

COMMUNITY & BELONGING: TRACING INVISIBLE THREADS

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“Do you see the way the trees are bending towards one another?” My grandfather crouches down to my eye level and points toward the edge of the grassy field, where two yellow birches stand against the ripening sky. Their leaves sway in the wind. The trees stand apart. They are separate beings. Yet they lean toward one another, stretching their long branches across the empty space between them. They are shrouded by other trees—mountain ash and maples, great oaks and jack pines that taper into the sky—but they are the only two that are leaning, reaching, as though they are bound by an invisible thread that is pulling them ever closer.

“Is it because they’re the same kind?” I ask, eyeing them from the edge of the field. Behind us is my parents’ house, and inside it, the people we love. My grandfather lives in Scotland, but he comes to visit us every summer, bringing with him a breadth of knowledge about trees and plants. We cannot know much beyond that moment, crouching by the edge of the field as the evening descends. We cannot know that a few years from now, lightning will strike the tree on the right, leaving a black scar down its trunk, but that after this it will grow even more fully, more feverishly toward its companion. We cannot know that a few years after that, my grandfather will be diagnosed with pancreatic cancer and pass away only weeks later. There is not much to know now, here, except the certainty of the moment and those two leaning trees.

He makes a sound as though he is thinking. A pair of swallows bursts from the tall grass, leaving a shower of old raindrops in their wake as they dip away behind the tree line.

“Perhaps,” he says, smiling, “they recognize each other.”

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Over two decades later, I am a medical student in Montreal. It is New Year's day and the hospital is quiet. It is the last week of my Psychiatry rotation and I am on the consult service that sees patients in other departments for assessments. As I ride the elevator to the eighth floor, I glance down again at the notes I took during my chart review: *74M suicidal ideation post total knee arthroplasty, possible delirium vs cognitive decline?*, the consult from orthopedic surgery had read. I take a breath, mentally reviewing the criteria for delirium. The winter weeks have been long and dark, and I have found myself slipping into a quiet cycle of studying, clinicals, and sleeping, preserving all my remaining energy for the hospital and patients. Clerkship has been many things—challenging, rewarding, grueling, existential—and although it has affirmed my commitment to medicine, it has been disorienting to watch the world spin by on its axis, to see friends get together in the evenings, to miss family gatherings, and to feel uprooted from the communities that have shaped me.

What communities do I carry within me now? How far away have they grown? How deeply are they buried?

The eighth floor is quiet. He is lying in bed, his head turned away from the door and toward the window, where the snow falls gently and the grey city beyond—its grey buildings that taper into grey sprawl—seems to creak in the cold. I knock on the open door and he turns his head slowly. I introduce myself to him and explain why I am there. He smiles, without breaking eye contact, and looks as though he may cry.

“Thank you for coming to see me,” he whispers.

I approach the bedside. His hair is grey and he looks stricken, as though a great grief has befallen him. As we talk, he answers slowly, sometimes turning to look out the window for long periods of time before responding. He has late-stage rheumatoid arthritis, with pain in his ankles, wrists, fingers, and knees. He describes his pain as ‘unbearable’, even after taking medication. He came to the hospital in November for a knee replacement surgery, and was meant to go home just one or two days later. But he developed complication after complication, and he is still here, nearly two months later.

When I ask him how he is feeling, he tells me he cannot find any feelings at all. When I ask him how long he has been in hospital, he searches my face. He says he cannot remember.

He laughs weakly and shakes his head when I ask if he has any social supports, as though the answer to this question should be obvious.

We do a mini mental status exam together and his hand trembles as he attempts to replicate the shapes on the page. He scores thirty over thirty.

“What is worrying you most at the moment?” I ask, taking the test paper and folding it into my pocket.

He sets the pen down and shrugs his shoulders, raising his eyebrows in a resigned smile. “Oh, lots of things worry me.”

He lifts his left arm toward me and attempts to close his hand into a fist, grimacing as he curls his bent fingers.

“I can barely hold a spoon. I have trouble turning the pages of a book. It hurts all the time. They tried to fix my knee but it’s the hands that are bothering me. I’ll never pick up the guitar again.”

I pause. Sometimes it’s hard to know what to say. “How long have you been playing the guitar?” I ask eventually.

He looks at me and blinks as though I’ve asked him what a guitar is. “Can’t remember a time I didn’t.”

“What kind of music do you play?”

“This and that,” he says, lowering his hand and looking toward the far wall. “Irish, lots of French Canadian, some east coast.” He looks as though he wants to say more, but stops himself. “Nothing special,” he adds.

I don’t usually share pieces of myself with patients, but part of me stirs to life and I lean forward, shaking my head in disagreement.

“I love those styles of music”, I say. “I play the fiddle.”

He attempts to sit up and this time when he smiles, his eyes crease. “You do?”

I nod and smile back.

“What are your favorite tunes?” He asks.

And so we exchange our favorite strathspeys and slow airs, reels and jigs. He asks me which variation of the Reel de Montebello I learned— “because there are so many,” he exclaims—and then he tells me about

an album release by a fiddle-guitar duo we both like from the east coast. I take note. We talk about the traditional music community in Montreal, the backroom bars where jams and concerts happen and the small music festivals scattered across southern Ontario where the communities converge.

I have not spoken about music in a long time.

I learned to play the fiddle in my small hometown, where every Saturday members of the community gathered to learn and play together, overflowing in sunlit living rooms or clustered in the old church-turned-community-centre by the river. My parents encouraged my siblings and I to join every week, and soon the unlikely group of musicians—young and old, beginner and seasoned—became a regular community touchstone. It was a place of belonging, of mutual trust, and of unconditional acceptance where one could make mistakes and try new things. As a quiet and reserved youth, I found my voice in my instrument. I made connections with people in our community I would never have encountered otherwise. It was also a road back to our Scottish roots. Our grandfather loved to hear us play, and when we visited him in northern Scotland, my siblings and I often rented instruments from the local shop in Inverness and played together in the evenings.

After high school, I moved away for university, life grew busy, and music fell to the wayside. The years passed and my violin sat in its case beneath my bed. I picked it up only on occasion—to play at my grandfather's funeral, or quietly, alone in my room.

When I moved to Montreal to begin medical school in my mid-twenties, I brought my instrument with me, intent on finding my way back to this place of belonging. I searched Facebook groups and found several weekly trad-music gatherings scattered across the city. I told myself I would go. But I was soon swept up by the demands of my studies, and once again, I could not find space for the music. The community seemed to float further away from me.

The patient is sitting up in bed now, sharing an anecdote about an over-eager fellow guitarist at the local session he used to go to.

“She did *not* respect session etiquette,” he said sternly, with a knowing smile. We have stumbled upon a common language, a world with its own rules and traditions, histories and sounds. It is familiar and comforting. It is a community to which we both belong, and to which we will always belong, however deeply buried. It is an invisible thread, offered by a stranger, that is tethered to a part of myself I had forgotten.

After some time, I rise to leave. The snow is still falling outside. The halls are still eerily quiet. He swallows and smiles.

“Thank you for this conversation,” he says softly. “I don’t feel so alone anymore.”

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I used to think of community as a physical entity—a group of people who come together in the same space with intention and shared dedication to mutual care. An apartment building, a neighborhood, a local cultural organization built around shared interests and goals. Community can be those things, but I think now that community can be more.

Community is something that we can carry within us, across years, cities, even generations. Our communities can become dormant but continue to pulse with a fluttering beat until they are ready to come alive again, to flow out and reach across a room in unexpected ways. They are pieces of identities that we can take and offer to others, so that they may recognize themselves.

As healthcare providers, we too are whole beings with communities that have built and shaped us into who we are: places of worship, artistic endeavors, cultural backgrounds, neighborhoods. In places as foreign and overwhelming as clinics and hospitals, reminders of community can be a grounding force. One day in the emergency room, I heard a fellow medical student slip from French into Tamil as she assessed an elderly woman on a stretcher. She carried out the rest of her assessment in their shared language. Community is a dialect, a memory of home.

Last year, an elderly family member from my father’s side was hospitalized in Montreal. She is from the tiny island of Mauritius, far off in the Indian Ocean. It so happened that my Mauritian friend and classmate was rotating at the same hospital, and when he learned of her illness, he insisted upon visiting her and bringing her special vanilla tea, a staple drink on their home island. He had never met her before, but they sat together one evening speaking in Creole as she sipped the tea he had brought her in a flask. Community is a spice carried by a stranger across oceans.

Another day, I was in urgent care assessing a woman who had come in with a hip fracture. She had fallen on the ice while bringing a pot of borscht soup to her neighbor. The nurse taking her vitals stopped and asked her for her recipe. They had a fleeting but animated conversation about their differing approaches to the recipe, shaped by the differing regions of Ukraine where they grew up. Community is a cooking tradition, a map of one’s ancestry.

We, too, are beings who seek belonging and meaning in the work we do. If our communities are not fixed in space and time, if we can carry them within us and offer them to others in their most vulnerable moments,

then community is a therapeutic aid. We all carry our communities, sometimes without knowing it, and we all have the power to offer and receive these pieces of ourselves as healing tools.

If we have the patience and presence to be curious, the invisible threads are everywhere. It takes only a moment to find them, to trace them. I think about the patient I saw that day on the eighth floor, and I wonder how he is doing now. When I look at my fiddle case these days, peeking out from beneath the bed, it is not so much a reminder of something lost, but a reminder of something warm and familiar that exists beyond its origins.

Like the yellow birches at the edge of the field, we are here, craning into the sky, searching for those we recognize, and reaching our long branches across the space between to find one another amidst the noise. ■

Biographical Note

Rhiannon Ng is a 3rd year medical student at McGill University. She previously studied life sciences and sociology at Queen's University and completed a master's in environmental chemistry at the University of Ottawa. Her essays and poetry can be found in *The Walrus*, *Best Canadian Poetry 2024*, *Brick Literary Journal*, *Grain*, and elsewhere. Her poetry collection *Fire Cider Rain* (Coach House Books, 2022) was shortlisted for the Archibald Lampman Award.