

Learning to be Real

By Shanda McManus

I looked at my watch and saw I was going to be late. That would make it three times since starting in the ICU. If I got the girls dressed in ten minutes, I could make it on time. My white coat stuffed with my stethoscope was on top of the diaper bag that was stuffed with bottles for the day. I had just finished changing Madison, my nine-month-old, when my three-year-old daughter Tyler declared, “Today is a dress day.”

“No, you are wearing that,” I said as I pointed to the red pants and blue shirt I had laid out on the floor.

“No, Emily said today is a dress day.” She said, with her arms folded across her chest in defiance.

Emily, my daughter’s best friend in preschool, had begun to decide things for Tyler like what snacks to bring for lunch or what clothes to wear. I thought Emily had the face of a small mole. I didn’t have time for this. Tyler stood in her Little Mermaid underwear with a battle face. Her wrinkled brow and pouting lips were not the face of my compliant child. I remember three months earlier we had been in a supermarket line. The woman in front of me had a son about Tyler’s age. He was crying and demanding candy. The mother said no and then started giving reasons for her denial. He continued to cry and demand the candy. The mother gave in. I frowned inside and thought, *“I am never going to let my child do that.”* Determined to be a “real” mother despite my youth and lack of mother figures myself, I held to the belief that you did what was best for the child even if that is not what the child wanted.

My boyfriend, Stephen, and I found ourselves pregnant during our third year of medical school. We had Tyler, got married and then we were pregnant again with Madison before graduation. I struggled through morning sickness, preterm labor, lack of daycare, and pumping breast milk while studying for board exams and clinical rotations. I was trying to become a mother and a doctor but I felt like the Velveteen Rabbit. I just wanted to be real but I felt like an imposter. It seemed that I could never fully do either. And so, I had taken a year off before starting my residency. Tyler and I, and later Madison, had spent the year together. It had been the first time I could just be a mother. I made my own baby food, used cloth diapers, and potty trained. In medical school, I learned to be a physician by listening to lectures and reading textbooks. But doctoring is really passed from senior physicians to younger physicians by observation and then practice. I wished I could have learned to be a mother this way. I wanted my grandmother and mother with me as I figured out how to care for the small bodies I was entrusted with, but I had lost both of those women when I was still a teenager. So, I learned to be a mother by reading everything I could. I relied on books like *The Magic Years*, by Selma Fraiberg. In it, Fraiberg promotes that much of the anxiety that comes from uncertainty of parenting can be eased by knowing child development theories.

Life had changed radically for us over the course of three weeks. I was back to work after my year off. We had just moved into a new apartment. The white walls were undecorated and our scant furniture did not fill any room. It felt like a lab, with our experimental family being subjected to trials. Now as my three-year old faced me down over a dress, I was searching my memory for some theory that could help my rising anxiety as I checked my watch again. Definitely going to be late for ICU rounds. I was assigned to the ICU on my first rotation as an intern. ICU rounds begin at 7:30. The attending, Dr. Zubrow, ruled the ICU with his confidence in treating patients in the gray space between life and death. He was a short man but stood like a tower of knowledge. Dr. Zubrow taught by asking question after question and then he dropped pearls of ICU care. Balance was the key to keeping patients alive. Ventilator settings had to have the right mix of pressure and oxygen to keep the lungs working. Pressors had to be titrated to keep blood flow equal to all major organs. The team was made up of tiers of knowledge with interns like me on the bottom. As an intern, I was expected to know the overnight data on my patient's vital signs, how much they peed, and any changes in condition. I had to get to the floor early so I would have enough time to scan the charts before rounds. If an intern did not have this information on rounds the weight of judgment from the team was crushing. You would be seen as a "slacker" or worse someone who really shouldn't be a doctor—an imposter. There was that word again. As a black female, I felt extra pressure to perform. It was the mid-1990s and the idea that if you saw a black person in a professional space it was only because Affirmative Action was prevalent. I had been asked by patients, nurses, and other physicians, "Are you ... the doctor?" and "Oh, you look so young." But what I heard was "You look so black." And I did feel like an impostor sometimes as I struggled with my new responsibilities as a physician and mother. There was so much to know that I still didn't know about both roles.

On one of my first days on the unit a nurse, who was stout with the confidence of experience, said to me, "Your patient in five just died."

"What ... died?" I rushed to the room, where another nurse was taking cardiac leads off the patient's still chest.

"You need to pronounce her," she told me in a voice of authority even though technically I was in charge.

"Wait ... don't turn off anything."

The nurses shared a look that said, "Here's another intern that doesn't know anything." Yet, I was expected to be in control. I scanned my pocket guide to ICU book. *How to declare a death: Listen for breathing and a heartbeat. Test for a pupil response. Check response to pain by doing a sternal rub.* I went through everything on the list feeling overwhelmed with the fear a mistake would kill a patient off that wasn't really dead. I finally convinced myself that the patient had died and I would cause no harm by saying so. Then, I let the nurses turn everything off.

Now another set of eyes looked at me. Tyler's eyes said, "If you're the mother make me." Small hairs had escaped her braids giving her a wild look.

"No, you're wearing this" and I grabbed her peach-colored arm, a mixture of my dark brown skin and Steve's pale coloring, and yanked her to me. She started thrashing like a small

fish in a net. Her free arm hit me in the face. I forced her legs into the pants and squeezed the shirt over her head. She was on the floor trying to struggle back out of the clothes. I wrestled the clothes back on her and left her on the floor. She was yelling over and over “No, today is a dress day! No, today is a dress day!”

I was out of breath and felt sweat around my hairline. Fraiberg also warns in her book, “If the parent is to be effective in teaching control he must not permit his relationship with the child to deteriorate into a state of war. Then all teaching is blocked.” My response to Tyler’s defiance came from somewhere outside of the expertise of child psychology books. I was going on instinct trying to get through the morning. My mother would have never negotiated with me; what she said went. And I survived. My reaction was drawn from that primal knowledge. Being a mother—my mother had taught me without my realizing it—meant being in control. My heartbeat was filling my ears. I took a long breath in and out. I turned to finish dressing Madison. Her soft pliable legs slid into her cotton onesie with butterflies. Soft sucking sounds came from her pacifier and I tried to breathe in time to the sound.

I felt my breathing go back to normal and turned to Tyler. She had undressed completely and was pulling a yellow ruffled dress over her head. I grabbed the hem of the dress and yanked it back over her head. This was a special occasion dress not for playing at daycare. The daycare that we paid for, leaving other bills unpaid. I pinned her down with my knee on her sternum. She tried to bite me as I forced her back into the pants and shirt.

The day before, I had rushed to the daycare after work trying to make the pick-up time of 6 pm. When I arrived my watch said 6:15. Steve was a resident at another hospital and was on call. And I was late. The girls were the last ones left for the day; the head teacher was waiting at the door with Madison in her arms and Tyler clutching her hand when I drove up. The fine was an additional 25 dollars. The extra fee hurt. We could not really afford the daycare at all and at the end of each month we had to decide which bills not to pay. I was late because I had had a patient on the unit who was in her twenties like me. She was 33-weeks pregnant with stage four breast cancer and in a coma with brain metastasis. The goal was to keep her alive long enough for the baby’s lungs to mature. The team was discussing the ethics of prolonging her life. The baby, if it survived, would be motherless. I thought about how my girls were motherless for long stretches of the day and sometimes the night if I was on call. Was it ethical to try to be a doctor and mother?

Madison had refused the bottle the first three days of daycare and then when she finally took the bottle, she gave up on the breast. My milk dried up and I felt bad even though now I didn’t have to be worried about leaking through my scrubs. The teacher told me that Madison had cried on a walk. They passed a woman walking by who was my size and complexion. I imagined her soft baby arms reaching out and being ignored. Afterwards I thought Madison’s brown eyes looked like deep pools of resentment when I left her each day. Tyler, on the other hand, was happy at daycare. The first day she cried and ran away from me when I came to pick her up. One daughter wanted me and I felt bad; the other didn’t and I felt bad.

Tyler was dressed in the pants and shirt again. I pulled her to the door while holding Madison. She broke free and raced back into the bedroom. I put Madison down and ran after her. She had taken off the shirt again and was pulling off the pants.

“Today is a dress day,” she screamed at me.

She was standing next to the nightstand. I wanted to pick her up and shake her into compliance. Instead, I grabbed the lamp off the nightstand. It felt solid in my hands and its hourglass shape felt like a small body. I threw it as hard as I could at the bedroom window. The sound crashed us into stillness. Glass covered the bed that was next to the window. There was glass at my feet and Tyler was in the other corner of the room in a ball. I had not been aware of the whirring static noise in my ears until it was quiet. The thick summer air came in through the hole. In my mind, I saw Tyler’s small body crashing through the window and falling through the window into nothingness. If she had not been born ... then I would not be late ... if she had not been born ... I would not be struggling to finish ... I would know how to declare ... if she had not ... if she had not ... I would I would I would.

I backed out of the room and paged Steve. He called right back. We had a rule that we never paged the other person while they were on call. I would not page at 6:30am ever, knowing he might be lucky enough to be sleeping. His nights on call were filled with constant paging and little to no sleep while looking at trauma films.

“Hey what’s up?” his voice tethered me.

“I broke the window in the girls’ room,” my voice sounded like it came from someone else.

“Where are the girls?”

“They’re here”

“Are you ok? Are they ok?”

“I’m going to be late”

“Just get ready and go. Don’t worry. I’ll take care of the window.”

He was so calm I think because he had been dealing with emergencies all night.

I went back in the room. Tyler was in the corner still in her underwear. She had undressed again. But she didn’t fight as I put her back into the pants and shirt again. But she was still whimpering that it was a dress day.

I picked up Madison and the diaper bag and my white coat. I took Tyler’s hand. When we got to the car, she refused to get in the car seat. I had to push her and hold her down as I buckled her in. She pulled my watch off and scratched my arm. By the time we arrived at the daycare, the car was quiet and there was no more mention of dress day. While we were walking in, Tyler’s friend Emily arrived wearing pants. Tyler turned and reached for me crushing my legs in a tight hug that calmed the shaking that was still in my chest as I reached down and hugged her back.

Three-year-olds have a short memory and she seemed like my happy child again as she ran through the door of the daycare, no worse off for my loss of control. I arrived at rounds as the team was observing\ the correct way to draw a blood gas so I slipped in with little notice. Sleeves of my white coat covered the scratches on my arm and I had no watch. I didn’t feel like it or look it, but I was ready to keep acting the part of a doctor and mother until I became real at each one.

Shanda McManus is a family medicine physician with an interest in narrative medicine. She believes that knowing our stories and our patient's stories make us better doctors and people. Dr. McManus is currently a student at *Project Write Now* in Red Bank, NJ where she is working on a memoir. She lives in New Jersey with her husband and five children.

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