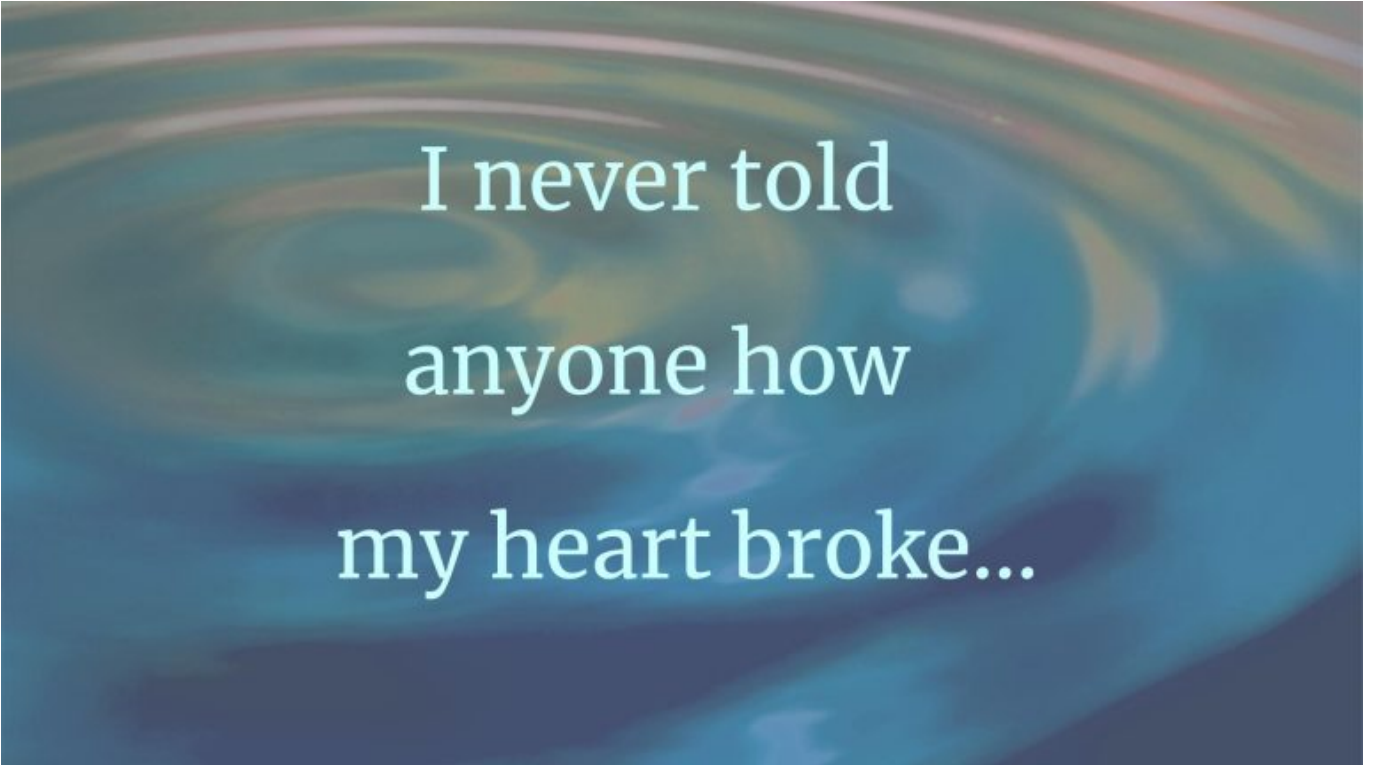


Don't Ever Let Them Break You

Category: Stories

written by Lissa Rankin | November 28, 2023



I never told
anyone how
my heart broke...

Editor's Note: This piece was awarded an honorable mention in the Pulse writing contest, "On Being Different."

I was a woman in medical school before there were more women students than men—back when women were expected to be more masculine than the men if they wanted to succeed as doctors, back when the idea that we could report our medical-school professors for sexual harassment was just a twinkle in the eye of someone braver and less conflict-avoidant than I was.

"Suck me good, Lissa. Suck me hard, Lissa," my male general-surgery professor jeered day after day, leering at me unapologetically in front of the whole OR team and grabbing my butt whenever we weren't scrubbed in, while relegating me to the lowest-ranking job on the surgery team, the holder of the suction catheter.

I sucked good and hard to keep that surgical field bloodless—but I never told anyone at the university about my hot tears of rage at the injustice that seared my insides during those years of relentless sexual harassment.

I also never told anyone at the prestigious university where I did my ob/gyn residency how my heart broke on the night when, as the senior resident, I delivered four dead babies in one shift.

But my broken heart was obvious to the coldhearted male professor responsible for overseeing me—the one who pushed through the door to follow me into the women's locker room after the nurse who'd wept with me all night came to tell

me that the fourth baby had died during emergency surgery for an undiagnosed congenital cardiac anomaly.

When the other three babies had died, I had wrapped them in the pastel baby blankets that the women's auxiliary knitted for the babies who didn't survive birth. I had crawled into the blood- and amniotic-fluid-soaked beds to hold the babies with their sobbing mothers, letting my own tears and snot mix with all the other body fluids as doctor and mother bonded and comforted one another in our shared womanness.

By the time the fourth baby died, it was 4:00 am, and I was running down the hall to answer the next 911 page when I felt gut-punched by the news that the baby had not survived surgery at the Children's Hospital next door, where the baby had been transferred after I'd delivered that baby blue.

The fourth baby's mother had already been moved to the postpartum floor. They wanted me to go ask her consent for an autopsy. I tried to contain the brimming sadness inside my professionalism, so that I could meet the demands of what my supervising male professor expected of me.

But I had not been hardened like he was, yet. Even the long blue coat I wore that night failed to button up my empathy for the women who would not take home babies. (The residents wore blue coats instead of white, an attempt to make us look superior to the lab techs, who also wore long white coats, but inferior to the attending physicians, who wore grey; like Dr. Seuss's Star-Belly Sneeches, they were always trying to one-up each other.)

No matter how tightly I held my arms around myself and squeezed my eyes to shutter my streaming tears, I couldn't manage to hold it together, so I raced to the locker room and tried to secure the door behind me, hoping to hide in a stall, undetected.

I failed to go unnoticed. My supervising attending screamed loud enough to arouse concern in the laboring women.

"Buck up, Rankin! You'll never amount to anything in this profession if you can't stop feeling so goddamn much!"

I pitied him in that moment for his cruelty and coldness, his dehumanized detachment from the suffering of our patients, his contempt for the humanity of his resident, and the tragedy of what happens to doctors whose hearts close so that they can buck up the way he wanted me to.

I felt sorry for myself, too, as I crumpled to the floor, just in time to see two of the elder midwives escort my attending out of the women's locker room as if they were heaving a smelly fish overboard, slamming the door behind him, locking him out from the inside and shouting through the door at him.

"Stop punishing Lissa for being a better doctor than you are!" one of the midwives hollered.

"What ever happened to your empathy?" the other one asked.

After securing the perimeter, they scooped me up, cradling me between their matching bosoms and rocking me like I was one of those babies we had just lost. They cooed and hummed until my breathing slowed down and my nerves settled and my tears could finally fall without feeling like there was something wrong with me for feeling so goddamn much.

One of them whispered, "This is how good healers are *supposed* to react when we lose our patients. Don't ever let them break you, Lissa."

I thought if I sucked it up good enough, sucked it up hard enough, I would finally become enough of a man to be a good enough doctor for women. But my path was different.

When I was a thirty-six-year-old mother having my own baby, I realized that I had sucked it up enough. I watched my baby suckling on my own breast, feeling a wave of relief that my baby didn't wind up wrapped in pink, blue and yellow acrylic yarn before being transported to the morgue.

When I retired from the profession at thirty-seven, because no amount of medical experience could turn me into enough of a man to freeze my heart and stop my feelings, I realized that the very things that made me a good doctor and mother were the qualities that made some think I was never going to amount to anything, because I just feel too goddamn much.

After suffering under the weight of the moral injury that nearly crushed me during my pregnancy, after losing my physician father two weeks after giving birth to my baby, after realizing that I had been pressured as a doctor to suppress most of the qualities we typically associate with femininity—compassion, vulnerability, emotional intelligence, intuition, collaboration, empathy, co-regulating touch, nurturing, intimacy—I submitted my resignation to the male medical director of my hospital.

"What a waste," he said. "We have to train two women to equal one man in medicine."

I've always felt sorry for the men who've had to suppress the more traditionally feminine qualities that the medical system dismisses as "unprofessional." Boys aren't born lacking empathy or compassion or feeling fearful of nurturing touch when someone is wounded or grieving or suffering. I can only imagine how much they have to bully their own tender parts in order to put on a stoic face when parents are losing their babies or fathers are losing their wives in childbirth.

For the rest of my career and beyond, I've taken all of the more feminine qualities that made me different and poured them out for other female, male, trans and nonbinary healthcare providers who identify with those qualities, offering trauma healing to heal the healers.

When we tell our stories, we never say "Suck me good" or "Suck it up." Instead, we cheerlead the compassion, vulnerability, nurturing and empathy in each other—and, like those midwives did with me, we coo, "Don't ever let them break you."