

And I Submitted

By Catherine Humikowski

“May I touch your belly?”

It was the first time in my pregnancy someone asked me before doing it, but if anyone deserved grace to touch without permission, it was her. Her tear-stained face and raw eyes aligned with my middle from her perch on the rolling chair outside her son’s room in the pediatric intensive care unit. She could not bring herself to enter.

“Of course,” I said as I turned to face her in my nubby gray sweater, second-hand, generous from wear to stretch to its new purpose. There was no opportunity to consider whether this was the most appropriate answer to her request. The affirmation just tumbled out as my body instinctively turned toward this other mother, offering my womb to her hands as she grieved the loss of her boy.

Was I a mother yet? I could not know the baby fluttering in my pelvis the way she knew her son. For twelve summers she slathered sunscreen on the wings of his shoulder blades, memorizing every freckle under her fingertips like a sonnet in braille. She knew what foods to pack for his lunches so at the end of each school day she found empty wrappers in his lunchbox instead of half-eaten waste. She knew which socks lined up on the tips of his toes just so, their seams straight and even, not prone to shift under his boots to cause unbearable distress. And how she knew those toes, the places where they crooked and crossed and the way he fidgeted with them while watching TV on the couch after dinner.

Pause after speaking. Allow space for silence. Offer a box of tissues? These were tips I learned along the way, habits to connect with patients and families. Nobody ever said to let a weeping mother cradle my own body in her hands. Was this too close? No. I could have wrapped my whole person around her and it would not have been too close.

I didn’t know motherhood then, not the way I know it now. If I did, perhaps I would not have shared myself with her so readily. I might have recoiled from her touch so that her bad luck would not rub off on me. Maybe I would have done something like that, something superstitious and self-protective that mothers sometimes do.

But I was not a mother yet, or at least not fully. My body was still whole, my time my own. All I had to do for my baby up to then was avoid a few delectable foods: wine, coffee, sushi, Roquefort. I had not yet spilled my blood for her, or stayed up all night treating her fever. I had not gripped my chest as she toddled for the first time into preschool. I had not marveled where the days had gone, or how she had grown so fast and why she didn’t seem to

need me anymore. I had not had to wonder, like this mother had to wonder, where things had gone so wrong.

Though she grew him from her own self—her body and his were one and the same for nearly a year—she could not know what happened on that day when he stopped his own life. Whatever ailed him, embarrassed him, or kept him awake at night—these secrets were not hers to share. She knew the contents of his backpack, the stains on his socks. She knew his friends around their neighborhood but maybe not the ones at school. She thought he loved karate but lately not as much.

It was easier in some ways to know him when he was small, physically and therefore tangibly connected to her. So much can transfer between two people by touch. Stop, that's hot. Don't cross, there's a car. Are you hurt? Let me kiss it. I've got you. I love you.

As children grow up, these physical bonds fall away. Kisses and cuddles become infrequent, reluctant. Stay back, they say, or my friends will see you. Connection now requires complexity, nothing so simple as touch.

This is how it is in medicine too, I think. My daughter is nine now and so much has changed since I offered the belly inside which she lay to another mother to grieve. How that mother's face implored me! I would not see it now, except for the bloodshot eyes over the top of a sterile mask. And her weary hands on my worn sweater, the way its ragged fibers enveloped them and cushioned them, it would be all disposable plastic gowns if this scene replayed itself now. There would be crinkling under her hands instead of soft silence, if she asked to touch my belly at all. She might have considered this taboo, or I might have, for we live in a new era of contagion even as the pandemic recedes. A pregnant person must be kept safe especially, or so she might have considered.

And I remember there was time. I have no memory of feeling rushed. I stood next to her. I waited for her to guide the tempo of our interaction. I did not worry that other patients went unattended because of my attention to her. Perhaps the census was lower then. Or the nursing shortage was not so severe. Or the respiratory therapists were not too overworked to assess important details like how well a squirming toddler's endotracheal tube was secured in a room down the hall. It is almost impossible to imagine doing this now, standing still and silent, fully offering myself to another. That kind of patience requires time, and peace. That kind of patience runs thin at the frenetic pace I work now.

I am different too, I suppose. I am a mother now, twice over. My attention has been minced to bits by swimming lessons, math homework, chicken for the elder while the baby will eat fish. The handheld computer in my pocket dings incessantly. I struggle to recall another time when I had ten uninterrupted minutes for anything. To simply be, and be *there*.

Ten minutes sounds so small for all we exchanged in those moments.

These changes—in me, in medicine, in all of humanity—creep slowly, imperceptibly, so that anyone living among them might not notice so dramatically. Like the adolescent whose

sleeves are suddenly too short and only the uncle who has not visited for a year appreciates the child's astonishing new proportions. But not exactly like that, because instead of growth there has been overloaded stagnation. More like the hoarder's chairs where guests could once sit, gradually buried under newspapers and empty jugs and bundles of twine. There is so much to balance inside such a small house and after years of stuffing more inside, there is no longer space for company. The house wasn't always like this, but nobody can say exactly when the chairs disappeared.

Perhaps the unit was not so different then as it is now. Perhaps I made time for her—made time! Such a misleading concept—because her adolescent son was dying by his own hand and not one single person in the whole place, parent or child, needed my attention more in that moment than she did. So when she asked to touch my pregnant belly—supplicated for my time, intimacy, compassion, and trust all at once—I turned to her and offered it. Or more accurately, she led me to give and I submitted.

Slowly, gingerly, she placed her hands on the rounded cocoon of my Nora before she was Nora, before I understood all that motherhood was, before I met my own spirit. She pressed them there, gentle and firm, and held fast as she recounted the births of her own three children. Without pausing for recall she described what the weather was like on the days each was born, how this one was feisty and that one was calm, how each of those three days was the best day of her life, how no matter her struggles those kids were her light. Her hands fell from my sides and she looked at them as if they were brand new. At last she folded them in her lap, turned her face up toward mine and said, "I'm ready to see him now."

Then we went in.

She joined her husband in the corner. They linked arms. He nodded to me. It was time.

I arranged the ice water, saline drops, pen light, tongue blade, and anesthesia bag within easy reach. There were steps to follow, physiologic parameters to meet. An examination like this must be methodical, always. The skin on the boy's chest and around his eyes would bear marks from the pressure I applied. There can be no uncertainty here.

The evidence stacked by my examinations meant little to the boy's parents except to provide technical confirmation of what they knew before I told them. His spirit had already left his body, they saw the change in his face, and when he let go so could they.

Calm acceptance met me when I delivered the results, his mother at bedside holding the boy's hand for the first time in two weeks. Her face was a portal to the moment his life began, a bottomless ocean of light within black reflected once inside his newborn eyes. A piece of her was torn from this world along with him and through that hole the universe seeped in. In cataclysmic peace she nodded her gratitude, then thoughtfully and deliberately asked to donate his organs before laying her head to rest on his still warm chest, undulating in time with each mechanical breath.

Catherine Humikowski is a pediatric intensive care physician who survived a cardiac arrest on the day her daughter was born. She is an honors graduate of the University of Chicago and received clinical training in general pediatrics and critical care medicine at Boston Children's Hospital. She presents nationally on physician burnout and is currently pitching her first book. In addition to writing and speaking, Dr. Humikowski serves as the Wellness Director for the Division of Critical Care at Ann & Robert H. Lurie Children's Hospital of Chicago, where she is an active clinician, educator and peer mentor.

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