

I Know How You Feel

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I know how you feel. That's one thing we are not supposed to say to our patients. We are taught to listen, we are taught to summarize, we are taught to empathize,¹ but we are encouraged not to sympathize with "I know how you feel" because usually we don't.² Except, sometimes we do.

In the spring of 2020, our family dealt with the isolation of pandemic lockdowns by taking Sunday family adventures, sometimes to a local park or a local hiking trail or some other adventure to get out of the house and out of town. For Mother's Day we changed it up a bit; it was a weekend of call and hospital rounding for me, so we had a family celebration at home then movie time for the kids while my wife enjoyed an afternoon run. Late in the day as I simultaneously fielded calls from my colleague about weekend sign-out and from the emergency department about yet another admission, the unthinkable happened.

Any extraneous noise during a phone call is tempting to ignore, but the harsh squeal of our fire alarm would not go away. Assuming it was a malfunction, I ambled downstairs to sort out the problem...and found our furnace room ablaze. The following seconds were a blur as I

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chased our kids from the house, ran for a fire extinguisher (which I pulled completely off the wall, mounting included), and placed the call to 911 that no one wants to make—"our house is on fire."

In the eternity that was the next few minutes, the fire department arrived and set to work, the kids retrieved my shocked wife from her run, and our neighbors gathered to support

"I know how you feel," said the hotel clerk. I was calling to cancel plans we had tried to keep in place for a June weekend away, which now was out of the question with voluminous insurance paperwork and cleanup tasks at hand; she shared the story of her husband's narrow escape when he was awoken by the fire department before fire consumed the apartment block in which they lived.

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us in our disbelief. After the fire was out, the department's fire inspector walked me through the blackened soggy ruins of our basement pointing out the doors and the burst water pipes that had kept the damage from being far worse. "You'll be back in after a few weeks of repairs" was his optimistic assessment.

If only it were so. The entire mechanical room, much of our plumbing, and all our wiring was destroyed, and the smoke damage was so thorough that the entire house needed a complete internal rebuild. We relocated for eight months to a rental house and began slowly picking up the pieces to resume our lives now twice disrupted—first by the pandemic, then by fire.

"I know how you feel," said the clerk at Best Buy. I had stopped in to begin the process of data retrieval and transfer as we replaced all our ruined computers, and the clerk shared how she and her family lost all their belongings to a fire a few years before.

"I know how you feel," said an older couple whose adult son and daughter-in-law had moved back home for 6 months while rebuilding after their own fire. "I know how you feel." We heard about friends of friends who had rebuilt after a fire not once, but twice.

Finally, after months out of our home and our neighborhood, we moved back to our rebuilt home in February 2021. As we vacated our rental, we learned the next tenants were moving in after an extensive fire in their own home. We knew how they felt.

A few months on, as a patient shared with me about a devastating apartment fire, all I could say after an awkward silence was "I know how you feel." Later that year, another family described the shock of seeing their entire house go up in flames. There was nothing else to say but "I know how you feel."

Each trauma is unique, and each person faces trauma and recovery in their own way.

“I know exactly how you feel” would have been an inappropriate overstatement with my patients—in both cases they faced more significant loss of personal property than our family had suffered.

Nevertheless, the shock, fear, stress, and dislocation were common threads among our stories. As I listened to each of my patients’ stories, I realized my own experience had given me awareness of the challenges they were facing I had not had before, and I hoped that an expression of solidarity and understanding would give them comfort and hope.

The literature on clinician self-disclosure is a mixed bag. There is conflicting evidence on whether clinician self-disclosure improves or reduces patient satisfaction with care.³ Some patients find comfort in being treated by a clinician who “has had the same experience and can relate,” some patients find clinician disclosure unhelpful, and some feel the appropriateness of disclosure depends on situation and context.⁴ A survey of 200 patients found 82% were pleased and none were displeased when their physician shared about personal experiences facing chronic illness.⁵

Relationships are foundational to healing,⁶ and the work of healing is “often a work of narration”⁷ or working together to tell a new life story. Sometimes, self-awareness of the immediate and long-term effects of our own traumatic experiences may provide a starting point for building common ground for mutual understanding of similar experiences.

Trauma is isolating and can leave one feel-

ing hopeless. Words can’t change an overwhelming situation, but words can help with coping. In those times when we share a common experience with a patient, building on that shared story can open the way to a deeper healing connection and just might provide the background for a narrative of healing.

Every person’s trauma is unique, but there are times when in our shared stories of suffering we can truly say, “I know how you feel.”

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