

**Narrative  
Pre-Health  
Journal**

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**Narrative Pre-Health Journal**  
**Observation. Analysis. Empathy. Reflection**

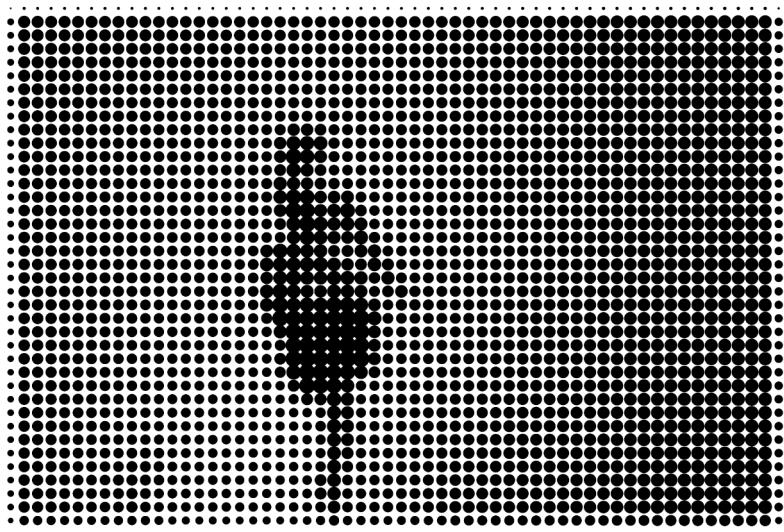


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*To healing through a looking glass*



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# Good Morning

Benjamin Blue

Each sunrise, I shut the door to the ambulance, lock everything up, tuck patient care reports – insurance, chief complaints, patient age/sex/history/allergies/medications/diagnoses/lives – into a repurposed cashier’s lockbox. I clock out.

I unbutton my uniform shirt, mindful of the loose stitches on the sleeve patches. I drive home. I turn the first corner, then the second, then pass by the graveyard. I tell it good morning.

Grass breathes out fog in the cool night and the dawn lights it up like smoke, dots of condensation blearily wandering back and forth in the weak sun. The light tints

the chilled flower petals and ribbons, cold from the dark and their possessors' stone faces, a few shades lighter. It's all very quiet and still. Grey faces warm incrementally in the weak sun and their shadows stretch long. I drive by and witness it. I say good morning to them all with familiarity, now, at this point. Sometimes the familiarity is uncomfortable, too close, depending on what the tides of the night and moon brought to shore, their waves retreating under the dawn. It's all a cycle, a ritual the graveyard has followed forever. Once my end-of-shift routine began to parallel the tombstones' ritual, it was drawn in like a comet coasting by a star.

The haze-softened light always catches my eye. It plays tricks on perception. Shapes blur in the fog and open themselves to the imagination; to superstition. The fog blots at the stonemason's ruler-straight lines, blurring them into hunched forms, spines curled over patches of new-tilled soil. In contemplation? In sadness? In tiredness? The fog leaves it up to interpretation until the weak sun awakens enough to push the watery figures back under the soil.

When I clock out, my reports are insurance records, first and foremost. When I drive home it's the gravestones, first and foremost. It's the focal point my eyes are drawn to, where they stick for a second longer when

they should be on the road; there's just something about it. I always say good morning to it, in my mind. I keep driving and the graveyard disappears into the rearview and, instantly, it's out of my mind. Rather than the fog-figures, on the way home I dream instead about my paradoxical sleep, my reward for the end-of-shift; slumber under the bright light of morning sun fully awakened, though I do my best to block it out with my closed blinds.





Fictitious  
Andy Nguyen

For this piece, I only used a Micron 01 black pen to deliver chaos. From the main center to the multitude of faces, I wanted to showcase the unspoken internal struggles of an undergraduate student on the pre-health path—all with one interconnected line.





# Survival in the Sea

Prachi Verma

No matter how much the storm rages above,  
The sea below survives

No matter how hard the waves crash against the shore,  
The sea beyond survives

No matter the roars the titans cruising the sea make,  
The sea below will survive

No matter the tons of toxins thrown to the waves,  
The sea below must survive

We embraced the sea  
Taking relief from the pollution outside

We drowned ourselves in the sea,  
Hiding from our fears

We drowned ourselves in the sea,  
Hiding from our pain

We let the sea take away every breath,  
Hiding from ourselves

We thought we were safe in the deep sea  
By coping, we would survive

We hoped the depths would save us,  
But even the bottom of the sea became polluted

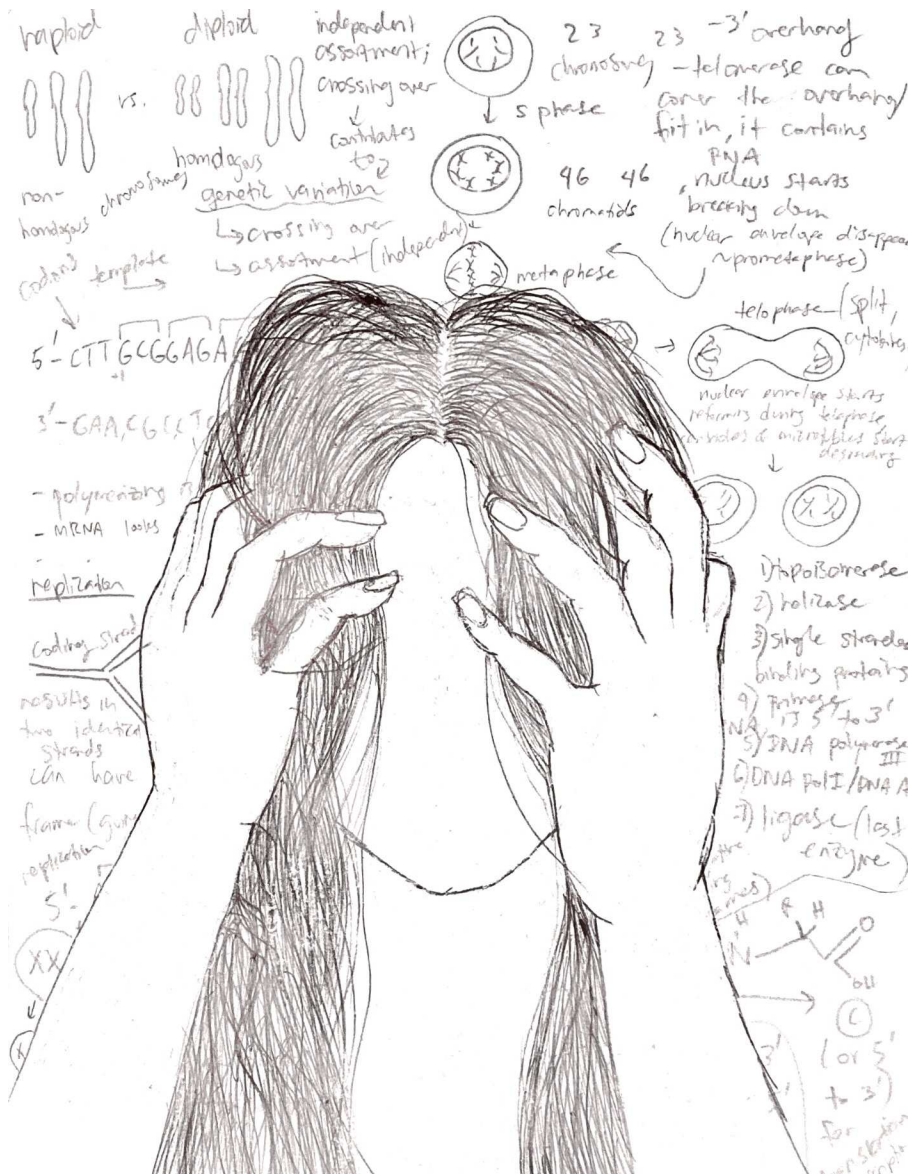
We hoped the depths would save us,  
But our pain never left

The sea survived.  
Did we?

The sea survived.  
Did we thrive?

My poem, *Survival in the Sea*, can be interpreted in many different ways by readers. I aim to take readers on a journey, as the characterization of the sea changes from comfort and stability to being a temporary relief, providing an illusion of safety. The sea may hold different meanings across readers. I wrote this poem reflecting on my experiences with chronic pain, depression, and social anxiety and as a relative of family members experiencing mental health crises. For me, the sea represents the comfort of coping mechanisms that we can throw ourselves into and escape reality with. However, even coping mechanisms can be unhealthy or a crutch to shield ourselves from pain. Eventually, we will be forced to reckon with our reality and life, no matter how heartwrenching.





# Burnout

Aubrey Nguyen

As college students, we're surrounded by expectations and pressure, whether it's from peers, parents, or ourselves. High stress environments can lead to feeling exhausted and overwhelmed; this piece demonstrates how emotionally and mentally draining school and school-related stress can be.





# My Home

Prachi Verma

My skull housed my violence  
But my violence had no face

My chest housed my screams  
But my screams were no treasure

My bed housed my tears  
But my tears could never rest

My classes housed my fear  
But my fear knew no limits

My doctor housed my distrust  
But my distrust never healed

My form housed my pain  
But my pain took every shape

My core housed my despair  
But my despair didn't seed new life.

My parents housed my satire  
And my satire was raised to be my humor

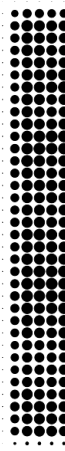
My sister housed my hope  
And my despair was given a sibling

My college housed my future  
And my future became the academy of my present

My mind houses my freedom  
And my freedom became my sanity

My organization houses my vision  
And my vision now has a space

My home houses my love  
And my love finds self



*My Home* is a poem about my journey with chronic pain and its accompanying depression and anxiety. I place my pain into the context of social experiences and my sense of self to show the multifaceted complexity of my emotions during this long, tumultuous time in my life. I highlight some of the ways I began to heal and rejuvenate my love for myself. Although my pain never left, I was able to move forward. Even though this poem is about my experiences, I hope that readers can personally connect to the rawness in my words and emotions.



# Cracks of Light

Suchita Anigol

Hellen Keller once said: "Although the world is full of suffering, it is also full of overcoming it." Depression, anxiety, fear, loneliness, and grief are all struggles many people face internally on a daily basis. In fact, these were emotions I struggled with during the pandemic. My mind became a dark place and a prison where I was trapped. However, it is sometimes the small moments of escape that can bring relief. For me, it was my imagination and creativity that gave me a brief moment freedom from this mental cage. For this reason, I chose to represent this duality and struggle held in one's mind in this painting. The subject is confined in her most vulnerable form in the prison of her mind; yet, she is able to find small pieces of joy in her creativity that help her find solace.



# Testing a Mother's Sacrifice

Prachi Verma

*Thuck-thuck-thuck, breathe in. Thuck-thuck-thuck, breathe out.* With every stride on the treadmill, Diya felt more energized. At 25 years old, “Diya Sharma”, real name removed for her privacy, was an optimistic, ambitious woman who used to love exercising. She would spend three hours at the gym everyday, working out and playing badminton. When her legs ached and swelled, she thought little of it. A year later, she was diagnosed with rheumatoid arthritis (RA), an autoimmune disease where the body attacks joint tissue. Her hands, shoulders, and knees became red, stiff, swollen, and achy. As a software engineer, she would spend long hours behind a desk. Each

keystroke sent aches running between each pair of bones in her hand. She would be fatigued before the day's end with little time to herself. The only thing that gave her any relief from this debilitating disease was an intense regimen of painkillers and steroids. Rheumatoid arthritis didn't only change her life at work, but also her family and personal decisions.

Being recently married with a stable income, Diya and her husband wanted a child within the next couple of years. In considering childbirth, Diya chose to gather information about her newly diagnosed condition before starting any medications. Diya learned she wouldn't be able to take methotrexate, a vital medication used to treat rheumatoid arthritis, before or during her pregnancy. Some physicians even recommended she avoid pregnancy altogether, since a pregnancy might be too painful and damaging for her body to handle. Diya was devastated and spent countless nights crying over the prospect of being childless. She couldn't fathom living out the rest of her life without a child. Although Diya had some time before planning on conceiving, her doctors warned against the additional pain associated with weaning off of methotrexate. With the support of reliable doctors, she made the challenging and emotional decision of holding off on starting methotrexate completely until after

pregnancy. Ultimately, Diya did not start methotrexate until three years after being diagnosed. During this interval, she only relied on painkillers and steroids which would not have been nearly as effective as methotrexate.

Diya's pregnancy was filled with pain and misery. For the months leading up to conceiving, Diya was instructed to take her pain medications minimally. Additionally, for the first trimester of the pregnancy, she was instructed to not take her steroids. This medication discontinuation triggered a long, horrible flare in her disease. She described this time as the most painful point in her life. However at the end of her pregnancy and breastfeeding, to Diya, it was all worth it. Her child was happy and healthy, and she had the family she always wanted. Her joints however, suffered permanent damage from years of putting off methotrexate. Women\* with rheumatoid arthritis and similar chronic conditions face the dilemma: should they try to become pregnant despite the risks to their own health?

There is no question that pregnancy is risky for women with RA, but how much risk is tolerable for the possibility of having a child? Would numbers make the decision clear? A scientific review revealed that in 46.7% of cases, women experienced flare-ups in their RA following pregnancy (Andreoli et al., 2019). Flares can last



for weeks and worsen RA symptoms, diminish mobility, and interfere with everyday tasks (Ellis 2020).

Diya's pregnancy flare stole her independence. Immediately after stopping her pain medications, she had trouble walking and doing any physical activity. This only worsened after conceiving. She suffered crippling pain for months, forcing her to be on bedrest and work from home. Diya couldn't even walk ten steps to the restroom or put soap on her body by herself. Even tying up her hair was an impossible task. With each movement, her joints would ache and scream. She was heavily reliant on her husband for all activities and had no independence, taking a toll on her mental health.

Diya also had to take special medication to manage her pain flare during her pregnancy. Although this regimen was effective to some degree, it caused excess rapid weight gain. Beyond destroying her metabolism, this additional weight worsened the strains on her joints, causing more pain and stiffness. Even now, years after her pregnancy, she is still struggling to return to her former weight and activity level. The weight gain further stripped her of her ability and motivation to exercise like she once did.

Interestingly, on the opposite end of the statistical spectrum, the same scientific review which reported that

many women with RA experience flare-ups during pregnancy, reported that 60% of women had an improvement in their RA symptoms through their pregnancy (Andreoli et al., 2019). This may be a result of changes in the immune system and hormones which are meant to protect the embryo (Arthritis Foundation ). With this in mind, it sounds perhaps, advantageous for women with RA to undergo a pregnancy. However, women who begin their pregnancy with “high disease activity” are not as likely to benefit from a pregnancy (Förger, Frauke, et al). It is possible to have rheumatoid arthritis and have a normal, limited pain pregnancy, but there is no guarantee. Even with so many unknowns and risks to grapple with, many women still chose pregnancy.

Despite the pain and changes to her life, seven years later, Diya does not regret her pregnancy; she described parenting as being extremely rewarding. Her daughter brings immense happiness to her life and even strengthened her relationship with her husband. She feels complete and like her family is finally whole.

For some women with RA and other chronic and debilitating illnesses, fear is a more prevalent emotion than joy when considering becoming pregnant. Many women cannot risk their own health. In studies, women with RA had fewer pregnancies than those without

(Walleniu et al.). Multiple factors may play a role in this disparity. Similar to Diya's experience, other women with RA are also discouraged by doctors from becoming pregnant. Women also fear the repercussions of pregnancy on their bodies (Ostensen, M). This painful decision was reflected in women's accounts on support networks. One woman with serious chronic pain wrote, "I have a gut feeling I'm going to have to give up that dream [of motherhood]...it's heartbreaking. I've always wanted to be a mother, and it crushes me," (catsarecooltoo). Core principles of reproductive justice assert that women should have the right to have or not have children, but agonizingly, women with chronic illnesses do not always have that full freedom of choice (SisterSong). How can a woman decide between her physical pain and her emotional suffering?

Taking a trip through Reddit and other forums, anxiety and uncertainty about undergoing pregnancy while having some type of chronic illness is prevalent. Without fail, I always found women under each post who risked it all for a pregnancy. Some had uneventful, normal pregnancies and others spent months in pain. No matter the type of pregnancy though, like Diya, no mother regretted their choice.

Another important aspect for mothers to consider is

their ability to raise their child while dealing with potential restrictions imposed by their chronic illness. This was cited as another reason that women with RA have fewer children (Wallenius, M, et al 2012). Taking care of a child is no easy feat and often requires heavy lifting, physical activities for long periods of time, and constant energy while running on limited sleep. A Reddit user with juvenile rheumatoid arthritis explains, “Physically there is no way I can keep up with a toddler. As I'm losing my ability to walk and exhaustion overwhelms me, I know I couldn't manage myself and provide for a little one. It's heartbreaking and there...is a grieving time [for not being able to have a child],” (mmp884). Diya told me that the only reason she is able to care for her daughter is that she hired a full time maid and that her husband is very supportive when Diya has pain. This is not uncommon, and 67% of women with RA reported needing help with childcare (Ostensen 1991).

While reading these patient stories, something was gnawing away at me. I fear this is a question I may one day have to tackle myself. I do not suffer from rheumatoid arthritis, but I do have a connective tissue disorder that presents itself as constant chronic pain. Although I have years until I will need to worry about this decision, I know I might enjoy being a parent. The joy of having a child

and being a parent might be all worth it, but at what cost? Am I willing to potentially worsen my health, ruin my career, and sacrifice my well-being? How much pain am I willing to endure? Could I even meet the physical demands of caring for a child? These questions are gripping, and every time I think about this the anxiety of the possibilities cements itself deeper into my consciousness. For me, a pregnancy could trigger even more intense pain and would put me at an even higher risk of injuries and dislocating joints. I could damage the organs and tissues in my body beyond repair and be forced into bedrest for months.

And what of the permanent damage Diya suffered? Methotrexate, the medication Diya did not take for three years after her diagnosis, is a disease-modifying antirheumatic drug which slows the progression and damage caused by RA (Johns Hopkins 2016). Methotrexate is known to be the first line of defense against rheumatoid arthritis since it is highly effective in reducing symptoms of the disease and stopping physiological damage from occurring. It can also be taken long term with limited side effects (Johns Hopkins 2016) Despite all its miraculous properties, methotrexate is harmful to embryos, so cannot be taken for many months before conceiving, during pregnancy, and while

breastfeeding (Johns Hopkins 2016).

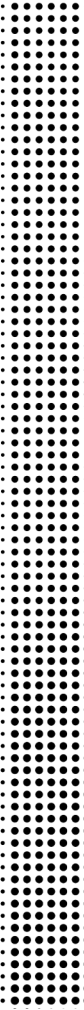
Even before her pregnancy, Diya suffered from pain and joint stiffness nearly everyday. The painkillers and steroids could not stop the destruction of the cartilage between her joints. The worst part of the inflammation was the burning sensation that crawled out from the depths of her joints and into the muscle, fat, and skin. Within months of starting methotrexate, Diya regained a great deal of her mobility, but the damage had been done.

The John Hopkins Arthritis Center states that, “RA causes joint damage in 80% to 85% of patients, with the brunt of the damage occurring during the first two years of the disease,” (Johns Hopkins 2016). Since Diya did not take methotrexate for three years after being diagnosed with RA and during the time when it was most important to prevent damage, she now suffers the consequences of permanent, irreversible joint damage. Heartbreakingly, this permanent damage likely began in the year prior to Diya’s diagnosis when she first developed the disease (Ezerioha 2019).

At age 33, Diya now enjoys spending time with her family by going on walks and eating dinner together. She agrees that if she had started methotrexate sooner, her current pain and mobility would be much better. She is now in a senior role at her job and works at least 15 to 16

hours a day. Much of this time is spent at her desk, typing away. She can no longer walk and run the long distances she once could and many daily activities are out of reach. Her aching bones are now a fact of life and all she can do is take pill after pill for the pain. Ultimately, her pregnancy led to lifelong damage to her joints and unimaginable pain, but also provided her the joy of her life, a bright young girl.

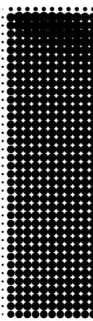
Ideally women would not have to account for the plethora of risks, benefits, and statistics when choosing whether or not to have children. But unfortunately, this choice is complicated by chronic conditions. Emotions and desires are also important factors in the decision, and I doubt that I would be able to make a purely fact-based choice when I am ready to make this decision for myself. How much should a woman risk for her unborn child? Is it worth her livelihood? Her pain? Her permanent physical condition? How much will I be willing to sacrifice? My exploration of this complex dilemma leaves many impossible questions. For women with RA and similar chronic conditions who want to become pregnant, the decision to pursue a pregnancy can strain the limits of a mother's willing sacrifice.



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# Her Beautiful Hair

Sneha Geethakrishnan

She would caress my face and hold me endearingly,  
Letting no one near her dearest baby  
Gentle voice, so angelic and calming,  
I found comfort pressed delicately between her cheek and  
Her Beautiful Hair

I would wear her jewelry, her shoes, her clothes,  
Even if the fabric appeared endless for my frame  
And for days and days, I ran my hair through frying heat,  
For my childish desire to emulate  
Her Beautiful Hair

Even though she wasn't particularly affluent,  
She cared for everyone, feeding mouths and providing  
necessities.

I admired her affectionate personality  
And kindness that spanned from her toes to  
Her Beautiful Hair


Compassionate, amiable; she was spirited and joyous.  
She would illuminate the sky with her warm heart  
I look up to her, my role model and beauty standard,  
From her infectious, benevolent smile to  
Her Beautiful Hair

After her forty-seven years of good health,  
They told me her body had lost its strength  
As if the sun died out, my sky lost its brilliance  
I wailed, pleading for more time amidst  
Her Beautiful Hair

I watched her bones become more fragile,  
Realizing she cared for everyone, but forgot to care for  
herself  
What was once a beautiful mane I envied,  
Turned into missing patches of  
Her Beautiful Hair

I miss her hand caressing my face and holding me  
endearingly,  
Reminiscing the years of being her dearest baby  
I yearn for an eternity to hear her voice, so angelic and  
calming, *Amma*, I treasure the comfort, pressed delicately  
between your cheek and  
Your Beautiful Hair

\*Amma: Tamil word meaning Mother



This poem is dedicated to my mother—a cancer patient. It wasn't until her hair started falling out that I realized the severity of her illness. Near my 19th birthday, I learned that she had metastatic breast cancer. Though the typical prognosis of her stage of cancer is a difficult reality, she has access to proper healthcare and some of the state's best oncologists. Fortunately, I am blessed to say that she is getting better and undergoing treatment.



# Truth be Told

Aidan Rice

Truth be told I have no other options  
Because my life has been sold to medicine's auctions  
For after all, my mother deemed it so  
That this pursuit will be the biggest thing I know

She spelled it out when I was a little boy  
That I had skills I needed to employ  
That wandering focus would not do, grit had to be seeded  
It was what my mother needed

I was far from ready for these demands  
When she first told them to me with her contorted face  
buried deep in her hands  
A criminal procedure destroyed her facial nerves  
And sent her emotion on spiraling swerves

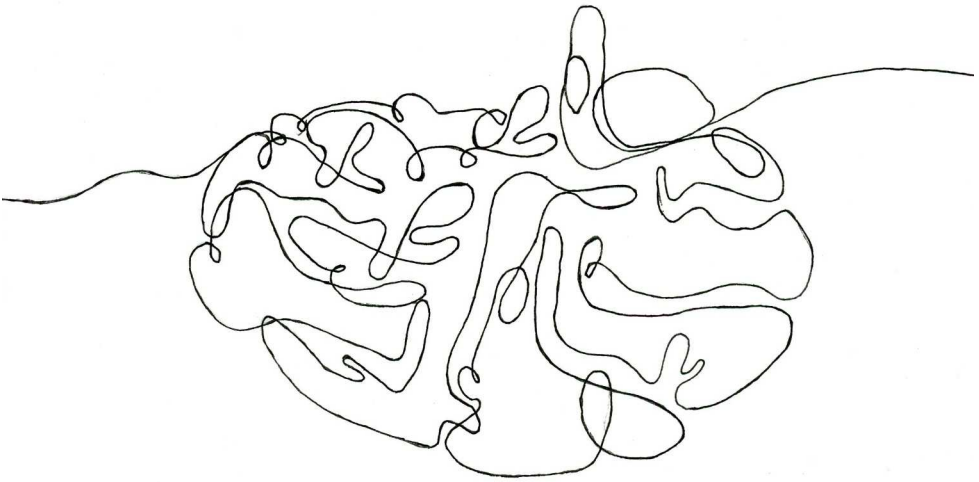
She told it to me through heavy eyes and a broken soul  
Through words and language that could not be put upon  
a scroll  
Her faith in a system of care was betrayed  
I read between the drops of her tears,  
a right had to be made

And so here I am, pushed to the extremes  
Pressured to act by my mother's former dreams--  
Hopes that the care she sought would've made her better  
But instead she was shackled to pain like a prisoner in a  
fetter

Truth be told I have no other options  
Because my life has been sold to medicine's auctions  
For after all, my mother forced me to try  
Because I have to make a world  
where fewer little boys have to watch their mothers cry



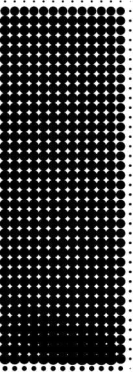
This is a poem I wrote trying to capture the impact of watching my mother develop debilitating nerve pain after undergoing a botched dental implant procedure and the effect it has had on her and me. I wanted to try to express my reasons for wanting to go into medicine. Seeing my mother go through this experience has inspired in me a great interest to one day provide better care than which she received.



50/50  
Joan Santos

How my mindset has changed from being on medication





# Aperture

Zihui Liu

A writer might keep a notebook in their pocket, ready to jot down emerging inspiration while riding the subway or standing in a dull supermarket queue. The notebook waits patiently for the right words to flow from the pen. If the words don't come, it remains pristine, evident of the lack of inspiration from its owner. Or, the notebook remains empty simply because its owner might miss moments that unfold too quickly before their eyes.

And so, I keep a small camera in my pocket. Always close at hand. In a split second, one press of a button, I can record my perspectives on the world and the beauty that emerges in everyday life. That beauty does not need me to

do anything, only to look at the world with a beginner's eye as I focus my lens. The patterns of the world become apparent in the changing beauty of everyday routines. This is true even amongst the crowded skyscrapers and heaving traffic back in my hometown in China.

If you had asked me a year ago how photography would help me develop my professional skills, I couldn't have answered the question. In the past my camera was something I set aside under academic pressure, as an unimpressive hobby that would not put me on the path of a successful career. After I practiced elements of empathy, cultural humility, and many others in narrative medicine workshops, I realized that training my eyes with the camera to see both small details and wide perspectives is just as important as textbook knowledge. For the very first time, I opened up my aperture to let in more light, to build my capacity to capture the fullness of other's illness experiences.

When I was younger, I battled with disordered eating that once distorted my perception of my body. I used to despise my reflection in the mirror no matter how meticulously I restricted my diet. The joy and beauty I captured with my camera disappeared, and in its place was rage and resentment aimed at a basic human need: nourishment. My mother was the one that most often

took the burden of this anger, but it never stopped her painstaking efforts to care for me. No matter how late I returned home to deliberately avoid her cooking, there was always an insulated box containing a substantial packed meal on the table. It was a tangible reminder that I was never far from her thoughts and care. In the grip of this disorder, my angle of view was confined to the hatred of how I looked and the desperate desire to be in control of what I put in my mouth. My viewfinder was blinded by my own darkness, shadowing the reality that people were trying to pull me out of an abyss of suffering.

Recovering from disordered eating brought me back to a normal life, and most importantly, the passion to see the many perspectives in the world. It also convinced me to pursue nutrition science. In the summer before college, I gained the valuable opportunity to intern at the Clinical Nutrition department of a local Chinese hospital that met with weight-control outpatients. Ten years ago, as a little girl, visits to the hospital left me feeling inundated with dread and fear. As an intern, these feelings were quickly washed away in the fast-paced rhythm of the hospital system. Despite the pace, I still desired to widen the aperture of my lens - to see the greater picture. Even the hospital has beauty that emerges as you widen your angle.

My daily routine of sitting next to patients in the tiny outpatient clinic made their struggles vivid to me. Without the camera at hand, I used my well-trained eyes. Seeing from their perspectives enabled me to feel like we were all sharing a human experience of illness and healing, and broke down the barriers that made me feel separate from their struggles.

A snapshot from that internship often replays in my mind and reminds me of how important this is to effective primary healthcare. It was a regular Thursday in the clinic. “*Next would be...*” I called out the patient’s name in the crowded waiting area and was confused when an old woman stood up quickly. Her thin and tired appearance didn’t match up with my expectations of someone that would be a patient here. My confusion was short-lived because a few seconds later, an emaciated girl followed her reluctantly. Walking seemed to require all her strength. This scene took me back to my own struggles with food and eating and the enormous effort it took to restore the fundamental urge to nourish myself. When I sat close to this mother and daughter, I gravitated towards the small details in my sight, the way I do with my camera.

As I sized up the wrinkled stack of diagnostic test results from hospitals across China, I realized that this

clinic visit was another battle in a long-standing campaign fought between this mother and daughter. I couldn't stand the idea of keeping them on the battlefield alone. The vision of my early struggle with food flashed before me as I saw her brittle nails and the tiny tooth marks on the back of her hands, an indicator of self-induced purging. My guess was verified by her vehement temperament that unfolded uncontrollably when we tried to discuss her dietary habits. I felt genuinely sad witnessing this young girl suffering from what I had gone through just a few years ago. At the end of this short clinical encounter, I had observed so much about this patient that I could clearly envision her struggle in my mind and the toll that it took on her mother. I felt an urgent impulse to share what I knew from my own experience.

The mother and daughter were not seeking comfort for the rebellious period that every teenager goes through, they were in need of some concrete solutions. While treatments to correct eating behaviors and improve weight were part of the solution, the underlying body dissatisfaction would need a different approach for a full recovery.

In this internship, I was fortunate to have a supervisor who was a skilled and knowledgeable physician, someone who was willing to listen to both patients and an



inexperienced intern. Like a receptive vessel, she generously embraced my ideas and perspectives without judgment. I relished the opportunity to communicate my concerns with her, sharing what I had seen as I might do with a photograph. In the end, she was able to use my observations to improve the treatment of this young patient and take on a more holistic position of what effective care can look like.

Remembering the look in the mother's eyes continues to haunt my memory. I recall them vividly as being desperately fixed on anyone who could help her daughter return from the distant and unreachable place where she was trapped. The image of this small woman holding a crammed notebook filled with ideas to boost her daughter's health is alive in my mind. This mother was looking for a way to let in some light, to open the aperture of her daughter's experience, so that she too could recover. This image stayed with me because this is what my mother had done for me when I was shut off in my own dark room away from light. This memory helped me refocus my recollections of how I recovered from the same disordered eating patterns. It brought my mother's struggles into the forefront of my lens for the very first time.

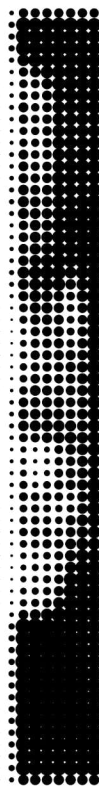
Although this patient and her mother would never

know it, they showed me the depths of my mother's love for me. Widening my field of vision and depth in this clinical encounter helped me see where there were places that I still needed to heal. Witnessing the relationship between mother and daughter prompted me to cherish the delicious smells coming from the kitchen when I returned home each day. They were aromas of love and nurture. When I got home from the hospital during my internship, after a day mixed with emotional highs and lows, I was met by the familiar smells of my mother's cooking that I used to take for granted. With the perspective of love and beauty, I felt so grateful to be well-nourished in both my body and my spirit, which had never gone away in the depths of my struggles. I hope that the young patient that I met in the hospital will discover this perspective soon, and reset her visions to see the beauty in the world again.

The dominant belief that the therapeutic relationship is a one-way healing process ignores the hidden truth that we all crave true intimacy. My personal experiences helped me present this patient's struggles more visibly, but in turn, they helped me to see my own. Without holding the camera in my hands, my eyes capture the fleeting moments of meaning and connection. Without developing the films, my words convey the



message that can help people around me live a happier and healthier life.





# Societal Constructs of the Human Body

Purva Bhatia

It's no secret that the society and community we grow up in shape our perception of the world. That the broader societal understanding of different relationships, events, and constructs affect our own understanding. Often, these ideas are so widespread and ingrained that it becomes an involuntary thought. We associate things with familiar situations and images, like the color red with love. Another example, pink, signifies femininity, and youth in many communities. These associations create frameworks that shape our interactions with others and often determine how we perceive their ideas. They become casual metaphors that contribute to our understanding of the world and how we act in it. Many such metaphors also apply to biological entities, such as blood. Blood,

while often associated with warfare and death, can also symbolize family connection. Biologically, blood is one of the most vital components in humans. From the oxygen in the lungs to the glucose absorbed in the ileum, this fluid is the necessary mechanism to transport vital nutrients and maintain bodily homeostasis. Doctors often rely on this fluid to detect dysfunction occurring in the organism. It is a complex tissue that plays an integral role in the health and identity of humans.

In our society however, the word “blood” is often used differently than how it is in biology. Some communities associate blood with family, an indicator of shared genetics. This is evident by the phrase “we share the same blood, we are family,” and iterations of it. When looking closer, it becomes fascinating how the societal construct of the family unit is compared to the genetic composition of blood. Family is often recognized by birth or by marriage or kinship. When blood might as well serve as a way to identify ancestry, simplifying it down just to its biologic composition seems reductive. Restricting “family” to the degree of similarity of their genes is limiting. In the past, the idea of a family carried a lot of importance, as it was a way for lineages to hand down their legacy. However, as time progresses this tradition has been gradually phased out. In today’s world, the definition of family is changing, where we can choose who we want to call family. As the world recognizes these new notions of family, it signifies a shift in public consciousness. People are becoming more open minded and thoughtful and the rigidities of the past seem to be

breaking down.

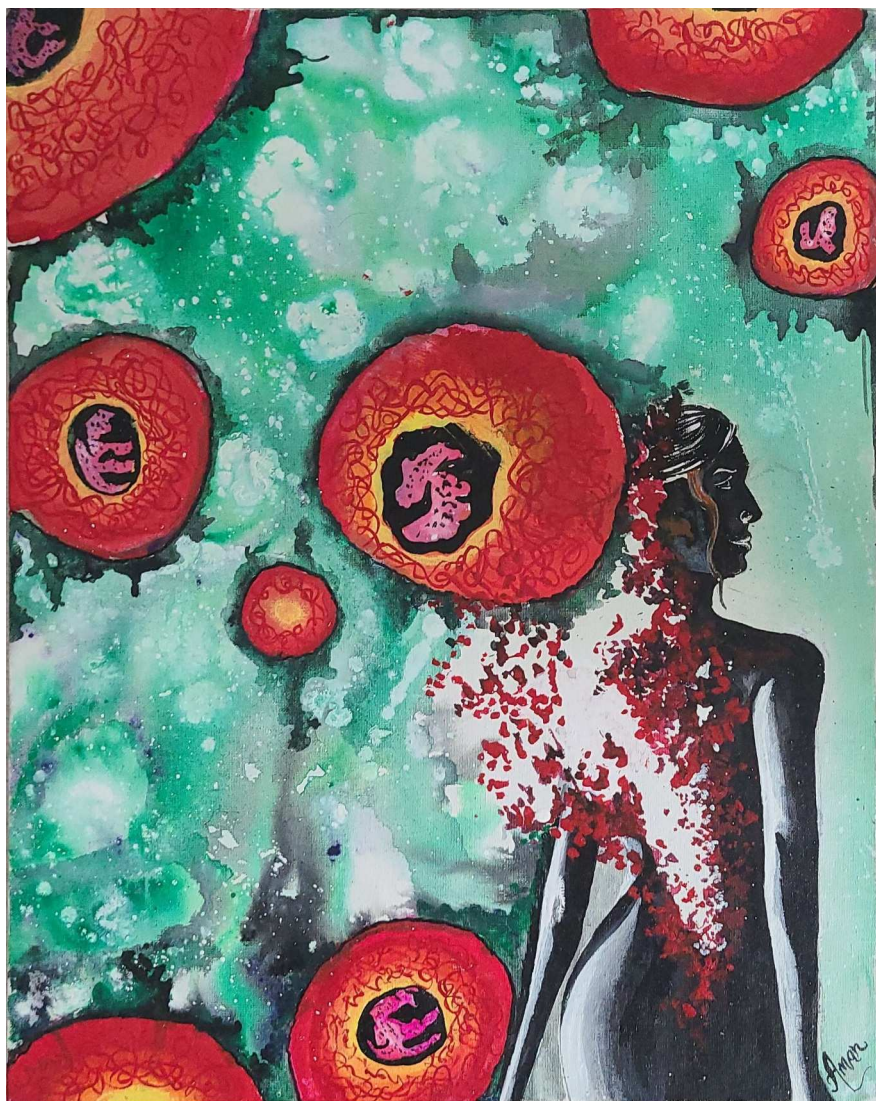
Restricting family to the notion of marriage is also limiting. I grew up in a conservative space where the notion of divorce was not widespread or accepted. The thought of having a family of separated parents never crossed my mind. But when my parents separated, it forced me to see the world in a new light. I, again, began to wonder at the nuances of “family” and how our ideas of what it is has changed. The strict definition of family raises many questions. What about the people who are orphans? Do they have no family? And what about the people with abusive families? By restricting marriage with “family,” a seemingly unbreakable connection, individuals in unhappy or harmful relationships may fail to seek the relief or freedom they need. Noting this, the increasing support for women empowerment and other various human rights movements, has in many ways changed the public opinion on divorce. Now, women are authorized and have more courage to stand up to domestic abuse. There is a courage there: to leave old notions of family and find a family that is bonded by neither blood nor marriage, but by understanding and love.

Another idea that different communities view differently is bleeding and the “purity” of the blood that is shed. This idea of purity is most prominently seen when discussing menstrual blood as it is often considered “impure.” When a woman is menstruating, many communities restrict access to basic amenities and even social interaction. For example, they are not allowed to sleep in the same house as the rest of their family. In the

past, when people used to menstruate, they used to rest during that time, in order to relieve the body and allow themselves to recover from the loss of blood. Additionally, the rest of the members of the family used to take on additional roles at that time. Over time, this practice slowly transitioned to consider the isolated person as “impure.” Eventually, many communities began sending the menstruating woman to a different house to keep them quarantined so as to not contract their impurities. These old practices seem to still contribute to the sentiments seen today. When I was young, it was not uncommon for elders to say that menstruating women should not go near the places of worship because of the blood they shed, and by association, they are thought to be “impure.” It is true that in a biological sense, blood is an agent that removes bodily waste. This is true for all humans. But the superstitious notion that menstrual bloodshed might be harmful to others because of its “impurity” reveals and maintains misogynistic foundations of thought. The bloodshed on the battlefield or war is considered pure, but the blood that came out of the same body is considered impure when it is shed periodically and is a naturally occurring phenomenon? How is the blood that is not shed from violence considered impure?

Blood is so much more than just genetics or its locations. It serves such a beautiful and vital purpose in an organism. It is a reflection of our body’s functioning. By trying to associate the social definitions of blood with a grounded biological basis, we misrepresent reality and

thus reinforce harmful structures and beliefs.



# Holism

Aman Singla

To what extent does the individual matter to medicine?  
On what scale are we acknowledged?



# Abbey in the Oakwood

Caspar David Friedrich

# A Mortal Sublime

Simon Nguyen


There is a sense of grandness common in the artworks of Caspar David Fredrich. His painting, *Abbey in the Oakwood*, is an example of the many romantic landscapes highlighting the immensity of nature. Looking closely, the ancient gothic ruins stand alone among the height and brokenness of the surrounding bare oak. It becomes difficult to imagine the structure for what it once was. Even more uncomfortably, the sunrise cuts through the middle of the painting, framing a silence to further contrast the insignificance of the monks beginning their funeral procession below. The last features our eyes naturally move towards, the moon and the cross, as small as they seem, are not only powerful symbols of nature's permanence, but also of our own mortality.



*Abbey in the Oakwood* wasn't painted to just depict a landscape, its purpose was to explore the earliest human emotions and compliment this mortal fact of our existence. We will all approach death one day alongside the cultural traditions in architecture and religion, and I think that's what makes this scene so uncomfortable—it's *tragic*. Provided by the moon and oak, the natural and cosmic timescales emphasize this immortal quality of nature, inspiring a certain appreciation, awe, and introspection that is not immediately beautiful. As only a small part of the bigger scheme, it is this grandeur and ineffable feeling that moves us to a deeper meditation, a sublime one, identifiable as the aesthetic essence of Friedrich's work.

Painted in the Romantic period, much of his early 19th century art is a direct response to the European enlightenment. Distinct in its ignorance to order and reason, Romantic creativity rejects the Neoclassical understanding of beauty as a balanced representation of things, focusing on a chaotic enrapturing of the human imagination and pleasure. It is the job of the spectator, in the romantic arts, to bring their lived biases and interpret the suddenness of artistic experiences, appreciate the grotesque, and then be driven to meaning and moral purpose.

Many scholars drew a curiosity to explore the sublime phenomena for its emotive force, because this aesthetic doesn't exist just within artform, it permeates the spaces around us. Nietzsche, in *The Birth of Tragedy*, influenced by the didactic nature of Greek playwrights,



was first to describe the aesthetic partly as the emergence the Dionysian self—the comparatively intoxicated, primitive side of the human condition stripped from the project of civilization, logic, and reason to the bare being. It is this aesthetic theory which caters to the once spiritual individual, reminding us of our primordial roots and that humanity still possesses the subjective experience—feelings which give rise to the unbridled passions, a normative ethic, and truth. The aesthetic sensations of joy, horror, love, and wonder, as example, guide our moral compass and contribute to our mentality, presumably providing us with the cathartic pleasure found in viewing art and often tragedy.

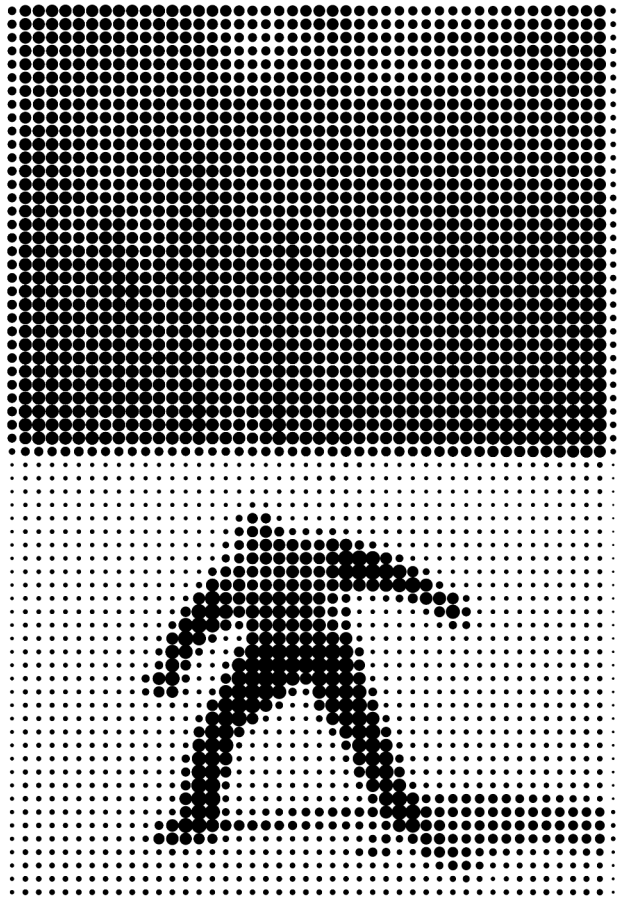
These initial impressions of the sublime aesthetic have great influence over our perspective of the world and how we interact with symbols. When we walk into works of architecture, bask in song and dance, or just visit the doctor's office, as *humans* first, the immediacy of experience moves our most innate feelings to thought and realization. In considering this profound effect on our judgment of beauty, narratives, and what's good and evil, it would be ignorant to say that this aesthetic doesn't have any effect on our well-being. It seemingly holds a large weight in our perception of the world, and intuitively, in our health.

In this neo-enlightenment era today, driven by objectivity and correctness, we sometimes become blind to the sublime experience of pain in sick individuals. I think the lack of trust between the public and science today can be attributed to this numbness. Medical

science, like nature, is permanent; it will forever be the dominant philosophy of thinking. It is a powerful tool for the exploration of the biological, yet it should also meet humanity with a curiosity for the metaphysical.

Like art, health and illness is an aesthetic phenomenon. There's much more to our well-being than the diseases that affect us. Illness is not beautiful. It's not the ideal, and there's no complete way to understand it. It too, like romanticism, is sublime, always commenting on our own mortality. An internal recognition of illness as a tragedy is necessary to make sense of it, to begin to realize and cope with the greater meanings of a situation, and heal. Our mental perspectives are not entirely dependent on psychiatric drugs or a rigorous science. It's a deeply personal and aesthetic endeavor, where the provider can only bear witness, and with a human awareness, appreciate the narratives and their storytellers to help interpret and navigate these uncharted emotions with an empathy and compassion. Just how Caspar David Friedrich has critiqued modernity, we too should remember the abbey, the woods, and the monks below, and explore health and well-being cognizant of the aesthetic subtleties of humanness.





**Pre-Health Student Stories  
2021-2022**



## **September 26**

The perseverance I was surrounded by growing up motivates me to become a PA. My parents won the Diversity Visa lottery in 1997, giving them the opportunity to move to the United States from Albania. They wanted to give my sister and I endless opportunities for success. I watched my mom and dad further their education and careers all while raising a family and working full time. Witnessing what my parents went through has always inspired me to be selfless and put my all into everything I do.

I chose to pursue a career as a PA because I value team-based medicine and believe it leads to the best outcomes for patients. While shadowing a PA at Boston Children’s Hospital, I resonated with her holistic approach to patient care, taking physical, psychological

and sociological aspects into consideration. I saw a balance of self-sufficiency and collaboration.

In different experiences outside of the healthcare field I have always enjoyed the moments that relate to taking care of people. For example, while working at a daycare, I felt most fulfilled when I could help a child feel better after they scraped their knee or hit their head. While working as an MA at the OBGYN clinic, I loved watching the providers build strong relationships with their patients throughout their pregnancies and appreciated getting the chance to build connections with the patients.

Currently, I am interested in OBGYN and pediatric orthopedics. When it comes to OBGYN, I have always been passionate about women's health. Also, I believe that you are able to build an important level of trust with your patients while caring for them throughout their pregnancies. As for pediatric orthopedics, I have always loved working with children because I admire their resilience.

The biggest challenge I have faced as a healthcare student in my first year of PA school is realizing and coming to terms with the fact that my education is a marathon, not a sprint. Graduate school is a big transition that can be very stressful. I found it challenging to continuously adjust my study habits to be able to reach a point of true understanding that will translate to strong patient care. It's a unique learning experience that involves being fully immersed and self-accountable.



## **October 10**

In high school I used to be really quiet, I used to not really talk or interact with other people, to the point where my parents actually got worried about me. They kept on pushing me to try new things and eventually succeeded at pushing me into working at the zoo, giving tours to children. It was there that I really began opening up, talking to the kids, learning about their experiences and their lives. I remember when I went home after the first day, I started just talking endlessly to my parents about my day and my dad just stood there with a surprised face, and said “Wow, you're talking.”

That summer was really a turning point for me because I went from being someone who was really closed off to one who started to enjoy social interaction and wanted to talk to people and understand them on a

personal level. It kind of led to the realization that I wanted to be a doctor, for it was one profession which combined my love of science with this idea of talking to people and connecting with them.

I came into college as a GDB major and I picked that major because I really liked the aspect of public health that it had. I had previously taken an online class and it was about health and society, focusing on incorporating the environment, animals, social aspects into health and integrating it into one approach. One big part of the major is utilizing the “One Health” approach and incorporating that into anything you want to do in the future. By recognizing that there is more to medicine than just the person, it has led me to think about the issues that we fail to address, such as holistic prevention, and motivated me to take part in solving them.

I am currently interested in working as an OBGYN because of an opportunity I had to meet one. They explained “Being an OBGYN allows you to go beyond being just someone's doctor, it allows you to grow alongside your patient as you see them go through all their different life stages. From the time they are young and asking about reproductive health, when they start asking about contraceptives, to the time when they are ready to have a baby, and the final moment when they hold their child.” This really struck me, as I realized that this ability to immerse yourself in someone else’s circumstances is what I aspired to do in the future.



## **October 24**

I've wanted to go into healthcare for as long as I can remember. I'm looking at becoming a pediatric nurse in the future. I believe the nursing career path is more flexible than the pediatrician path, and the work will be just as fulfilling. I want to see myself succeed in a career path of my choosing and I want to help keep people healthy. I have a huge soft spot for children and I can think of few better callings than making sure the next generation is happier and healthier than mine.

Growing up, I was inspired by my pediatrician's standard of care. He was kind and hilarious. It meant that we spent awhile in the waiting room, but it ensured we had plenty of time to address the issue that landed me in the doctor's office in the first place. I want to be able to provide a similar experience to patients in my care.

I was in a nasty bike crash one fall quarter. I broke my arm and badly messed up my face. It had profound negative effects on my mental health and my grades. I had difficulty getting to classes, difficulty cooking, brushing my own hair, showering, even dressing myself. I didn't want to be seen or perceived by anyone because I was so self conscious about how I looked -- a friend of mine told me that I looked like a domestic abuse victim and I couldn't get it out of my head. That was by far, the biggest challenge I've had. I think the challenge was worse given the academic rigor demanded of pre-health students. I still managed to pass my classes, but my performance was less than stellar.

I'm nervous because I won't be going into a four-year nursing degree like other people would, right out of high school. I want to attend an accelerated nursing program, which are so much more competitive than others. I am looking into a phlebotomist license to boost my application; it didn't work out this summer, but this coming summer I want to do it. I'm really looking forward to it.



## **November 7th**

In elementary school I was not the best at school, I did not really care about anything. I remember one day there was a test that my teacher said was really hard and when I heard them say that, internally, I was like, “Bring it on”. It was the first test that I really studied for. Through that process I began realizing that studying was not that bad, and that realization was what sparked my interest in learning and understanding the things around me.

In high school, I originally started in Engineering, and my parents were the ones who tried to push me towards medicine, so I sort of pushed back initially. However, I wanted to try new things and I got many opportunities to explore the field. The cumulative experience was what initially pushed me towards

medicine, however what really solidified my pathway was the student run health clinics. Interacting with the patients, seeing how grateful they are and learning about a whole new side of health/myself really made me feel fulfilled. It made me want to become an individual that someone can be thankful for, someone that can help others through understanding.

What motivates me is the realization that this path is one of continuous learning, something that is really important to me. I know that despite the hard path ahead, the knowledge that I gain through the stories told by patients, the lessons about culture humility and competency will follow me and provide new opportunities to learn and grow. One example I can think of was a shift in perspective from the black and white, realizing there is more to a situation than face value. Since none of this knowledge will go to waste in the future, even if I don't continue on this health path, I don't think I will have any regrets and can keep moving forward.

My next steps involve the discovery side of medicine, some sort of research that will allow me to gain a different perspective. I don't have a set path or goal within health right now, but that is something that becomes clearer on my continuing journey.



## **November 21**

My inspiration and motivation for dentistry started when I was a kid in Vietnam. My parents and especially my grandmother couldn't afford to go to the dentist; as a result, they suffer from gum disease and tooth decay. They constantly have toothaches and are nutrient deficient. I really want to become a dentist so that I can take care of their health and see them happy everyday. Also, I always remind myself that my parents had to sacrifice so much for me and my siblings when we migrated to America. I need to be successful in my life so that I can pay it back to my family as well as my community.

Coming to America, I have the opportunity and platform to immerse myself in my community and help everyone who has the same background as I did. When I shadowed and worked as a dental assistant, I realized

dentistry is more than just helping others. This career allows you to be creative, build relationships, impact lives, and give people the confidence they need while maintaining their health. Also, the team dynamic in the dental office is something I enjoy more than depending solely on myself.

In summer of 2018, I volunteered with a local medical center where I helped serve the underprivileged. Here, I learned about the social and health disparities within my community and how to provide socially sensitive care. The experience connected me with patients that reminded me of the reasons why I chose dentistry. I vividly remember a forty-year-old Ecuadorian immigrant, the father of four children and a low-income immigrant reporting to the ER. He had multiple abscessed teeth, persistent toothaches, facial swelling, and a pimple-like bump on his gums near the infected teeth. While caring for him, I discovered he hadn't had dental care in over ten years due to his financial restrictions. As a volunteer, I know that every interaction with a patient may be my last, so I want to make each one as meaningful and positive as possible. I talked with my patient to ease his worries but I couldn't help but feel useless and overwhelmed as I recalled my grandmother's own dental problems. His conversation with me was eye-opening as I realized that dental care goes beyond the four walls of the dental office. It is about educating patients about oral health and helping the disadvantaged feel as if they are welcome with open arms.

As a pre-dental student, there are many challenges

and obstacles I've faced during my journey: feeling overwhelmed, not eating right and staying healthy, failing to manage money, feeling homesick, relationship issues, grades, and sleep habits. Nevertheless, whenever I feel extremely low, I always reach out to my family and my friends and talk to them. I think it is very important to take care of your mental health and still do what you love besides school and work. The journey of a healthcare student is not easy at all and you need to have a strong mental mindset that you will be resilient and never give up. Always remind yourself why you do it in the first place and believe that, one day, your hard work will pay off.





## **January 9th**

In my junior year of high school, I got really sick. For about 3 months I missed school and was constantly in and out of the hospital. Almost every week it seemed I would be readmitted because I could not breathe or function properly. During that time, I missed so many things, my AP tests, my finals, and my SATs and I really had no idea what was going on or what to do as I moved forward. Being so vulnerable, it made my interactions with my physicians all the more impactful, as collaboratively they worked together to not only fix my condition but also ease my suffering along the way. Experiencing just how much of an impact they had on my life, made me realize that there is no other field that I personally would feel the most rewarded in.

That summer when I was studying to take my

finals, I forced myself to really think and reevaluate the priorities in my life. It not only reinforced this path towards medicine, but it simultaneously made me realize how important my own mental health was since being sick kept me isolated from my friends and other support structures. Now that I am here at Davis, I really try to keep this in mind, providing time to focus on aspects apart from studying, such as my art. It provides an escape from the hypercompetitive landscape of pre-med whenever I begin to lose faith in my abilities. This is one recommendation that I would give to all students, to realize that classes are not the end all and be all, that your own mental sanity is worth far more than a lower grade in a class.

At Davis, I have the opportunity to continue immersing myself in these spaces, shadowing neurologists, conducting research, and even teaching art to kids with disabilities. With every new experience, my knowledge and perspective on medicine changes, as I continue to recognize new paths that I could go down. Thus, I don't have a definite path right now. All I know is that wherever I turn out, I hope to help people in their darkest time as I was also helped.



### **January 23rd**

What motivates me to pursue healthcare is knowing that there are many people that need help and aren't given the same opportunities/treatments as others. This motivates me to pursue my goal in becoming a psychiatrist. What draws me to healthcare are being able to interact with people and hearing their personal stories. Other fields don't provide the same social interactions as those in healthcare. It lets us hear how certain patients, such as underserved communities, are treated differently than other groups. Also, this field emphasizes helping those in need, which is one of the biggest reasons why I'm so passionate about pursuing a career in healthcare. There are a variety of ways in which people can receive help. It doesn't just have to apply to physical injuries; it can help people dealing with mental health and substance

use.

Another thing that motivates me is my family. They've supported me with everything I have ever done and always pushed me to pursue my passions. My family gives me a reason to keep going through all the challenges faced with being pre-health and to keep trying until I get to my dream career. My grandma got diagnosed with stage 4 cancer last year. The news came unexpectedly and it changed my family's life. Going to the hospital and ERs became a constant thing every week. One week, I had to stay with my grandma in the ER and the patient care that she received was upsetting. A nurse aggressively pushed her on her side even though my grandma was going through chemo and had existing back problems. It made my grandma cry. Seeing her be treated like this and going through this experience made it certain for me that I want to pursue a career in healthcare so that patients, especially minority groups, are given the best care that they can receive.

My STEM classes have been a challenge to me. I'm not used to them since I'm a double major in psychology and sociology. It's been an adjustment to taking these classes, but I've learned how to prioritize my studying. Another challenge has been the pandemic, which caused me to be anxious about the well-being of my family, roommates, and friends. It's nerve-racking: not knowing the safety of my close ones and the uncertainty of how the pandemic is affecting those who don't have the means to stay safe and isolated from others.



## February 13th

Starting in high school I had no idea that I wanted to do pharmacy or go into the health field at all. My high school was not very well off and there was almost no focus on higher education, and so I was left to try to figure everything out on my own. My first experience in pharmacy was in a hospital across the street from where I lived. I saw how the pharmacists carefully monitored drug interactions, created packages for the patients to use, and reviewed medications to confirm the proper prescriptions. It struck me how essential they were, despite not directly interacting with the patient. It felt as if they were the people making sure every department ran smoothly in the hospital, something which I felt a particular affinity for.

Coming into Davis, I was immediately struck by how competitive the pre-pharm track was. It seemed as if

everyone already had plans like interning, doing research, or volunteering. As a first-generation student, it seemed as if I had an inherent disadvantage compared to everyone around me, that I would need to work twice as hard to simply be considered. In the same year, as I wrestled with these feelings, my grandmother passed away from taking incorrect medication. That experience was what catalyzed my realization of just how important proper pharmacy care was. It truly motivated me to continue on this path no matter how difficult it turned out to be.

As I worked to gain experience in this field, working in hospitals and retail pharmacies, I began to see just how language barriers could affect the health of the patient. Even within my own household, I often had to translate or read instructions so that my parents would take their medication properly. Thus, as I go off to pharmacy school, I strive to create a way to bridge the information gap between the complexity of pharmaceuticals and the patient. In doing so, I truly believe that I would not only be able to help those I care about, but also make a difference in the lives of others.



## **February 20th**

Two of my closest family members have faced mental health crises throughout their life. In supporting them, I've learned just how powerful it is to have someone there to actively listen and support you—especially when the topic is as stigmatized as mental health. The stigmatization of mental health caused my family to not reach out to other family members and friends for help, preventing them from creating a support system. From this first-hand experience, I've developed an interest in finding ways to do more to help my family as well as a drive to support others who are experiencing a mental health crisis.

Growing up, I was particularly inspired by the psychiatrist that went the extra mile to help my two family members. It was clear that she truly cared in the way she

spoke with them and stood up to our insurance company to get the best treatment for my family. I wanted to be able to help others in the way my family was fortunate enough to receive.

My interest in the mental health field stuck with me throughout college. I wanted to continue to support those in a crisis and began volunteering at a crisis hotline, an opportunity that reinforced the power of active listening. Soon after, I took a job at a nonprofit that provides free temporary housing and mental health services across California. From both of these experiences, I learned about the mistreatment of psychiatric patients in the healthcare setting and about the difficulties of affording mental health services, especially among low-income patients. Through EMRAP, a clinical research opportunity in the emergency department at UCDCMC, I observed firsthand the stigma that psychiatric patients face in the emergency department. It infuriates me how psychiatric patients are too often not given the same level of care as non-psychiatric patients and how mental health care is virtually inaccessible to certain populations.

The culmination of these experiences inspired me to become a provider of psychiatric services to underserved populations as a physician or a physician assistant. I aspire to become a healthcare provider that listens and supports all psychiatric patients in a non-judgmental manner, providing them with the level of care that they deserve.



## **March 6th**

Coming into college, I had no idea what I wanted to do. I knew that I wanted to do something associated with healthcare or the science field, but the exact specifics were something that I still needed to explore. Around the end of my first year was when I first started working in various clinics, gaining some of the experiences that I knew I needed in order to fulfill the basic pre-med requirements. It was through my work at BPSHI and the Elaaj Clinic, that my eyes were opened as to how much of an impact I could have as I became exposed to the community that I wanted to serve.

At Elaaj Clinic there was one patient I remember vividly. I was taking their vitals and through the process we became friends almost. He shared his life with me, how things were going with his family, his problems at

home and his concerns about his health. Through that interaction, it reshaped how I perceived healthcare. That it is not a disconnected tool to only be used to treat illness, but a dynamic process where we strive to form bonds and connect. Realizing that we must be open to the vulnerability of the patient as they are not only sharing their health, but all connected aspects of their life, including their family, habits, and their needs. This deep interpersonal factor is what really solidified my decision that healthcare was the path for me.

Working in these settings also made me recognize the disproportionately of healthcare amongst certain communities. In the South Asian community specifically there exists high rates of health illiteracy and large barriers to healthcare. The need to address these factors and recognizing that this was where I could make a difference was the main driving force behind my pursuit of public health. To me, while medicine is a tool that can be used to improve lives, public health represents the guiding hand in how we can apply it to make it more effective. With this approach, patients can be treated from a holistic level, something I believe is vital to truly addressing health disparities and promoting true health.



### **April 3rd**

I'm motivated by the desire to improve the lives of people in whatever way I can, inside and outside of the medical field. I enjoy being involved in the community and doing my part to alleviate the struggles of marginalized identities, since I identify with several of them. I'm painfully aware of the disastrous state of healthcare in this country, and I want to do something to change the way things are. This fuels the passion inside of me. I personally find it extremely rewarding to help people that are suffering, and my plans for the future are to bring affordable healthcare to marginalized populations. I also want to push for anti-racist treatment, since so much of medicine is based on white bodies. I'm planning on pursuing a career as a psychiatrist, and I hope I can eventually brighten the lives of everyone I

come in contact with.

Mental health struggles plagued my teen years and continue to follow me into my 20s. A large part of my interest in healthcare stems from wanting to understand myself. I want to gain the expertise to work on my own struggles and to help others who are going through the same thing. I'm glad that we are normalizing discussions on mental illness, but I'm also afraid that not enough work is going into destigmatizing it. I think having psychiatrists in the field who are aware of what mental illness feels like can give a voice to those who are suffering.

Retaining the drive to keep working towards something that feels intangible has proven to be increasingly difficult, especially if I'm struggling with an assignment, or a class, or even just to make a meal. There's this knowledge of my dream and end goal that's always inside of me, but when you're in the midst of college and dealing with several moving parts, it's difficult and almost futile to keep attaching yourself to an idea. It's so much easier to just give up. So, I think the biggest challenge isn't even so much the obstacles along the way, but more so the overall effort to keep in touch with a distant reality. I think the best way to tackle this problem, then, is to take every moment as its own and do what you can in the moment.



## **April 17th**

I remember, when I was very young, going with my mom to the hospital hearing her stories about her patients, and seeing how everyone interacted with her. Through her work, she had become almost a local celebrity of sorts, having delivered everyone's kids in our town and treating, so we constantly met people who were so grateful for her service. It was at these times that I realized how powerful and interconnected the field of healthcare was to the public. Unfortunately, it wasn't until I saw the flip side of medicine that I began to truly understand it.

My mother had a nerve complication that led to chronic nerve pain and it completely destroyed her. She would go through fits of intense pain, and I went from seeing an immensely powerful woman to one that was

destroyed by the field she loved so much. She went from someone whose whole life was imbued with care for her patients to being a patient that was chewed up and spit out by the system. This realization of the duality of medicine is really what continues to motivate me. Being able to see firsthand the negative effects of medicine pushes me to find ways to improve the field and hopefully in the future, to stand up for those that were wronged by it. This experience is also what made me realize the powerful nature of stories within medicine, seeing from my mother how medicine can change the outcomes of people's stories in both a positive and negative way, and the need to acknowledge these stories in order to fully understand and take care of the patient.

Although I am still just beginning my pre-health career, by immersing myself in clinical and volunteer experiences it will begin to shape the type of healthcare professional I want to be. However, I do know that no matter what I decide I hope to be a guide and comfort to as many people as possible, ensuring that everyone gets the highest quality care that they truly deserve.



## **May 1st**

I grew up with a father who struggled with disability. As a child, I wanted to run with my dad in the park and jump on his back for piggyback rides, but I knew I couldn't because he was hurting. From a young age, I had to be careful not to make his pain worse. I knew from a young age that there were some things he couldn't do with me that the other dads did with their kids. I wished I could do anything in the world to ease his pain. Seeing my dad's pain depend upon healthcare professionals motivated me to provide that same care to someone else.

What has always attracted me to healthcare has been direct patient care, especially involving individuals who distrust the healthcare system. I've loved interacting with patients and getting to know their backgrounds and stories through the pre-health experiences of my four

years at UC Davis. Nothing compares to seeing a person be vulnerable enough to tell their personal story and talk about their health problems and goals. This draws me into the field the most since each person has a unique story that makes it necessary to be creative to match each patient's personal health needs.

During the summer between my junior and senior years, I had the opportunity to work at a private surgery clinic in Lviv, Ukraine. The first few days were frightening and tough due to the language barrier and having to acclimate to the differences between American healthcare and Ukrainian healthcare. I wasn't sure what particular part of healthcare I wanted to go into, but through this experience, I learned a lot about what interested me and what didn't. I closely shadowed an anesthesiologist and nurse anesthesiologist. I now hope to get a master's in nursing and specialize in anesthesiology to one day become a CRNA.

Coming from a family of nurses and doctors, it has always been hard to feel like my accomplishments were important compared to theirs. They have all done so many amazing things, making me doubt myself. Over time, I've been able to realize that their accomplishments also came from years of struggle. I am graduating this quarter and the past four years have shown me that these challenges will shape me into a healthcare professional.



## **May 22nd**

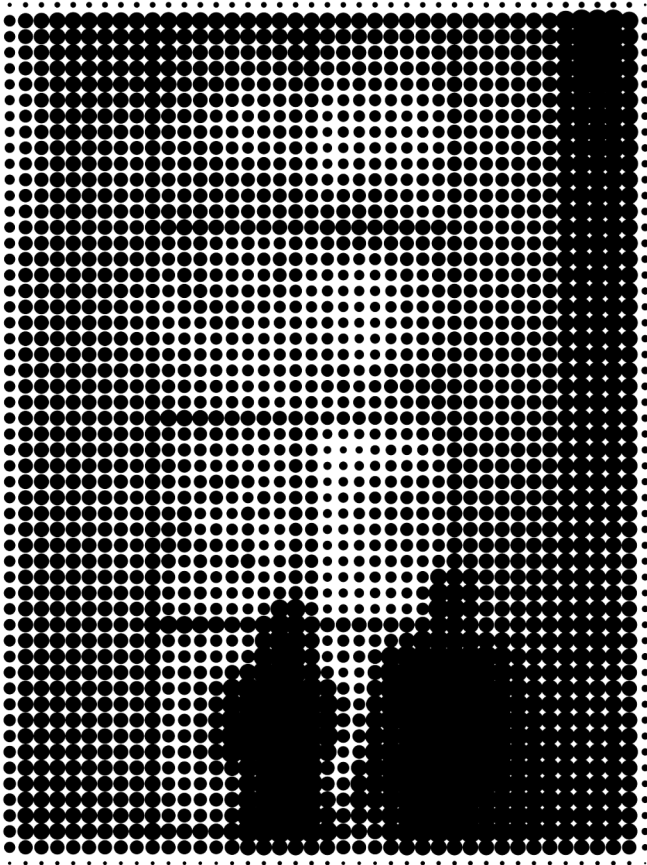
I grew up around people deeply embedded in the medical system. Whenever we went to doctor's appointments my mother, being a pharmacist, always had deep conversations with the physician. Hearing and seeing the interaction immersed me in the language of medicine. This exposure from a young age allowed me to grow a fascination for the intricacy of the field and its application towards improving the health of everyone around me. This only solidified during my time in high school, when I was able to volunteer at Kaiser Permanente.

At the hospital, I worked with many patients who were unable to move on their own, and so I helped wheel them around and attend to their needs. There was one patient in particular, who frequently came to hospital, and

who I developed a deep relationship with as I spent time with him. We often had conversations where he opened up about his perspectives on education, the emotions he felt after his grandson got a scholarship, and his struggles in life. The love and appreciation he showed me really put into perspective just how far even a little help can go. By showing me how drastically different two lives can be, it put into perspective the things I took for granted.

When I came to UC Davis, that experience continued to drive me. It was through serving the underserved Punjabi population through Mobile Clinics as part of the Bhagat Puran Singh Health Initiative (BPSHI) that has truly inspired me to continue on this medical journey. Seeing their smiles, sharing in their laughs, and understanding their struggles have solidified that any obstacles, any setbacks, and any disappointments I encounter on my own path will never deter me from my ultimate goal of providing care for my community as a physician. It means the world to me to give back to the community that gave me so much, and I am forever grateful for this opportunity.

If I had to tell one thing to students who are just starting on this path, it would be to truly enjoy what you do. Everything you do does not have to be directly related to medicine because if you have a passion for it, you will grow from it. After all, no matter which walk of life we come from, we are all ultimately working towards better health together.

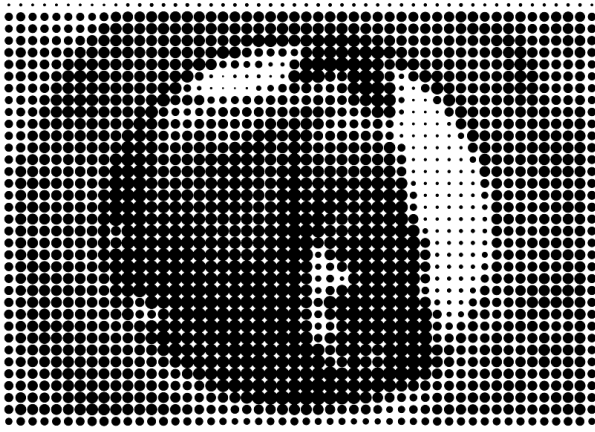


## **About the NPHJ**

Narrative Pre-Health Journal at the University of California, Davis is a student-run journal inspired by narrative medicine. Our mission is to create spaces for meaningful reflection and discourse about healthcare. We hope to encourage and amplify the voices of those within our pre-health community who cherish vulnerability, empathy, and creativity and those who are seeking avenues to honor stories of illness. NPHJ, along with its seminar and narrative discussions, strives to initiate community engagement with the medical humanities to promote an ethic of approaching healthcare with humility and humanism.







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