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From Crayons to Care: Connecting with Patients through Art and Empathy

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A man stood in the corner of my living room. He was so still that one could think he was made of stone. Blank face. Arms glued to his sides. Legs planted firmly in place. Still.

In the opposite corner of the room, in a beige chair covered in waltzing flowers, I sat, rocking my heels restlessly. I desperately wanted to shake him until he snapped out of this trance. To my surprise, I couldn't move. I felt as if I were cradling a Sisyphean boulder on my chest—every time I summoned the courage to stand, it pushed me down. I wanted to sit next to him and make him feel less alone. I thought maybe one conversation could melt that stillness.

The same man, on another day, bolted out the front door. He ran. And ran. He was running away from something.

The same man, on yet another day, ran out the front door. He ran. And ran. This time, he kept running until a car hit him. He was taken to the ICU. He died holding his mother's hand.

The man was my cousin.

I have always wondered what he was carrying that made him want to run away from everything. It must have been so heavy. He must have felt so alone.

I remember him sitting at a linoleum dining table, surrounded by textbooks. He took the most

challenging classes in high school and earned a full scholarship to the University of Maryland. He played competitive soccer and had his face plastered on a Wheaties box. His bright smile matched the shiny studs on his earlobes. Like me, he had been a chubby kid, and we both had a love for food. At every gathering, you'd find us in the pantry, with our grubby fingers in a box of Chips Ahoy. It was through moments like these, silly laughs and chocolate-covered fingers, that I became determined to be like him when I grew up. While he never got to see me become an adult, on the psychiatry service, I met many versions of that stone-like man, frozen by the burden of their psychoses.

I imagine that weight is immense, pressing down until escape feels like the only option. That's frightening.

During my psychiatry clerkship, I spent time on an inpatient unit for individuals experiencing their first episode of psychosis. It was there that I met a 19-year-old boy named Michael (a pseudonym). At our first encounter, he was wearing maroon paper scrubs soaked in snot and tears. He stood still in the hallway, fists clenched as he stared into space. I was intimidated. Hesitantly, I introduced myself and asked if he'd like to talk. He led me to his room—a spongy mattress in a plastic box on the floor. Awkwardly, I asked how he was doing. "Okay," he replied gruffly. I was running through the questions I was supposed to ask about his symptoms, but they felt hollow. As my eyes wandered around the room, I noticed the windowsill was covered in drawings of anime. I wanted to flip through them, but I reminded myself I was in someone else's space.

“Did you draw these?” I asked.

“Yes,” he said softly.

I could tell that his drawings were important to him. That was my win for the day.

Michael expressed emotions in sudden, powerful waves—crying one moment, then returning to a state of stillness. His sadness, anger, silence, and volatility forced me to confront my own unease with intense emotions. I learned to sit with those feelings, rather than try to fix them. His tears and angry screams seemed to be his way of trying to communicate something too big for words. I believed it was my role to understand what path we could take to decipher those emotions. For us, that path was art. He liked to draw, and I liked to create. *This was our language.*

The next day, I came prepared. I set up a table with crayons and paper. Initially, he just watched me color in silence. On the third day, Michael picked up a crayon and began sketching. I followed suit and tried asking a few questions; gradually, we developed a routine. Some days, we sat in silence, coloring. On other days, Michael offered curt explanations about his drawings. I learned how voices guided his hand and how each character was a stand-in for someone in his life. Each day, we pieced together the story of his world; some days were smoother than others. During one conversation, he suggested my questions were infantilizing him, that he didn't need my help. It stung, but I knew he was right to name it. I acknowledged this and apologized. I kept coloring and thought to myself, *How can I do this better?* I started to rephrase my questions to come more from a place of gen-

uine curiosity rather than assumption. That shift mattered. It helped me understand how to support someone without making them feel that they had no control; how to show care without condescension. That's something I carry with me today.

Michael taught me that being present doesn't mean taking over. Trust doesn't come from having answers, but from asking honest questions and honoring the dignity of someone's silence. It has shaped the kind of psychiatrist I want to be—someone who doesn't rush to fix, but who listens, waits, and learns the language each patient speaks, even if it's through drawings on a windowsill.
In psychiatry, healing begins not with a pill, but with presence. Mental illness is not a trance we can shake our patients out of. We must sit beside people and meet them where they are. Connection is not a bonus—it's the work. You can't force someone to trust you. You must show up every day. Listen without flinching.

Maybe, offer a crayon and wait.

Sometimes, that's enough to start melting the stillness and to prevent someone from running into the street.

About the Author

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