In April our bodies stopped pretending.

Standing at the glass door of the ICU room, fear set the rate and depth of our breath – rapid and shallow. We were desperate to capture the small, trapped pockets of clean air behind our masks. Our hearts ached from hurling themselves against our sternums. Our pulse bounded in our throats with a dry and weary urgency.

Our bodies were warning us; we were not OK.

Our coworkers walked us to get tested for the virus. They would also gently encourage us to decorate our PPE. We'd find brightly colored markers and puffy paint set out for us. As if by brightening the black face shields we could lighten the cloud of anxious dread we carried into every room.

The psychologists made more formal, ceremonial suggestions. We could create a kind of meaningful ritual around the donning of our protective equipment, they explained. You could attempt to acknowledge the sacredness of the act of applying protection to your bodies. Take a moment, to try to envision an invisible cloak of bright white light enveloping you in safety. Picture carrying that safe, comforting blanket of protection with you into the rooms.

We stared back blankly, seeing only the desperate thrashing patients on the other side of the glass. We wondered if we were the only ones who could see them.

At a time when no one could ensure our safety, we could color and pretend. Or we could choose to care for our patients.

We would learn to live with airlessness; we would learn to do the work while holding our breath.

…

When two twenty-year-old patients died in rapid succession, we had to leave the unit.

We needed distance from the sticky blood on the floor. We needed not to see the passive drape of their arms off the sides of the gurneys. Their painted nails and supplicant posturing still silently begging us to save them. We walked away, shaking and nauseated. It wasn’t a choice. Our bodies knew to rescue us from the scene.

But they felt we had saved ourselves the wrong way. Needing our eyes to see something alive or even the sky, needing to hear something other than agonal breaths signaled a problem. Our action had revealed some dispositional property about us; that like glass we were predisposed to breaking. In attempting to protect ourselves, we had validated their concerns about our frailty.

They brought in experts to explain us to ourselves.

A panic attack is a sudden episode of fear that triggers an intense physical reaction, even when there is no real danger.

But there was real danger. We were appropriately terrified. We took issue with their terminology. When they framed our experiences in terms of depression and anxiety and
PTSD, we withdrew, feeling unheard and misread. What we were experiencing was not a diagnosis, it was a tragedy.

Our capacity may have been overwhelmed, like small boats caught in a sudden sea swell. But we knew our little boats were solid. They should not be blamed; they would withstand it.

…

The psychologists wore professional clothes and readjusted their new, blue surgical masks frequently. They positioned themselves in the outermost ring of chairs and had to lean toward us when they spoke. They wondered if they should be wearing scrubs. We thought it unnecessary, in a conference room, removed from patients. We didn’t recognize ourselves as patients.

Staring at the endless twisted waves of blue industrial carpet on the ground, we listened mostly to each other. Which felt just like listening to versions of ourselves from other units on other floors.

“I don’t recognize myself anymore. I don’t know who I am here,” a nurse began, her face emotionless.

“I kept a mother from her baby. I didn’t allow her to nurse. I had to treat her as if she was a threat to her own child. And when the mother cried, I thought she was being so shortsighted. It was only for a few days until she tested negative. I remember thinking she was so selfish,” we shook our heads at our own admission.

It’s useful conceptually to think of spheres of control. While we can’t change our circumstances, we can change our response to them. That’s the sphere where we have room for choice and personal agency.

“A choice. What kind of a person is so afraid of their own patient they don’t immediately run in to help them? I watched my patient suffocate through the window,” we accused ourselves, while admitting it was true.

In the minutes it took to put our PPE on, we had watched our patients die. In a quiet side reaction, we felt the good things leave our body, and grief come to stay.

We leaned forward and bowed our heads in order to redirect the flow of tears. We couldn’t risk touching our faces and we need them to fall onto our scrubs. We couldn’t ruin our masks.

…

The absence of family made the care feel somehow invisible and hollow. Families didn’t attend the births. They couldn’t stand with us at the bedside of the dying. If they came in, they faced mandatory quarantine, and they would lose their already tenuous jobs. They could spread disease to vulnerable family. There was no actual choice.

Excluded, they couldn’t know what we knew. We knew their father had already crossed a threshold. The machines and drugs were maintaining a kind of physiologic existence, but the father they knew would never return.

In this place, our language failed us. “He’s about the same today. No real change,” didn’t mean what we wished it meant. We didn’t know how to explain that stability was really inertia and there was no force we could apply to that body that would shock it out of rest. Though we applied energy and chemicals to try to change them from dead to less dead or not dead, we couldn’t reach their threshold.

The shocks reverberated through their bodies and were absorbed by ours.
“I was in the room alone, shocking him six or seven times while I waited for the team to gown up. He was so dead and I was shocking him again and again, and it felt like torture,” we said.

“It feels very harmful. I felt inhuman,” we said.

We were admitting what was true. We had crossed nearly every line that had defined us. We had done harm. With more waves headed in; more harm would certainly follow. We would have to endure whatever came.

…

On the outside, we had trouble relating to our own families.

They needed help with multiplication tables and planning virtual field trips. The absurdity of planning a hypothetical three-day road trip, across a plague-infested state, when travel was banned, felt intentionally cruel. No one seemed to understand how little remained of us. They worried about supplies of paper towel and complained of Zoom fatigue.

In our absence, the news and our neighbors had labeled it a war. We read it as an attempt to keep us cordoned in the infected city while they remained sheltered in their suburban nests. A wall intended to strengthen the perimeter. And because war is mostly myth, all they had to do was hold up ideals that seemed worthy of the level of human sacrifice that they knew would be required of us. They hung white ribbons on our own trees and doors, as if we had already gone missing.

They invoked their God. “We've seen you, heroes. You're doing God's work. You are His hands.”

At times, we invoked our God. In the other place we believed more, or we needed to believe more. “God didn’t put me here, at this bedside just to allow me to be harmed. My PPE is my protection yes, but He is my protection,” we said.

We knew we could still die.

There were unexpected surrogates for our grief on the outside. When the evening news reported a woman was killed in a shark attack off the coast of Maine, we turned from the TV in tears, aching for the family who watched helplessly as she died in the water. Hearing that they had stood by on the shoreline and did not go into the water validated us somehow. They knew what would happen if they went in. Their helplessness wrecked us.

Our days intruded into our dreams. We were at the beach by the steep cliffs. The dark sand was covered in half-drowned people, and we had to pull them to safety before the next wave crashed or they’d be swept away. When the tide receded, it left piles of rocks that we’d stack and restack endlessly, to track the number of bodies we’d lost.

At night we knew our small boats had already struck the rocks and we were taking on water. We would be pulled underneath the surface. The only question was when.

…

In the room with the psychologist we spent our time turning things over, examining the facets of our dark, internal kaleidoscopes. We held up reflections of our pain and found they were just distorted projections about the healers we thought we should be.

I want you to remember other difficult times in your past and how impossible it seemed to survive them. Bad times, like a relationship ending and how it felt like the end of the world at the time. Just like with that, you’ll come through this stronger.
We tried to imagine being the sort of people who felt like a break-up was the end of the world. Instead of sadness, we were only able to conjure a lightness of being. There were dresses there and mascara that ran when we cried. Long dinners and chilled cocktails that made us giggle. We had none of those things here.

Sometimes, the psychologist’s affirmations made our own words stick in our chests. The shame felt too real to verbalize. So, we wrote the terrible things down on yellow sticky notes. We passed them to the outside of the circle and the psychologist imbricated them, layer by layer, on poster board as if she was helping us to build something from the paper tiles.

We turned in a paper that said, “People don’t understand, there are things worse than death. I feel guilty for hoping the patients will choose death.”

When the psychologist read it, sighing, we replied to ourselves, “You know, it’s OK to hope for peace, in any form that it may take.”

“His daughter couldn’t bring herself to come in alone, so she asked me to take a picture of her dad’s body for her. I didn’t know if it was OK. I opened the blinds, and I straightened the sheets, and I said a prayer and I took it. I’d never done that before,” we said. We texted pictures of the dead from this place.

We offered ourselves an alternate reflection, “You gave her what she needed to grieve. There is meaning in that.”

“We used to leave the room when the family would say their good-byes. It felt sacred, and private. Now I stand there stupidly, holding the iPad, and I don’t want to have to be the only human contact they have at the end of their life. I am the last humanity they have access to, and I don’t want to be with them. It’s too much,” we said.

“It is too much,” we acknowledged. “But do you hear who you rose to become? In an impossible circumstance, you filled a need that would have been a void.”

“That’s the thing, I don’t know that I actually did anything,” we said.

“You did so much,” we said.

And as we said it, we believed it was solidly true of them.

In the silence between our disclosures, we knew we were all the same. Whatever was said next, could be said by any one of us.

“There were two men, and I can’t get them out of my head. They both asked to call their wives because they knew they were going to die. And I told them, ‘No, you can’t think like that. We’re going to help you.’ And those men, they spent those last minutes taking care of their families. They told their wives when bills came in, what the passwords were.”

We knew what those men said next. We could still hear echoes of their warbled, drowning voices saying, “I’m not coming out from under this, you won’t hear my voice again.”

Their final words were anchored in our bodies, and we knew that the iron weight of our collective memory could easily pull us under.

Those two men died in the exact same bed. We couldn’t help them.

You helped them to leave this earth feeling like they had done what they could to care for their families.

We shook our heads, knowing it was a lie.

One of the men had a disabled, dependent daughter. We knew he died in despair, wondering what would become of his family.

You helped him do what he could. That’s all any of us can do.
“It’s just a helpless feeling,” we said. “I don’t know what to do with that…with that feeling.”

“It’s the thing we share, and that no one understands, really,” we said.

You could try to leave some of it here.

We nodded, knowing that we had no other choice.

Alone, it was impossible to reconcile our sense of self with our actions. But together, we learned to set down all the lines we had crossed. We learned we could arrange them end to end and deliberately form a circle out of them. A circle we could step inside and gather within. Of all the tools we were offered there, it was time and space and each other that allowed us to reconstitute ourselves.

In the circle, we saw that the actions we had characterized as inhuman were understandable, even necessary, when set down between us. We saw the sincere intentions of our colleagues. We saw that they were full of goodness, and thought it was possible that we were too.

It seemed to us, sometimes, that we were standing on some shore, watching a version of ourselves be lost to a faceless danger hidden in the waves. But other times, we’d gathered the strength to be able, together, to pull the body to the shore.

In the hallways now, when we raise our arms to wave, we’re reminded of those awkward strokes trying to reach each other in the water. Slipping our bodies underneath heavy torsos to raise each other up. Reaching our arms across each other's chests and gripping under armpits to join together. Quieting flailing limbs with our presence. Using our imperfect strengths to bring each other above the surface.

We know now, from this side of it, that it was our breath that allowed us to save each other.

Rana Awdish, MD FCCP FACP is the author of In Shock, a critically-acclaimed, bestselling memoir based on her own critical illness. An intensive care physician and associate professor at Wayne State University School of Medicine in Detroit, Michigan, she completed her medical degree at Wayne State in 2002 where she was inducted into the Alpha Omega Alpha national medical honor society, her residency at Mount Sinai Beth Israel in New York, and her fellowship training at Henry Ford Hospital where she serves as the current Director of the Pulmonary Hypertension Program. She also serves as Medical Director of Care Experience for the entire Health System, where she has sought to integrate Narrative Medicine practice into the curriculum for faculty and residents. She believes in the power of art to heal and creates both visual art and written essays to process her experiences. She is not brave enough to attempt poetry.

© 2020 Intima: A Journal of Narrative Medicine