

The Geography of Memory & Loss
Carol Bowman Essay Competition
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I felt nothing in particular until the final day of the pediatrics clerkship, although I knew enough to suspect that a memory would eventually come. Around 11:00 that morning, I followed two pediatrics residents and their attending into the operating room for a planned c-section. Heavy theatrical lights bore down on what was essentially an altar at the center of the room, where OBGYN residents searched an abdominal cavity for the baby. At the instruction of the attending physician, a resident adjusted her position to engage the full strength of her arms, and then with a twist of her torso for added leverage, pulled the baby's back to the point of incision. In turn, the room fell into silence – something akin to the tension that builds on the upslope of a crescendo. The resident worked the lower half of the baby through the opening, freeing one joint at a time, working against the infant's resistance. In dance, beauty is created through the relationship between body and form, movement punctuated by moments of stillness. The caesarian section occurs much in the same way: three bodies engaged in struggle, negotiating a space between tenderness and force, ascending into meditation. At its core, the operation is both an athletic event and a momentary connection with the sublime.

The tension peaks just before the second shoulder comes free. The movements are deliberate, urgent even, but as there are limitations as to how quickly a body can swim through water to reach its surface, the infant must take its time in its movement through placenta, muscle, adipose, and skin. After a momentary pause and a brief plateau, the tension dissolves: he is here. Limbs, head, torso, all fully externalized and accounted for.

“Welcome baby!”

“Happy birthday baby, welcome to the world.”

“We're glad you could join us on this side baby.”

“This is the world, baby! It's warm and dark and safe where you came from, but we think you'll like it here.”

And then the baby comes to us. We lay him down on what is essentially a hot plate under beauty parlor lights. We use towels to rub him and squeeze him and clean him. We are 8 hands reminding one baby of this new and foreign need to breathe, alerting him to his removal from what the philosopher Peter Sloterdijk calls, “the immersive bubble of blood, amniotic fluid, voice, sonic bubble, and breath.” What no one will tell you is that babies delivered via c-section come out bloodless and covered in a thick white paste, something similar to a roux. The dad appears behind the residents, clearly unsure of himself and appearing uncertain as to where he should stand.

“First one?” I ask dad, as if I have a practiced sense that allows me to assess a body and sagely determine if it is accustomed to caring for children or not.

“Yeah.” He seems uninterested and generally unenthused by the theater created in welcoming new human life.

Does he want to cut the cord?

No.

Does he want to hold the baby?

No.

Does he want to take a picture?

“I don't know. Should I —”

“Give me your phone,” I instruct. He hands it over.

I study him as I arrange the frame. Under the gauzy white surgical jumpsuit, he wears the sort of clothing that a Nora Ephron movie might assign a new father for a birth scene: nice watch, sleek leather boots, unwrinkled jeans and a thick wool sweater with a half-zip at the neck. It's a look that betrays nothing in the way of fatigue or character or taste, but that gives you a sense of confidence in this person's general level of preparation for the responsibilities of adequately policing a mouth that tends towards exploration. His clothing makes me believe that he is not only capable of caring for himself, but for this new little creature, of offering him constant protection against toxins and bacteria and cold and poop.

I look down at the baby and take some more photos with the iPhone. He is magical really. The baby, not dad. This little thing forced from his place of deep comfort and shocked by the sensation of air meeting alveoli for the first time. I had come to love tracing my thumb along the bottoms of their feet (again, the babies), watching their toes spread wide and their feet reach extend in demonstration of the Babinski reflex, a neurological feature that will soon disappear. I place a gloved finger on the newborns' lips and gently pry his mouth open, marveling, as I do every time, when he stops crying and begins to suck wildly as a consequence of the Moro reflex. He is undeterred by what is surely an unpleasant taste of rubber glove. In *The Argonauts*, the poet and critic Maggie Nelson writes of the difficulty in writing or speaking about babies as a woman, noting that women scholars who describe a sense of joy or wonder or outright speechlessness at the sight of a baby (even *their own baby*) are felt to have had their minds "rotted," and "besotted with the narcissism that makes one think that an utterly ordinary experience shared by countless others is somehow unique, or uniquely interesting." But, as Nelson also observes, "No matter how many ultrasounds you've had, no matter how well you feel you've gotten to know your baby's rhythms in utero, the baby's body is still a revelation. A body! An actual body!" To Maggie Nelson: word. There is nothing profound about these moments of wonder, but to express them certainly betrays a particular femininity that even in medicine, can undermine the appearance of rigor or intelligence.

In my plan, my baby - our baby - would be due for arrival at this same time. Perhaps six weeks from this final day of peds or perhaps that very week. It marked one of the final dates / milestones that had been mapped out on a long-term Andy/Sarah calendar and that I had yet to reach. Being here now, in the very room where my own infant might have been delivered, it seemed impossible to imagine myself in a role approximate to this dad's. The idea of being prepared to cart a new human being home with me seemed preposterous now. I had been so transformed by grief and the experience of loss that in many ways I was now incapable of even caring for myself. After two years and 30 pounds lost, I was only just now relearning to feed myself. A few days ago I had cooked dinner for myself at the stove (not the microwave!) and prepared vegetables, grains, *and* proteins. I sat down at the kitchen table and ate the meal out of a dish (not straight from the pan!), even taking care to use a placement (!!). Up until then, if I'd eaten at all, every meal I'd consumed since Andy died had been inhaled mindlessly in front of the TV. My therapist said that in my subconscious mind, I couldn't bring myself to tolerate the act of sitting down at the table to eat alone. My present ineptness aside, I could remember a time when both the idea of becoming pregnant and giving birth seemed reasonable beyond question. I vaguely recalled once having been a person with a high level of self-efficacy and an intrinsic sense of motivation. I did more than just keep myself alive - I ran marathons. I prepared elaborate birthday feasts. When I reflected to my psychotherapist on sense that I had suffered significant losses in maturity, she nodded in return, affirming that this sort of developmental regression was a known grief-associated outcome. When a person dies there is obviously a loss of the physical presence of their body in the world, but there are many other things lost inside the lives of those who knew them and choose to remain.

Andy and I mapped out a pregnancy timeline about one month before he died. It was an easy discussion. One baby at the end of medical school. Another in the second or third year of residency. A third sometime shortly thereafter. Despite the impending global apocalypse due to global warming, we both had an uncomplicated and clear desire to have children. He seemed almost surprised by how happy he felt when he imagined our future, and the fact that someone like *him* wouldn't be stopped from having children.

There were no laws that prevented felons and former drug addicts from procreation – although some state legislatures have certainly tried. Andy also loved the idea that our baby could look like me. He would sometimes trace his finger over my own nose, letting his finger sweep off the tip - which he described as a ski jump. As he murmured “perfect” or “so cute,” a smile would break out across his face. He was annoyed with the lack of control over what features of his own might manifest in the face of our child. He hated the thought of a child inheriting his nose, which was appropriately large and angular in the context of his face but irritated him whenever it caught his sight.

In the weeks after he was gone, I imagined a scenario in which I had become pregnant before his death. I hedged on whether or not such a thing would be better than the current reality. I wanted something tangible to grasp onto – something that was a part of Andy. I imagined a morbid scenario in which material would have been harvested from his body while still newly dead, and then used to establish pregnancy within me. Instead, I took up residence in his sweatpants and fleece pullover. I found clippings from his hair in a razor, as well as a tiny remnant of his blood, both of which I placed on a side table turned makeshift altar. I bought all the gifts I wished I would have given him: giant rocks and fossils, exceptional tie dye textiles to hang on the wall, framed photos of the two of us, posters of the bands he loved. I wrote about him and talked to him and drank his Mountain Dew and tried to keep him with me. I wrote down a list of present questions, and in one of them I wondered, “What does it really mean to die anyways if you can still hear and see and feel someone, but their body was burned, and the ashes sit on your table?”

For me, the hospital became a physical space that was marked with reminders that Andy was gone. There were reminders of the many associated things that I had lost along with him, as well as symbols that elicited memories of my own trauma. The Psychiatrist Bessel van der Kolk writes about the function of memory in his book on trauma, stating “The imprints of traumatic experiences are organized not as coherent logical narratives but in fragmented sensory and emotional traces: images, sounds, and physical sensations. ... But there is little or no story [to the memories]. And so it went for me. Flashes of memory and often a resultant physical sensation.

On the third-floor digestive diseases clinic: I saw him walking out post clinic visit, beaming with relief after his hepatitis C was confirmed to be cured. Again, at the entrance near elevator I: our pickup and drop-off spot. No matter the time of day, he picked me up from and dropped me off at the hospital for rotations every day save three. In the dark, when I walked past this spot, I saw an image of myself getting into the car at the end of the day. The image contained no sound or story. There was just a look from him. The kind of look that conveys, without any sense of doubt, that there is nothing about you that is unloved. In stairwell near elevator E: a much more unpleasant memory. On the day that he died, I had calmly said goodbye to my team and informed them that I would be leaving early for the day. Sans emotion, I permitted myself to be wrapped up in the hug of a speechless classmate. But by the time I walked from the workroom and into the stairwell, there was no possibility of containment. I sucked in heavy gasps of air. I screamed. Shaking, I could barely make it down the stairs. An alarmed fellow woman with a badge stopped me with a look of true concern – “Honey, are you *alright?*” It was very clear that something was very, very, very not alright. “My fiancé just died.” I’m surprised in retrospect that she even understood me, my voice trembled, and my words shook so much. Until that point, I had not spoken the word *fiancé* to anyone. It meant nothing to me. We had been planning our wedding out of my desire for new gold and onyx jewelry more than anything. There was no need for an in depth questioning or discussion of the longitude of our partnership. That was a certainty. But a wedding is at least an external validation of that, a public request for recognition of our partnership. And so, when I spoke to the stairwell woman, I chose a word that would be rationale enough for my reaction to loss. Boyfriends are silly and for teenagers. Fiancés are for grown women. Shrieking as a reaction to their permanent loss is less likely to be received as dramatic (or overly feminine).

I received flashes of images and reminders of loss throughout the entire building that housed the hospital. Van der Kolk also writes in his book that the problem with traumatic memory is not only that the images lack any narrative story, but that we simultaneously remember too much and too little. For me, I remembered almost nothing regarding the days that followed Andy's death. It was in some ways, an experience of complete amnesia. In the basement, I imagine his body being wheeled in and taken towards the autopsy room. I had no memory of this encounter myself. But the memory of reading the autopsy's report, summoned upon any visit to the hospital basement, is nearly unbearable. In my first encounter with it, I wasn't sure if I was on the verge of either emesis or syncope. I wouldn't call it impossible to say that I was moments away from slipping into ventricular tachycardia. The intensity of feeling in my chest, and the awareness of the muscles in each of the heart's four chambers contracting, led me to believe that sudden cardiac might be inevitable or imminent. (It was not.) In regard to the contents of the autopsy report: there was only one note that revealed to me something that was previously unknown. In Andy's coronary arteries, the left anterior descending was more than 50% occluded due to atherosclerotic plaque. In the first year of medical school, we take anatomy. We learn that the left anterior descending – the LAD – is often a site of occlusion in patients with coronary artery disease. The vast territory of the LAD's blood supply then causes significant myocardial ischemia (MI) in the case of total occlusion or blockage of the artery. This is what is better known as a heart attack, and such episodes involving the LAD are characterized as commonly leading to death. As such, the LAD is given the name *the widow maker*. Its name comes from the narrative in which a middle-aged man has a heart attack involving the LAD and suddenly drops dead, leaving their wife all alone. A widow. At present, it was unclear if this term applied to me or not. Sometimes women with dead husbands invited me to their grief groups on Facebook, prefacing, "I consider you one of us." Regardless of whether I am a widow now or not, the autopsy findings informed me that the term would likely have applied sooner than I would have liked to imagine. Andy might have just barely made it to age 40 or 45. Most likely, he would have died from a heart attack – an occlusion in his clogged left anterior descending coronary artery. There would have been nothing uncertain about my identity then. However, what the autopsy really said was that I was never meant to hold on to him for long.

In the hospital's mother and baby unit, I visited my friend Kathryn and her infant. When she became pregnant, it had taken me a while to recognize the fact that I was jealous. She and her husband lived just blocks away, and in the morning, I often saw the husband walking to work. In the weeks after I learned Kathryn was pregnant, I would observe him as I drove by. I was re-imagining him in my head: the James I knew as Kathryn's husband now being transformed into the James who was someone's dad. Each time I studied him briefly. After several weeks I determined that he did, in fact, look like a dad. As Kathryn's belly grew, I worked up the courage to wade into the world of maternity wear and baby clothing once again. I opened a dormant folder on my Instagram of saved photos- all of them from 'pregnancy' branded accounts. I ordered for her the things I imagined I might have ordered for myself. A pair of black leggings that advertised themselves as the only pant one might possibly need for all trimesters of pregnancy. Leopard print onesies from our favorite base layer brand, purchased in all sizes up to age three. The items marked 'sale' from the clothing line of an alt-mom influencer. In my closet I found an old wooden crate crafted of sturdy beams. I lined the box with an old wool blanket from the Amana colonies and began to fill it with gifts. Pants that might stretch far enough to get her through trimester two; a soft, fleecy Pendleton blanket, perfect size for a crib; an assortment of skin creams for bloated feet and cracked nipples. The sorts of unnecessary pregnancy things that she would want but never purchase for herself. In making the gift I made my jealousy take on a new form. I was becoming the "aunt" who would spoil everyone else's children - requesting regular baby videos and asking to babysit, bringing over ice cream and new books at each visit. When I visited her hospital room after the birth, I came with an expensive floral arrangement in hand, and a card insisting that I was available to watch the baby while she took a nap or shower, *anytime*.

On the final day of the pediatrics clerkship in the delivery room, I started to cry at the moment it was clear that the baby had been fully dislodged from the mother's abdomen. As people around the room shouted out to welcome the baby, the OBGYN lifted him into the air and held him up above the drape for mom to see. The tension in the room was released and, in its place, entered the purest of all joys. To be present in this moment is to experience something that feels like a brush with true clarity but is most likely just a rush of oxytocin. In the stillness of that pause, I felt the first few tears on my cheeks. I cried for both the uncomplicated beauty of witnessing a human become brand new, and the grief that flows from being fully present in a moment that was once meant for you, but now exists only among the things that are impossible.

For me, there will be no purchases of leggings with a waistband to cover an expanding belly. There will be no chorus of voices welcoming my baby in her first moments. Andy will not eagerly cut an umbilical cord. In the list of questions that I wrote shortly after his death, I asked several others too:

“Will I ever want to be pregnant with someone else's child (for real) or will I have to be content with something that just seems like my best option (if I'm not infertile by that point)?

Are there other people like him? No. I know this one.”