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Family Medicine

NARRATIVE ESSAY

I Just Don't Feel Like Myself

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The complaint was already waiting on the screen when I opened the chart: "Not feeling well."

No duration. No qualifiers. No triage flags. Just a phrase that resisted becoming a diagnosis.

She appeared to be in her mid-40s, dressed in office clothes that suggested she had come straight from work. Her hair was tied back loosely, a few strands escaping around her temples. She sat upright with her hands folded in her lap, watching closely.

In her fingers she held a small, worn clinic appointment card. The corners were creased, the ink slightly faded. She turned it over once, then placed it on the edge of the examination table.

"Tell me what's been bothering you."

She hesitated before answering. "I don't feel like myself," she said finally. "Nothing specific."

I tried to give the description some boundaries, "Pain? Fever? Shortness of breath?"

She shook her head, "No. Everything works. I just feel... off."

Her vital signs were normal—blood pressure steady, pulse regular, oxygen saturation reassuring—and her record read like a catalog of normal results with no chronic illness, no significant hospitalizations, and previous laboratory panels within reference ranges.

If this were an exam question, reassurance would have been the correct answer. But she had not come for reassurance. She was worried something serious was beginning.

I asked about sleep. "Light," she said. "I wake tired."

Appetite? "Still there. Food isn't interesting."

Work? "Fine."

Home? "Also fine." The word *fine* repeated, carrying more weight than it could hold.

I examined her. Heart regular, lungs clear, abdomen soft. Neurologic exam intact. Her body offered no explanation. Nothing urgent was happening, yet the visit moved slowly. For a moment I wondered whether I had missed something dangerous. I returned to the chair.

"What worries you most about this?"

She exhaled, her shoulders softening. "I'm afraid this is how something serious begins," she said. "Before anyone can see it."

We ordered basic tests, partly clinical and partly therapeutic. Blood was drawn, forms printed, and a plan established that at least resembled action. Before leaving, she slipped the appointment card back into her wallet.

When she returned the following week, the results were entirely normal.

"I was hoping something would be wrong," she said softly. "Then why do I still feel this way?"

We widened the frame. I asked more directly about mood, sleep, concentration, and stress, the kinds of concerns that often populate screening forms like the PHQ-9 and GAD-7. Her answers suggested strain but did not align neatly with a single condition.

"How have your days been lately?" I asked.

She described them carefully. Her mother had moved in after a fall several months earlier. Work responsibilities had expanded when a colleague left. Evenings filled with emails and medical appointments, while sleep was interrupted by late calls from relatives checking on her mother.

None of it sounded dramatic alone. Together, it formed a steady accumulation: the weight of caregiving, work, and family expectations.

"Do you still enjoy things you used to?"

She paused. "I suppose I stopped noticing."

Over the next several months, she returned four more times. The unease itself changed very little, drifting between fatigue, uncertainty, and a quiet sense that something in her life had moved slightly out of alignment.

At each visit, she placed the same appointment card on the edge of the examination table, smoothing its corners with her thumb while we talked.

The encounters changed more than the complaint. At first, I approached each visit as a problem to solve. Each conversation searched for a hidden cause, and each reassuring result added another layer of uncertainty. Gradually, the visits became less about identifying disease and more about understanding the shape of her days. We spoke about how she divided her time, where she rested, and which obligations could bend and which could not.

Some visits contained little clinical discovery, but they allowed the unease to be spoken without immediately forcing it into a diagnosis. These situations resisted easy documentation. "Patient reassured" felt incomplete, while "No organic cause identified" sounded dismissive.

In the end, I wrote what I could observe. *Persistent nonspecific symptoms. Evaluation normal. Life stressors and caregiving burden discussed. Will continue to follow in continuity of care.*

It was a thin note, more placeholder than explanation.

Months later, she returned for an uncomplicated cough. The visit was brief. I examined her, prescribed medication, and began closing the note. As she stood to leave, she paused, reached into her wallet, and pulled out the same appointment card, still creased and still faded.

"I don't feel that way anymore," she said.

"That way?"

"That thing I kept talking about."

I glanced back at the screen. The problem list had never changed. No new diagnoses had appeared, and nothing had resolved in the traditional sense.

She placed the card on the table between us, turned it over once, then slipped it back into her wallet. We did not try to name the improvement.

Over time, I realized the visits had stopped treating the complaint as a puzzle demanding immediate resolution and had instead created space for it to exist without constant investigation. The unease had not disappeared because of a diagnosis or abnormal result. It had gradually become less frightening once it no longer needed to justify itself as disease.

Medicine moves quickly toward problems that demand intervention. Yet some patients arrive carrying forms of exhaustion that do not fit neatly into diagnostic categories—fatigue shaped by obligation, caregiving, and the steady demands of everyday life.

These encounters rarely offer dramatic resolutions. Sometimes improvement comes more quietly, through trust built over repeated visits and through the permission to speak before an illness can be named.

The visit ended the way most visits do, with the next patient already waiting. I closed the chart and moved on.

The encounter stayed with me. Some symptoms do not easily fit a code book. They persist instead in the way a physician listens the next time someone says, "I just don't feel like myself."

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DISCLAIMER

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