Reflection

Staring into the sun

Caroline Yi

I learned to stare at the sun.

Bit by bit, one glimpse at a time – its brilliance searing my eyes.

At first, I looked indirectly. Sideways and upside down. Backwards and right side up. Each glance was all-consuming, overpowering, seizing my body in total control. The enormity of it was more than I could bear, and, frozen stiff, I closed my eyes and went away.

The sun is a star, not a planet. Its energy comes from within: atoms colliding, fusing, releasing tremendous force. Huge fusion reactions that never end. And we are on a planet – a big rock – rotating around it. Again and again, in endless repetition.

Medical training does not begin with staring at the sun. It begins with looking away.

In the early years, suffering is delivered in digestible forms: lab values, two-line question stems, neat problem lists. Our gazes are focused on the facts. Then, gradually, the human stories slip into view.

In medical school, I met patients whose lives were unravelling in ways no summary could contain. An older woman, having travelled days for care, lay quietly as a PICC line was placed in preparation for chemotherapy. It was the first PICC line I had ever seen, and her stillness misled me. When I asked if she was in pain, she smiled and replied, 'Ten out of ten. This is no picnic.'

Over time, I learned about her work and the way her life had been placed on hold indefinitely. I came to know her wry humour not as a coping strategy but as part of who she was. As I began to consider the arc of her life – its twists, turns and sudden suspension – I felt my chest tighten and my eyes burn, the familiar urge to look down and retreat.

Not everyone has to learn to stare at the sun. You can live underground, or you can go blind. Alternatively, if you are a very fast runner, you can travel retrograde. I tried that once, but I got tired and took a nap.

In medicine, we have many ways of not looking. We busy ourselves with efficiency. We intellectualise. We joke. Humour becomes a thin but necessary shield. One we raise for ourselves, one we sometimes offer to patients, and one our patients, in turn, hold up for us. In those moments, humour shows us how to stand in the presence of unbearable realities without collapsing under their weight.

Still, avoidance has its limits.

After much resistance, I asked for help. It was uncomfortable and slow, but with time I found myself able to stay present – eyes burning, breath caught – in the face of what I had once avoided.

Eyes watering, retinas searing, I took it in more fully than before. I felt the crushing pull of its centre, the overwhelm flooding my chest and limbs. My muscles tensed and refused to let go. I thought I might disappear entirely, reduced to carbon dust. I cried.

This is what it can feel like to truly take in another person's suffering – to stop skimming its surface and allow its gravity to register. The facts alone are often stranger than fiction: violence, loss, illness and neglect arriving in combinations that defy our imagination. When we let ourselves see clearly, the emotional exposure can feel physically dangerous.

And yet, after a while, I realised I was still there. Afraid, yes – but alive. Over time, my capacity grew. Not infinitely, not without cost, but incrementally. I could stay present longer. I could listen without fleeing inward. I could bear witness without shutting down. I understood then that the goal was never to become numb. It was to remain human in the presence of what is most difficult to see.

With clarity comes reckoning.

I reckon with the past: a collage of necessities not yet identified, and hazards obscured by denial. Lost opportunities, embalmed in grief.

I also reckon with the future. There is no finish line, no medal. The sun does not disappear. We continue to orbit it, returning again and again to suffering that cannot be fixed, only witnessed. Each encounter asks the same quiet question: how much can you see today without turning away?

Can you see it?

The sun has set.

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