

## Vulnerability in Psychiatry

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## VULNERABILITY IN PSYCHIATRY

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“I don’t trust you. Any of you.” The teenaged patient said as tears rolled down her cheeks and she hung her head down, refusing to make eye contact. “I bet you don’t believe me, and you don’t understand.”

We were in a conference room with her mental health team including the attending psychiatrist, a nurse, a social worker, a psychologist, and me, the psychiatry resident who was interviewing the young woman just 10 years younger than me. She had recently escaped a severely abusive situation prior to being admitted. Her post-traumatic stress symptoms were visible for all to see, and the entire team’s hearts bled for her. We had often discussed her with pained concern given the severity of her background and her presentation, and we wondered how we could connect with her and make her feel safe, supported, and welcomed.

I have been interested in the mind since I was a child. People behaved in ways I didn’t understand in my abusive home, and it frightened and confused me. In fact, a lot of people presented confusing emotions and behaviours even outside my home, and I made it my mission to understand by studying psychology as a precocious pre-teen. That helped me make sense of my life and the minds of the people around me, which led me down the path towards a career in psychiatry. The journey has been a rollercoaster, with gratifying moments of seeing my positive impact, along with the various struggles of working in a strained system with colleagues and authority figures who were sometimes very unkind to me. This journey has been full of grappling with the concept of vulnerability both personally and professionally.

A dilemma I considered frequently was whether I could connect with this patient through self-disclosure. She felt so alone in her story of abuse, the unique horrors of her childhood shocking everyone else on the team, yet eerily familiar to me. It was almost like I had come face-to-face with a younger version of myself. Part of me wanted to disclose that we had similar childhood experiences, in an effort to get her to trust me so that I could help her.

I wanted to tell her that I had felt her fears, her anger, her shame, her inability to trust, her disgust with herself and with the world, her hatred of men paired with a vexing feeling of being inexplicably drawn to any older man who has a warm smile and seems gentle and nice on the surface. I wanted to tell her that I understood the choices she had made to survive in that home until she turned 18, because I made the same choices. Others didn't understand why she kept her secrets until she turned 18, but I did. When you're a teenager, unaware of the options the world has for you, the idea of leaving an abusive situation feels daunting, with fears of strange foster families or homelessness. The familiarity of abuse seems better by contrast. Those of us who have lived that life know that common theme of growing up too fast, developing enough maturity to take care of ourselves, but worrying that the world would cause us more harm if we tell anyone about the abuse while underaged. So, we keep our secrets until we are officially adults, and always wonder if that was the right thing to do.

There were so many moments where I wanted to tell her that not only do I believe her, but I've been her. Instead, I held back. Vulnerability in psychiatry involves authentic engagement with one's own emotions, while embracing the inherent risks of demonstrating such courage in attempting to create safe spaces for patients to feel understood and supported in their healing. I knew this, but still worried. Who knows how she would take my vulnerability? Would it be effective, or would it land wrong, the way my voice sometimes fails to portray the sincerity in my heart because my nerves create a monotone voice that makes me seem insincere? Would she even believe *me*? Would I be making it about myself if I told her we share similar stories? Would she feel annoyed, like I had stolen her spotlight? I struggled with the ethical and interpersonal dilemma of self-disclosure.

Between the bare, clinical walls of that hospital conference room, she shared a worry of her own. "I could become like him. A monster. I would rather die than be like him." She hid her face in her hands as she sobbed.

My heart broke for her. I could never judge a daughter by the sins of her father. Yet the same thoughts had percolated my own mind, as it did inside the minds of many children like us. How many times had I hated the blood coursing through my veins, because my father made a point of repeating "blood is thicker than water" every time he wanted to remind me to be grateful for my family when he was faced with my loathing after episodes of abuse? How many times had I wanted to empty my body of blood and be a corpse just to have nothing to do with him? How many times had I worried about what I could be capable of, with his genetics? Not the only woman in the family to be abused by him – but the only one with the curse of being related to him, my half-sister at least spared the shame of being half-monster as she and my mother

psychologically distanced themselves from our tormentor. *It ends with me.* I had told myself the day of my tubal ligation, a decision I had made to ensure that the evil would not proliferate through me.

What could I say to her to alleviate her worry when I shared her worry? How could I foster an environment of trust for her? How could I even expect her to trust me when I barely trusted anyone myself? I've seen some of the worst evils that humans can perpetrate. I've watched things that no child should ever have to see. I've known things about which I wish I could have remained blissfully, innocently ignorant. And it cemented me with a stubborn core belief – I can't trust anyone. This belief was reinforced every time I let my guard down and tried to trust someone, only to find myself betrayed again and again and again. Perhaps betrayal is the human condition.

While wondering how to get her to trust me, I also wondered - could I even trust this teenager with a self-disclosure? Or would I then be judged for it? Would she use it against me later to hurt me? Would she make a formal complaint that I had been unprofessional by talking about myself? I wondered how to confront my insecurities while navigating the complex power dynamics and transference risks of a therapeutic relationship.

So I kept quiet instead, to maintain professionalism and hide my vulnerability.

I was not always self-aware about how vulnerable I could be in medicine, how much physicians can be surrounded by envy and hatred, how opportunistic anyone could be to take us down a notch if we seemed to be too successful or too happy. I did share my story with some people that I thought I could trust – elements of it, at least. I shared my fear, guilt, and shame with mentors at work that I looked up to, who seemed to misjudge me, who I wanted so desperately to approve of me, like me, understand me. But I did not seem capable of building that desired connection with them. They became less my mentors and instead the judge and jury in punishment for oversharing. Everything I expressed about my feelings was too much for them, and I was blind to the inappropriateness of the context in which I practiced my vulnerability. Instead of understanding me and liking me, they seemed to misjudge me more strongly and slipped comments that demonstrated their growing disdain for me. They called me unprofessional for sharing the most secret parts of myself in my efforts to connect. They betrayed my trust and shared my communications with others. I was shamed by them for sharing, and I felt deeply ashamed of myself for laying bare the secrets that I had previously told no one. Most of all, I was embarrassed for being naïve enough to think I could trust the one who seemed to be different. Less a catalyst for personal and professional growth, and more a source of trauma, these experiences made the idea of vulnerability unsafe and later on made my own therapy journey difficult. How could I confront my own trauma and work through it, when I could trust nobody, battling an instinct to distrust even my blameless trauma therapist?

Connecting to my vulnerability with humility, aware of my fallibility, I still remained steadfast in my goal to support this young woman. How could I express the most important response to this young woman – an assurance that she is not a monster and will not be? How could I be sincere in that, instead of seemingly

just verbalizing platitudes and automated, robotic reassurances? How could I convince her that we don't need to become monsters just because of our abusive relatives? I felt that the answer was in taking a risk of being vulnerable with her. But how could I do that without overdoing it?

A thought slithered into my mind. We had more in common than just a history of abuse.

"You like reading Harry Potter, right?" I asked her. The teen nodded, her head still bent down as more tears fell. "I liked reading Harry Potter when I was growing up too. It's a nice escape when life gets too hard, isn't it?"

She quickly peered at me from the corner of her eyes, pondering me, then stubbornly turned her gaze back down to her lap.

I continued, "Remember that Harry had a little bit of Voldemort in him – the worst villain in the books had unintentionally put a piece of his soul inside Harry when he was a baby. That was why Harry had certain talents that connected him to Slytherin and Voldemort. That was why the Sorting Hat told him he could be great in Slytherin. But Harry told the Sorting Hat "not Slytherin". He chose to be placed into Gryffindor, and to be a hero rather than a villain. And every time he was faced with his dark side, his connection with Voldemort, he continued to choose to be good. You can choose that too, no matter the pieces of a villain you have inside of you. No matter our backgrounds, we all have the power to choose to not be a monster. I have faith that you will be a good person and you will help a lot of people."

She looked me square in the eyes. Her crying had stopped during my monologue, and we just looked at each other momentarily, quietly considering each other. As much as I wanted to tell her my life story, to present her with my survival guide for life, to tell her that it will get better, I felt that I could say nothing about myself. I had to keep it professional, because I didn't want to make it about me and I feared the consequences of disclosing to a patient.

Vulnerability isn't something to fear – it is something we need to embrace, as it can be a great strength. Humans connect most profoundly through sharing vulnerabilities. Yet having an open heart remains difficult, because too often our vulnerabilities can be misunderstood, shamed, or exploited. Sometimes it takes a little creativity to connect through vulnerability when we struggle with trust and when we are unsure if we have psychological safety in our environment. We may have a story to share, but we are not sure how much would be appropriate to share, and sometimes we feel that it is better to err on the side of caution.

Through our shared love of fantasy, this patient and I could discreetly forge an authentic connection on our most vulnerable secret, the challenge of wanting to die because of who we could be. The risk that terrifies anyone with a terrible parent that we could grow up to be terrible too. And the power we have to make a choice, to not be the victim or the villain, but to be the hero in our own story. ■

## **Biographical note**

Patricia Celan is a psychiatry resident at Dalhousie University. She completed her Bachelor of Arts in Psychology at Simon Fraser University and her Doctor of Medicine at the University of British Columbia. Patricia has a passion for trauma-informed care and her purpose in life is to become a trauma therapist, a dream which helps her to find meaning in her own experiences of adversity.