
A LCOHOLISM: A FAMILIAL CONTAGION

ANONYMOUS

In fifth grade, Ms. Huebsch told our class that drinking a glass of red wine every night was healthy for the heart. For my classmates, my teacher's irrelevant fact went in one ear and out the other, but for me, it was monumental. At that time, it was a beacon of hope. I suddenly became the bearer of precious information that would solve my family's problems. My relief grounded my excitement in this newfound information, thinking that maybe, just maybe, the addiction that cast a dark shadow over my family might have an unforeseen health benefit. Instead of bringing my father closer to death, his problem was actually adding years to his life. That day, I counted down the seconds until the last school bell rang, leaped out of my desk and gathered my books from my locker. I could not wait until I got to slide into my mom's minivan to tell her the good news. I contemplated the best way to relay the cure for my mom's sleepless nights--do I gloat that my extensive fifth-grade knowledge could save my parents' marriage? Should I throw in an "I told you so! He doesn't have a problem!"? Or do I reveal my insecurities, conveying my secret hope that my childhood hero was not the fraud we all thought he was?

The moment that followed solidified the rift in my relationship with my parents for the rest of my childhood. Like many other insolent children, I chose to gloat, or rather, play into my middle-child syndrome. Naturally, I smart-mouthed my mom. But instead of chastising me for my tone, my mother softened, held my hand, looked deep into my anticipating eyes and said: "It's not healthy when you drink three bottles a night."

Today, I still grapple with this moment; I reflect on the losses I have suffered over the years and the hopes that were shattered in this interaction. Despite the negative feelings it brings, this memory compels me to acknowledge the things I've gained from it--by no means did it bandage the wounds in my familial ties, nor did it absolve my resentment, but it laid the groundwork for me to complicate my distorted relationship with two fundamental concepts in my life: alcohol and my father. I am drawn to investigate my experiences, explicate my feelings and analyze my thoughts in order to uncover the crucial tension inside of me: What does it mean to wholeheartedly aspire to be like my father, a world-renowned doctor who is also struggling immensely with alcoholism?

I remember the first time I was carried home after drinking too much. Well, let me rephrase--what I truly remember is the feeling of a million gymnasts doing a vault and bar routine in my stomach the next morning. The night before, my sister had found me overwhelmingly intoxicated at a concert, and quickly brought me home, where she thought I would feel safe. While I was no longer able to publicly embarrass myself, in no way did I feel the security my sister had sought to obtain for me in my childhood home. I knew I had to face my parents. Though it was not a surprise to my mom and dad that I drank in high school, they (ironically) did not approve of unhealthy, let alone underage drinking habits. When I was forced to address that evening's events, I felt like our home simultaneously flooded with emotions: you could see disappointment in my mother's eyes and undeniable anger painted on her face. I had anticipated a severe reprimand on the dangers of uncontrolled drinking, and maybe even a couple days without car privileges, but the words exchanged between us after she had entered my room surprised me. Instead of following my predictions, my mother sat on the edge of my bed and said: "Do you want to end up like your father?"

This moment highlights one of many collisions I've had with alcohol. At times, I speculated that my mom had her own addiction--dependent, no--devoted--to covering up my father's problem. In this case, she was able to redirect my teenage rebellion right back into those familiar feelings of shame, embarrassment and guilt. I was astounded, and honestly impressed, that she found the verbal footing to contort my bout with social drinking into a personal attack, insinuating that I could follow in his footsteps. Ultimately, I found myself questioning the potential truth behind what any child of addiction would consider the ultimate insult, which for me was a debilitating blow, sending me spiraling into self-inspection.

Children of alcoholics hear the statistics loud and clear: alcoholism spreads like a persistent weed through generations. The genetic weight of alcoholism is undeniable; in fact, I can easily see the pathways of addiction sprouting in my family. Each of us regard, interact and stigmatize alcohol from a different perspective. My mother and sister are addicted to control, a feeling that slipped out of their grasps for so many years during the worst

of my father's struggle. My brother is stuck in denial--allowing his famous one-liner, "let's be grateful that he's healthier now," blur the consequences of years of suffering in the shadows of my father's disease. I, on the other hand, still question, struggle and falter on what my relationship with addiction should be. I find myself constantly taxed by feelings of hypocrisy.

Even many years later, as a college senior who is legally allowed to imbibe, the words of my mother still creep into my conscious thoughts. For a few seemingly endless moments, I'll spiral into the questioning, loathing and genuine discomfort related to each of my encounters with alcohol. I resent my friends who enjoy a glass of wine with their parents at dinner. I feel guilty drinking socially as a college student. And worst of all, I despise the fact that I am consciously battling against the looming possibility of history repeating itself.

As the daughter of an alcoholic, I find myself writing a unique context for myself and alcohol. Instead of forcing myself into the frame inhabited by most college students, I choose to expand the bounds and acknowledge the sprouting weeds of addiction as they continue to grow. By adopting this mindset, I gain a sense of perspective--an appreciation that my past, present and future will continue to be complicated by alcohol. Though I may never feel comfortable around alcohol, my negative experiences with it bring me closer to understanding what role I want it to play in my life, instead of the role it was assigned by my parents. Reflecting on my past, my mother's harsh words on that brutal Sunday morning demonstrated how unpredictable, triggering and truly explosive alcoholic interactions are in my family. Thus, instead of conforming to how alcohol is situated in society, I shift my focus to a curiosity of mine--one that allows me to move away from resentment and toward control, taking me one step closer to answering: What relationship should an alcoholic's daughter have with alcohol?

I was eight years old when I first acted out against my father's addiction. The Minnesota Twins were up to bat in the bottom of the ninth, my mom's famous Bolognese sauce bubbled on the stovetop, and his stemless wine glass gleamed on the counter. I sat at the edge of the breakfast bar, watching him gulp down the ruby red Cabernet like water. The brand was Bogle. I remember the logo because I helped my mom pick it out at the liquor store earlier that day. A trip to the liquor store was an unhealthy, weekly tradition for my mother and me--we went after we got groceries next door; she pushed the cart while I ran along the aisles, pointing out his favorite brands and making her grab three of each. I liked certain varieties more than others (mainly for their colorful and ornate labels),

but sometimes she would let me pick a new bottle. After years of performing this obligation with my mom, I observed that some of the wines looked darker than others when they were poured into a glass. I preferred the dark purple wines, mainly because the red ones looked more like blood when he spilled them on the carpet. At the time, these moments were nothing more than the thirty-minute span between camps and playdates; it would take many years before I noticed them influencing my daily life. Thus, I carried on, twirling my angel hair pasta as the Twins hit a home run, ending the game. My father set down his wine glass, clapped his hands in excitement and walked out of the kitchen. My thoughts raced--this was my chance to stop him once and for all. I darted around the kitchen table, grasped the wine glass with nervous hands, and poured its contents down the sink, naively hoping the shame, trauma, memories and consequences of his drinking would drain with the alcohol. Years passed before I thought about this moment again--and this time, I did not benefit from the youthful innocence that had previously numbed my pain. Fast-forward thirteen years, and I find myself walking down the familiar aisle of a liquor store in search of a perfect wine to pair with the red sauce served at a dinner party later that night. Merlots from California dominated the section to my left, and I found myself overwhelmed by the sea of deep red. My eyes surveyed from left to right, and each bottle looked the exact same--except for one. Among the multicolored wax covers, hour-glass-shaped bottles and thin stems, I spotted the familiar label that enabled so many of my family's problems over nearly two decades. Suddenly, I was overwhelmed by much more than just the bottle of wine. I felt the burden of the memories associated with its content on my shoulders, warning me of the temptation it contained, and ultimately making me recall its insurmountable powers: to make a doctor abandon his oath to medicine, neglect the health of his body, and most importantly, forget his duty as a father.

It took me a long time to think of my father's struggle with addiction as a disease. It seemed wrong to group alcoholism alongside chronic illnesses like Alzheimer's, Cystic Fibrosis, or even cancer. My implicit biases dictated that individuals struggling with addiction made choices that perpetuated their behaviors; in my mind, classifying addiction as a disease made a mockery of those who were simply helpless victims of genetic anomalies. In fact, I watched for years as my father poured another glass; I remained silent when he drove my siblings and me while noticeably intoxicated; and most importantly, I felt the immense shame when he chose alcohol over his career, friends and family.

Even as a grown adult, I hear that familiar sound of a wine pour when a friend, professor or classmate refers to alcohol-

ism as a disease. My lived experiences situate me directly in the frame of addiction, leaving me entangled by contradictory and complicated feelings. While the scientific knowledge from my pre-medical education provides me with logic and research that outline alcoholism as an innate mental and chemical imbalance, I still find it difficult to diagnose my lived experiences in terms of something so matter-of-fact. At times, it seemed like this identification excused my father's actions, took away the traumatic narrative of my childhood and invalidated my ongoing struggle with its repercussions. It is in these moments that I feel the tension and resentment toward my father and alcohol most. I am left to grapple with a dichotomous feeling that waded in the shadows of my sheltered youth, and conversely, bombards me daily in my adult life: How much weight should the context of my childhood have on my father's medical diagnosis as an alcoholic? At what point should the choices he made, the symptoms he portrayed and their downstream effects on my family outweigh his classification as a victim of a disease?

As I plan for my own career in medicine, I find myself contextualizing all of my thoughts and actions around my father's relationship with addiction. Despite the ways in which he has tainted my childhood, I grew up admiring the idea of my father—a person I had only heard about, and seldom met—allowing me to idealize how he could have been, instead of what he lacked. As a coping mechanism, I clutched onto memories of him that were revealed to me through anecdotes from the past—the doting physician that I read about in stories from thank you cards that patients mailed to my house, or the adventurous and bright teenager that my grandparents described who joined the Peace Corps to teach high school science in Kenya, or even the loving husband who knew he would marry my mother on their first date. During the worst times, this man sounded like a stranger who went missing during crucial moments of my childhood. I would only meet this beloved person after my father went through extensive in-patient treatment, where he was reminded to mend his relationships with those he hurt, and fill in the blanks for that which he missed. Yet, I still find myself unsatisfied. Although it is almost three years since the resurrection of my thoughtful, curious and dedicated father, I continue to boil over with intense resentment, and I find myself fantasizing about what could or should have been. In these moments, I am caught in the crossfire of ambivalent emotions towards two completely different people: my father (the alcoholic), and my father (the recovered alcoholic).

As I continue to uncover new and old emotional scars,

I accept that my lived experience with the duality of addiction affects my interactions, motivation, memories, and relationships. Instead of giving into the pressure to pick from the two father figures, I choose to love and hate, acknowledge and ignore, and forget and remember each simultaneously. Rather than focusing on one way to interact with alcohol, I choose to see the paths to both overbearing intoxication and complete abstinence, removing the veil that clouded many of my previous decisions, and making my own route down the middle. And most importantly, I choose to allow my longstanding relationship with alcoholism to shape a healthy way for its incorporation in my life.

Yet, even with these conclusions, I still find myself lingering on the question: How can I still want to be a doctor like my father? There is no simple answer to this question. I cannot deny that the collisions, broken memories and distorted relationships I have with alcohol, addiction and my father influence (and sometimes cloud) my perspective on the world. Nevertheless, they simultaneously compel me to challenge the overwhelming amount of hypocrisy I feel when I socially interact with alcohol, and reform its frame to include the context of my childhood. My father shaped, for better or for worse, who I am. His disease encouraged me to love medicine despite its flaws and its failure to rid him of his addiction, and allowed me to understand that a disease cannot be simply understood by its biology—a lesson I will carry with me as I pursue a degree in science and healthcare. In turn, I find ways to appreciate the stories of his compassion and ambition—true character traits that were veiled for many years underneath the cloud of his disease. Consciously, I choose to welcome the uncomfortable notion of remaining emotionally torn. With the odds stacked against me, I intend to become a doctor for reasons that I have fought for—ones that incorporate the lessons I have learned from my father, and most importantly, those that commend, exemplify and unravel my tenacious, ever-curious pursuit of understanding a disease that I never asked for, but cannot seem to get away from. .

SYMPATHY, EMPATHY, AND COMPASSION

ROSE MAHONEY

Empathy, sympathy, and compassion are often enveloped in conceptual and semantic confusion. The three are frequently used interchangeably in literature and conversation, conflated and boiled down to a bare-bones definition of “feeling bad” for someone. Recent studies suggest that a patient's perception of their healthcare provider as empathetic correlates with better outcomes. These studies have serious implications for clinical practice, medical education, and research. Physician education has shifted to emphasize the importance of empathy, particularly in instances of palliative care. This transition towards medicine rooted in empathy is made difficult by the lack of a clear practical and conceptual definition of empathy.

The Importance of empathy in healthcare

In 2013, a group of researchers in the Netherlands screened 964 original clinical studies available on PubMed, EMBASE and PsychINFO published in English between 1995 and 2011. The studies were evaluated based on their empirical data about patient experience and General Practitioners' empathy. Researchers defined empathy as “the competence of a physician to understand the patient's situation, perspective, and feelings; to communicate that understanding and check its accuracy; and to act on that understanding in a helpful and therapeutic way.” The study found a “good correlation between physician empathy and patient satisfaction... [and] direct positive relationship with strengthening patient enablement.” The study concluded that in most cases, a physician's expression of empathy was found to “lower patients' anxiety and distress and deliver significantly better clinical outcomes.” In their conclusion, the authors warned about a systematic movement away from good patient-physician communication and towards the technological aspects of care and productivity in general practice. They suggested that in the future, efforts should be made to draw the attention of policy makers and health insurers to these aspects of empathy.

A 2012 study of almost 900 diabetic patients and their primary care physicians in Parma, Italy found that physicians with high empathy scores had patients develop acute metabolic complications at a significantly lower rate. The physicians' empathy scores were determined using the Jefferson Scale of Empathy, a validated instrument developed at the Center for Research in

Medical Education and Health Care at Jefferson Medical College which measures empathy based on “understanding of experiences, concerns, and perspectives of the patient, combined with a capacity to communicate this understanding with the intention to help.” Patient outcome was measured as a function of acute metabolic complications, which are common among diabetic patients, including diabetic ketoacidosis, hyperosmolar state, and coma. For patients with high empathy scores, the rate of acute metabolic complications per 1,000 patients was 4.0, differing significantly from the 6.8 patients per 1000 for physicians from the moderate and low empathy score category. The report concludes empathy plays an immense role in a trust-based physician-patient relationship, which leads to optimal clinical outcomes through mechanisms of better communication and greater compliance with treatment plans.

The difference between sympathy, empathy, and compassion

In June of 2018, a report was published in the Journal of Palliative Care in which 53 advanced cancer patients in large urban hospitals were interviewed on their experiences with physician sympathy, empathy, and compassion. Upon coding and analyzing patient responses to questions such as, “In your experience are compassion and sympathy related, are compassion and empathy related?” the following table was constructed.

	Sympathy	Empathy	Compassion
Definition	A pity-based response to a distressing situation that is characterized by a lack of relational understanding and the self-preservation of the observer.	An affective response that acknowledges and attempts to understand an individual's suffering through emotional resonance.	A virtuous response that seeks to address the suffering and needs of a person through relational understanding and action.
Response to Suffering	Acknowledgement	Acknowledgement, understanding, and emotional understanding	Acknowledgment, understanding, and emotional resonance linked with action aimed at understanding the person and the amelioration of suffering
Patient-reported Outcomes	Demoralized Patronized Overwhelmed Compounded suffering	Heard Understood Validated	Relief of suffering Enhanced sense of well-being Enhanced quality of caregiving
Examples	“I'm so sorry” “This must be awful” “I can't imagine what it must be like”	“Help me to understand your situation” “I get the sense that you are feeling ...” “I feel your sadness”	“I know you are suffering, but there are things I can do to help it be better?” “What can I do to improve your situation?”