

## INSIDE STORY

## Turn a Kind Eye—Offering Positive Reframing

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**After months of internal debate,** I made the dermatologist appointment. Facing several upcoming photography-heavy events and filled with the tales of filler and botulinum toxin A (Botox) success from my New York friends, I was ready for a consultation.

The dermatologist readily agreed that she could laser the 2 prominent solar lentigines on my cheek. I explained I was unbothered by the lines on my forehead but unhappy with the semipermanent bags under my eyes and the spackled coat of concealer I felt obligated to apply each morning.

She peered carefully at my face and inquired about caffeine and retinol eye creams. Been there, done that. I could have surgery if I wanted (I do not) in 10 to 15 years. She said she thought I looked great, which was flattering but had no impact on my self-judgment. Fillers, she said, might camouflage the issue, but she suggested more gentle self-talk instead. Just when I thought the visit was for naught, she said something charmingly surprising: you must smile a lot, you have such lovely, kind, pediatrician eyes.

I was not expecting this gem of cognitive therapy from the dermatologist, and I certainly was not expecting it would work. Yet every morning, when I (still) generously apply concealer to the circles (still) under my eyes, I hear the phrase "kind pediatrician eyes." The power of positive reframing is that though it does not change reality, it changes our perception of reality. That perception, the stories we tell about reality, dramatically alters the way we feel about an unchanged reality. I am growing used to my eyes, appreciating the laugh lines, and focusing on the visible kindness instead of the circles.

When a medical problem has no stellar treatment, like the circles under my eyes, the benefit of positive reframing is obvious. The dermatological conditions we dismiss as just cosmetic matter to patients, even if we cannot fix them. Sometimes, the best gift we can give is to help patients see these differently.

Even when we can offer treatment, positive reframing is useful. A patient comes in to discuss migraines brought on by long days outside in the summer heat. I should (and will) discuss hydration, nutrition, exercise, and rest. If I start the conversation by saying,

"It sounds like you are having a wonderful time at the beach with your family this summer," I can give the patient a tool to link the headache to a positive experience. That sentence will not change the severity, duration, or frequency of the headaches, but it may change how the patient perceives the pain.

I have seen many patients struggle with anxiety and obsessive-compulsive disorder. I firmly believe in my obligation to connect them with evidence-based therapy and offer pharmacologic treatment. The cognitive-behavioral therapy technique of reframing, which is so useful for treating anxiety disorders, can serve as a useful lens for the disorder itself.<sup>1</sup> I try to reframe by pointing out their ability to see patterns and the strengths intrinsic to this nonneurotypical brain. Perhaps with this mindset, they can look at their behaviors with grace.

Physicians are problem solvers by nature and training. When faced with symptoms, we tend to go directly for the cure. When there are no or only suboptimal solutions, we tend to offer sympathy instead of strategy. Rather than apologize, we can reframe—build the scaffolding to allow patients to change their thought patterns. As with all strategies, this is not universally applicable. You cannot positively reframe a life-threatening diagnosis; to do so insults and minimizes the patient's distress. There are times to sit with patients as their house crumbles, and there are times to help them reframe the chaos.

Recently, I saw this done in another unlikely corner. I took my 89-year-old father to discuss a shoulder replacement with the orthopedist. "Hang on," the surgeon exclaimed enthusiastically, holding his capable hands in the air. "Before we talk about the surgical options, you tore your rotator cuff skiing Killington at 86? That's amazing!" With that phrase, he reframed my father's injury from the frailty of old age to a badge of athletic honor (though he never saw my dad ski). It does not change my father's difficult decision to live with the tear or a grueling repair. Yet as he uses his right hand to lift his left arm, perhaps he will think of the 50 years of skiing or the feeling of fresh snow beneath his skis. Instead of feeling angry, I now watch him maneuver that arm and recall the family ski trips, the children and grandchildren he taught to ski. Sometimes, we all need kind eyes.

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1. van Dis EAM, van Veen SC, Hagenars MA, et al. Long-term outcomes of cognitive behavioral therapy for anxiety-related disorders: a systematic

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