

Sophie's gift— *a reflection in four movements*

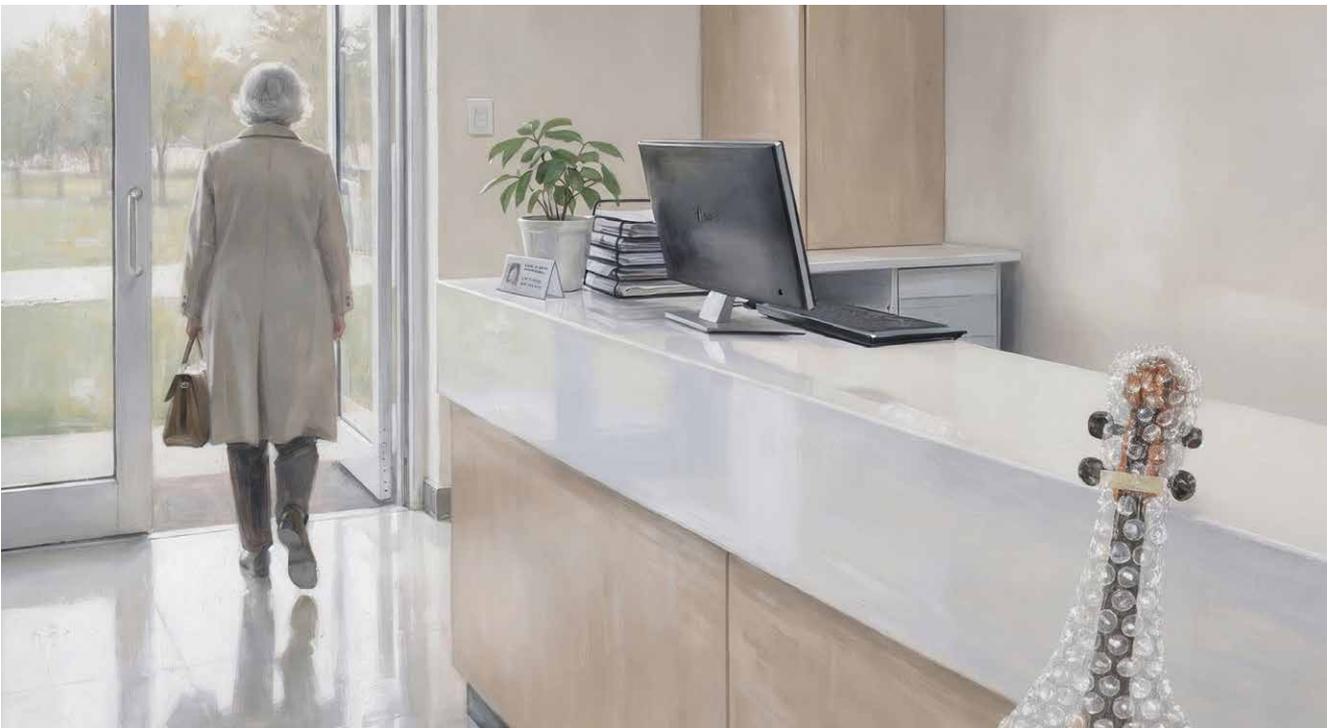


Illustration by Sarah Riedmann

Stephen I-Hong Hsu, MD, PhD

Dr. Hsu (AOA, Albert Einstein College of Medicine, 1992) is the Director of High Risk Patient Management and Provider Education, Internal Medicine & Nephrology, Premier Medical Associates, Gainesville, FL.

When thou art gone, the solemn brood of care
Plod on, and each one as before will chase
His favorite phantom.¹

—*Thanatopsis* (William Cullen Bryant)

I. *Adagio*

In the hush between movements, the conductor crouched down slightly with her baton extended to engage the attention of the young principal cellist—my son Alexander—sitting only a few feet away. They locked eyes. And then, lagging just a bit behind the downbeat motion of the baton, he started playing the slow and poignant solo at the beginning of Variation XII of Sir Edward Elgar’s *Enigma Variations*. He was joined by the orchestra after two measures. The swelling music washed through my body and my gaze traced Alexander’s flowing bow arm and fingers executing flawless vibrato while sliding confidently from one note to the next along the fretboard. Like him, none of the other young musicians had played this piece before coming to spend two weeks in-residence at the New England Conservatory’s Summer Orchestra Institute for pre-college students. Several years earlier, he had fallen in love with Elgar’s *Cello Concerto* and, by extension, all the works by this composer. Listening motionless in my seat in Jordan Hall, I became aware that my eyes had stopped and now remained fixed on the cello swaying in Alexander’s arms. She seemed alive. And then the old memories flooded back, as they always did.

Daniel and Sophie were a delightful white-haired couple whom I would always see together for clinic visits. Dan had end-stage COPD, severe CHF, and chronic lumbar back pain. He never complained even though he was frequently in and out of the hospital for acute exacerbations of concomitant COPD and CHF. Eventually, he became oxygen- and steroid-dependent on top of taking the usual cocktail of inhalers, medications, and nebulizer treatments. Seeing him walk into clinic was like watching a sluggish Energizer Bunny with a portable oxygen concentrator slung on his shoulder. As for his back pain, he had already undergone every procedure available for lumbar spinal stenosis, including

several trials of a spinal cord stimulator. Surgical intervention worsened his pain. None of these options had been successful for long, if at all, and analgesics were either ineffective or contraindicated due to concern for over sedation and respiratory depression. Not that he ever asked for anything.

“How are you today, young man?” I would ask.

“Doing great,” he would reply.

Sophie would tell me about his struggle with pain and shortness of breath just walking to the mailbox. Dan would just smile. I would tweak his medications a bit here and there. And we would all end up belly laughing at one of his jokes by the end of the visit. It never occurred to me that there wouldn’t be a next time.

II. *Lamentoso*

One day, Sophie came unannounced to my clinic—alone. When I entered the room, I saw immediately that she was weeping softly.

“Oh, Sophie,” I started. “What’s going on? Where’s Dan?”

“Well, um, last night Dan put a gun in his mouth and pulled the trigger.” She put her hand to her mouth as she heaved a cry.

I reached out instinctively to hold her hands and to give her a hug, but I was reeling with shock and despair—knowing that my patient, my friend, Dan had committed suicide in such a violent and unimaginable way. I let us both grieve without words until the tears stopped, and our breathing gradually slowed and became regular again.

“You know, he had said the night before that he didn’t want to go on living this way anymore. I just didn’t realize what he was trying to convey. Dan was exhausted by illness and pain, but how could he do this—to me? I’m so lost, Dr. Hsu.”

I saw her every week thereafter. I often provide both psychiatric care and counseling to my primary care patients. We talked about how she would move on from Dan’s death. She would have to sell the house—maybe move away, but closer to one of her children. Death is truly about those left behind. As the weeks went by, she seemed to regain a steady foothold in her life—once again standing on firm ground. However, it became increasingly clear that I was also one of those who was left behind.

Honestly, I felt stuck. My usual process of coming to terms with losing a patient, of reaching some kind of proper perspective, was not successful in allowing me to

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maintain an appropriate emotional distance. I could not achieve any semblance of equanimity. Overwhelmed by guilt, I could not get past the nagging questions about how I could have missed the depression and despair that led Dan to end his life. I prided myself on being vigilant and sensitive to signs and symptoms of mood disorders in my patients, but dammit, Dan had fooled me.

Or maybe I had fooled myself by believing that maintaining a stable “baseline” satisfied the goals of clinical intervention. That fallacy became increasingly apparent as I searched my memory of past encounters with him over the previous months and years. What concept of a baseline would make sense in the face of a shifting landscape of co-morbid conditions with limited remaining therapeutic options? Dan's grave medical conditions and the suffering they caused could never improve. Only slowly worsen, day by day. Why did I never ask him to consider the benefits of home palliative care during so many post-hospitalization visits? Respiratory depression be damned! What steps could I have taken to prevent Dan from concluding that pulling the trigger was the only way to make his pain go away? In the throes of a profound crisis of faith, I could not reconcile my sense of failure with how I viewed myself professionally.

III. *Intermezzo*

About two months passed when one day it occurred to me that I hadn't seen Sophie in a few weeks. The following week, my receptionist came to my office to let me know that a patient had left something for me. After I finished with a televisit and a few final office visits, I walked to the front to discover that a large and odd-looking object, covered with bubble wrap, had been deposited at the desk. On the attached card was a brief note: “For Alexander. This belonged to Dan. Love, Sophie.” It was a beautiful vintage blond cello. I called Sophie's number, but her phone was disconnected, and she had left no forwarding contact information.

Driving home that late afternoon, I was keenly aware of the cello's presence on the back seat. Before leaving my office, I looked inside the cello's sound hole for a hint of its origin. From the aged brown label, I read aloud to myself: “Giuseppe Pedrazinni, *Cremonese, fece in Milano l'Anno 1927.*” The last two digits for the year were written by hand in italic script. On the bottom, the luthier had also signed his name. I did a quick search online. Tonally, the work of Pedrazinni is among the best of the early 20th century Italian makers.² A Pedrazinni cello was



Inscription on Alexander's Italian cello Sophie, a gift from a patient.

most recently sold at auction for more than the cost of a brand-new sports car.

When Alexander saw Sophie—named, of course, after his benefactress—he could hardly contain his excitement and quickly took her upstairs to the library, which doubled as his practice space, to try her out. We will never forget how she filled the room with a powerful, yet sweet, presence. A perfect soloist's cello that projected far beyond what one might expect of its slightly slimmer body compared to that of modern instruments.

As I remembered, Dan was of Eastern European Jewish ancestry, but he had a Brooklyn accent. He reminded me in many ways of my old Jewish professors in medical school and residency. I hadn't realized that he played the cello. Since few European Jews were admitted to the US after 1924 because of the new and restrictive immigration laws—the 1921 Emergency Quota Act and the 1924 Immigration Act³—it was unlikely that Sophie had reached the US with Dan's family during the first decades after she was made in Cremona, although she may have been brought over by non-Jewish friends. More likely, she arrived later during the relative calm of post-war New York City by other means. A young Daniel may have been taken by his parents in the 1950's to the shop of one of the many stringed instrument makers in the city in those days where he first encountered and fell in love with Sophie—just as Alexander would do so some 70 years later. Perhaps she was a “master cello” upgrade from a student model upon reaching a sufficient level of musicianship or a bar mitzvah gift. I could only speculate. Nonetheless, I tried to imagine the history that she undoubtedly witnessed in her long life. Had she had been well-played and given her owners and any listening audience abundant musical enjoyment?

In the weeks and months ahead, we repaired a minor crack on the underside of Sophie's sound board and replaced her tailpiece. Eventually, she would acquire a new custom hand-carved bridge and sound post. A prominent wolf tone around the F# below middle C on

the G string quieted down with a brass suppressor. Our library started to look like a rehab facility—my luthier tools for guitar-building intermixed with strings, spare parts, glue, and varnish. That was three years ago. Yet it only occurred to me now, listening to Alexander and his orchestra perform, that the process of bringing Dan’s one hundred-year-old cello back to health had brought about other unanticipated benefits.



The Brevard Music Center Summer Festival, 2024 (Brevard, North Carolina).

IV. *Ritardando Tranquillo*

The simple act of attending to Sophie’s needs brought me a measure of self-healing. Doing something for another—in this case, an instrument—has always been an effective way for me to step out of my own head space. Of course, there is the old bromide that reminds us that healing requires a tincture of time. Witnessing Alexander develop his artistry in relationship to his cello—as well as the joy his music brings to international audiences—has elated and uplifted our entire family and proved to be a testament to the human impulse to create beauty. I often wonder how “Sophie the Cello” impacted the lives of Dan and his family before him. She has become a bridge across time and space for at least two families. However, there is something deeper here.

On the one hand, seeing young people brought by their parents to attend and perform at summer orchestra camps, music festivals, and competitions exposed me to a small community of like-minded people who value an endeavor that is not necessarily predicated on a financially viable career path. Playing and listening to music can be a lifelong spiritual practice intended to grow the potential to express, and to be moved by emotion. Music has always been an integral part of the “Arts in Medicine” approach to healing both the body and the mind. In this way, Sophie’s unique voice has been like a balm for my soul—music as medicine.⁴

On the other hand, taking care of the elderly and attending to the wear and tear of their lives is a constant reminder to me of what one writer has called the “contraction of time.”⁵ Starting in my late 50s, I became increasingly aware of a dreadful sense of marching inexorably towards my own death. Was the crisis of faith that I experienced when Dan ended his life due, at least in part, to my own ongoing and claustrophobic inner dialogue with mortality? By contrast, Alexander and Sophie together—whether making music in our home or on a stage—are nothing short of a pure expression of the “expansion of time.” Children have their whole lives ahead of them. Vintage cellos only get better with age.

Perhaps, in the end, Sophie the Cello was gifted to Alexander to convey a message to his father that “all is well, everything is exactly as it is supposed to be,” and that it is time for him to move forward beyond the narrow confines of grief and professional doubt. Maybe even expand just a bit in his awareness of the fragility and preciousness of each moment of a human life, and how the experience of temporal contraction—rather than a narrowing and tightening of the horizon—can help filter out all of the noise in our minds and open our ears to the melodies that truly sustain us.

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The author’s email address is clipcap2148@gmail.com.