and picking nervously at the paper covering the table, not knowing how to proceed. After a short while, I take the initiative, quietly asking her about the reason for her visit:

"Anna, tell me why you are here today."

She looks up, and then turns away, unsure of how to respond. Eventually, she garners her courage, takes a breath, and then whispers her chief complaint:

"I think I am going crazy. I'm so frightened."

I respond with a warm look, attempting to banish her fears and create for her a safe place; equanimity and equilibrium rather than uncertainty and exclusion:

"Anna, you are safe here. Can you tell me about your fear?"

She looks at me directly now. In her eyes, I see a hint of hope overlying the desperation.

“Two weeks ago, my neighbour shot himself. I saw the police, heard the gunshot, and then later a clean-up team appeared. Three men dressed in white coveralls arrived on his drive in a blue truck.”

Anna shudders; then pauses for moment as she drifts off to another place and time. Tears collect in the corners of her eyes before beginning their slow descent down her cheeks. She wipes them away with her shirtsleeve and sighs. I want to wrap my arms around Anna, couch her in the security of a whole soul, enough to assuage the turbulent memories of a shattered one. Instead, I give her Kleenex - four perfect rectangles of quilted softness, each comprising five layers of synthetic yet accepted conformity, enough I hope to help quell the hellish rebellion threatening her sanity or at least sufficient to contain her tears.

I think about women of ages imprisoned in attics or condemned to lives lived in bedlam – no Kleenex then, just handkerchiefs to knot and fold into never ending confabulations of answers to questions about human suffering. Anna continues to cry. I hand over more Kleenex and then rest my hand on hers for a second, assuring her of my presence and trying to confer a sense of sharing: you are not alone. Anna wipes her eyes, and then crumples the tissues in her hand. In her fingers she now holds her own tears, keeping them with her as if not yet ready to part with her sorrow. She sighs and crunches the tissues into a still smaller ball. I wonder if Anna is reflecting on the details of that mortal cleansing – a bucket and mop to expunge the residue of a shattered life?

It is Anna who breaks the silence. She lifts her head, fixes her gaze on mine, and stares into my eyes with a look of such intensity that now I must hold my body in check. I suppress my desire to turn my head away and break the bond between us. I know such a move would raise the question of an objection to her telling me the narrative of the events unfolding in her head. She is looking for safety and I must not waver. For a short time, this is how we stay, she both judge and juror, and I the defendant, permitting Anna to check the integrity of my soul. I invite her in – an acquiescent hostess to an ailing guest. Suddenly she relents, giving in to a testimony that speaks of guilt and remorse and an allegiance to catechisms of old:

“My neighbour - he was in his basement. I was in my kitchen washing the dishes. The distance between us was less than fifty feet. He called the police first, telling them he wanted to die, but they arrived too late. I heard the explosion of gunfire. He was a good neighbour. I liked him. I should have known.”

Anna’s words hang in the air, each syllable suspended for a moment as if caught on the ethereal pillars of a confessional, but then released to spiral down to earth, creating in their united impact the verses of that ubiquitous elegy; a mournful yet commonplace lament to the guy next door: *my neighbour; he was a good man. I never suspected; we’re shattered.*

I see Anna drift again as she contemplates the trauma; this time, I pull her back:

“Anna, being close to a violent death is very traumatic. Why do you think you are going crazy?”

“I barely knew him. Now, I see his face all the time - in my dreams, in my yard, and in my kitchen. I am scared to wash my dishes. I hear his gun over and over again. I wish I had gotten to know him better. I didn’t want to intrude. I liked him. He was my neighbour...”

As she finishes her story, Anna loses her balance, lurching forward and tipping off the table. I move quickly to catch her, but she lands squarely on her feet. I motion to a chair, yet

she chooses to stay on the exam table, scooting further back. I decide this is a good sign. She looks calmer now.

Anna and I talk for a little longer. I want to be certain that Anna is not suicidal and is not a danger to others. Then, I reassure Anna, explaining that trauma can knock us off balance and that seeking help takes courage; her decision to come in is reflective of her ability to think rationally rather than a sign of insanity. I suggest a referral to a psychologist for therapy and an anti-anxiety medicine. I check with my attending and together, we all agree on this plan.

On her way out, Anna stops in the doorway of our office, lingering for a moment, not sure whether to cross this boundary. She is caught again, wavering on the border between connection and disconnection, presence and absence. I signal to her to come into the room. She smiles shyly as she steps through the door, and then whispers: “Alexandra, thank you.”

“Anna, it was a pleasure.”

I remind Anna to call the psychologist and follow-up with us in a couple of weeks. As she leaves, she stops by the trashcan and slowly opens up her hand, releasing the ball of crumpled Kleenex. I watch as the tissues fall silently and rapidly, leaving no trace of the tears within.

I listen as Anna walks down the hall; her feet firmly hitting the tile of the clinic floors. The certainty of her tread reassures me that this time the scales have tipped in favour of life. I pause for a moment, reflecting on patients past and present. Anna is not the only one who sees the faces of lives tragically lost. The challenge of medicine is that we are forever working on the brink. Sometimes patients like neighbours need to be invited in.

Author Bio: Alexandra Godfrey is a second-year physician assistant student at Wayne State University. She was born in the UK where she trained as a physical therapist. Her interest in narrative medicine developed through her study of the medical humanities at Wayne State’s School of Medicine: “I have always had a deep love for language. I adore playing with the spaces between the words--there’s so much room for creativity and expression. To be able to combine language (my passion) with medicine (my love) is quite simply bliss. I never fail to be surprised by how much can be learned in just one patient encounter.” Aside from writing, Alexandra loves to eat ice-cream in the rain, sit by sea and look for France (ever elusive), and spend afternoons chatting in Betty’s Tea Shop with her mum. Alexandra has published work in JAAPA, Pulse, Confluence, and The Yale Journal of Medical Humanities. She may be contacted at: ax3316@wayne.edu