Healing Together through Tertulias; The Value of Community-Engaged Public Health Research in Medical Education

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During my first year of medical school, I had the good fortune to work as a research assistant on a project called *Tertulias*. The project proved to be one of the highlights of my medical school career, as it fundamentally impacted the way I conceptualize health and healing. It has also informed my practice as a future physician. *Tertulias* (Spanish for "a conversational gathering") describes a community-engaged peer support group intervention aimed at addressing high rates of social isolation and depression among female immigrants from Mexico. The intervention consisted of weekly small group meetings over the course of an entire year delivered to approximately 120 women immigrants experiencing social isolation and depression. The meetings were loosely structured around a curriculum that incorporated and validated the participants' acquired knowledge and lived experiences as Mexican female immigrants to promote their social connectedness and ultimately increase their resiliency and ability to advocate for their own health.

My role in the project involved reading transcripts of interviews and small group discussions with participants and analyzing common themes that emerged. It did not take long for me to realize that this project was like nothing I had ever worked on before. Each woman spoke of a unique set of challenges set within a shared intersectional experience shaped by femininity, immigration status, and cultural identity. Language barriers, gender roles, social stigma, and poverty were common barriers to building social relationships, feeling connected to others, or accessing essential resources. Their initial experiences of loneliness were immense. As I read their accounts of participation in the small groups, I began to see how the participants started to recognize their larger connection to one another. Participants described how the group meetings evolved into a safe space for the women to disclose their personal fears and struggles. Over the course of the year, it was clear that the group meetings became sacred–anticipated opportunities for confession, dialogue, and community that the women eagerly looked forward to each week. Reading about the close group dynamics allowed me to identify changes that participants recognized in themselves beyond the context of their time spent in the groups.

After a year of *Tertulias*, the women reported feeling more resilient and empowered in their own lives. Setting aside time to attend the group meetings each week encouraged participants to consider the value of self-care and importance of advocating for their own needs within their responsibilities and roles as mothers, wives, caretakers, and employees. Their perceived stress decreased, their depression and anxiety felt more manageable, and their health and overall sense of well-being increased significantly. There were several moments in my analysis where I was moved to tears by the stories women told, in awe at their individual strength, and even more so at their collective power. In my work on Tertulias, I realized one of the most important lessons that my research had taught me: *healing is communal.*

The communal aspect of healing and the implications this provides was not actively taught or widely acknowledged as part of my modern medical education based on Western philosophical ideas. Rather, my recognition of the truth came about through my involvement with community-engaged, qualitative research alongside my traditional curriculum. Reading stories and seeking other peoples' perspectives is a powerful way to learn; however, this approach is often overlooked as a "soft science" that is too time-consuming or nuanced to offer statistically significant data compelling enough to challenge current clinical practice paradigms or frameworks. *Tertulias* reminded me that American students have been conditioned to approach care and medical science through the lens of individualism. Medical trainees are taught to treat each patient as an individual constellation of physical symptoms and medical history. If we can solve the problems presented to us within the constraints of the patient's physical body and singular individualized experience, "*we*" will have –according to our

training– successfully healed "them."

I make the argument (citing *Tertulias*) that the health of our patients is immensely influenced by their sense of social belonging and the vibrancy of their communities. I am talking about health here in the most holistic sense– considering a person's ability to function, participate, and create meaning and joy for themselves. To providers who want to solve problems with readily available solutions, this conceptualization of health may be less desirable. I understand promoting a more holistic approach to health cannot be easily accomplished with a prescription or a quick procedure. Such an approach entails a widespread commitment to the public good and an acknowledgement of the ways in which we are dependent on and collectively responsible for the institutions that shape our medical system. A complete perspective necessitates focusing on the health of our communities and making a commitment to promote public safety and well-being.

I want to encourage other medical students to consider community-driven, community-engaged public health research as they learn and train. Not only can this type of research inform future practice for healthcare providers on a more personal level, but community-engaged research also contributes to a much-needed body of knowledge as we build upon our understanding of what public health interventions work and why—or why not. As a fourth-year medical student undergoing application for medical residency, I find myself reflecting a lot on my last three years of training. It is incredible to think about how much I have learned since putting my white coat on and reciting the Hippocratic oath for the first time. I have spent countless hours in the library uncovering the complexities of human physiology. I have held a heart in my hands in anatomy lab and learned the nuances of palpating an abdomen to assess for various illnesses such as gallstones and liver failure. I have noticed myself becoming more knowledgeable about which medications and interventions are indicated and when.

It is rewarding to grow in this way, to notice my hard work coming to fruition as I start to take more responsibility for my patients. I feel a sense of achievement as I realize my contributions are starting to feel more valuable and more real. There is another side to evolving and advancing further along in my medical career, however—a side that does not center on my individual expertise. This other side includes the accumulating power of the narratives I have heard from my patients, as well as my work conducting community-engaged research with women who participated in *Tertulias*. Their stories have taught me that as a future physician, I must recognize my position in a larger ecosystem contributing to the health of the patient in front of me. The prescriptions and medical advice I will provide can help my patients to live longer, healthier lives, but those benefits are made truly meaningful in the context of how my patients feel and how they are situated within the broader scope of their own communities.

This realization continually informs how I interact with my patients and their loved ones, whether it is making the effort to learn the names of the family members at bedside rounds each morning or trying to determine the best plan for discharge for a patient who needs extra help at home following an acute illness or injury. I strive to get a sense of what my patients' support networks look like and actively encourage them to utilize those networks as a resource. Maintaining this framework has also impacted me outside of my relationships with patients as I learn to protect my own sense of health and wellness when pursuing a career where burn-out and stress run high. When I need to devote more attention to my well-being, I turn towards my own loved ones for comfort and strength. A *Tertulias* participant touchingly frames her own experience developing her social networks in this way:

> "The way I started to heal was leaning on groups… I am very thankful that someone helped me and provided me with moral support. I am cognizant that someone 'came back' for me—someone supported me. I believe so much in 'going back' for the rest."

Tertulias exemplifies the power of shared experience, of the way caring about others and being cared for by others protects us. This project shaped my commitment to understanding, engaging, and supporting the communities that my patients are part of. For medical students, community-engaged research can serve as a powerful thread to keep us connected to our humanity during the rigors of medical training. I am convinced that such threads make for better, more holistic medical care. The world needs more doctors who are not only humans first, but humans in their social context with others.

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