

Chapter 8

THE CALLING

(Bucks County, Pennsylvania - 1975 to 1978)

“A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man can be, he must be.” ...Abraham Maslow

This Sunday morning was different than so many other slow, sweet, and sleepy ones; I was ready to emerge from my silver-lined cocoon and begin the expansion of my identity. I awakened and immediately sat upright on our bed, as a thought kept crossing my mind, "Isn't it time to begin a career?" I chose not to see obstacles in my path, and instead visioned myself walking towards a future that I believed was a good fit for me. "What is it that I was interested in?" I self-queried. "Psychology, science, culture, and the human condition" was the answer that roared in my head. "What direction could I go in that would fulfill my interest?" I considered. The answer revealed itself to me, "Nursing." "Why yes," I softly muttered to myself, it made perfect sense. There was a strong resonance in my body to this choice; I listened to my heart's intuition knowing it was perfect. Nursing was the embodiment of all that I was capable of becoming. I shall never know exactly how we found each other, but I suspect that Nursing chose me. Some may say it was a calling; what is most important is that I was listening. "Why now?" The answer was easy for me, "Because you are ready." I felt a glowing sense of optimism, and a strength that was picking up momentum as I smiled knowingly, "This is right for me, I will talk to Maurice today, and let him know of my thoughts."

After our breakfast of free-formed animal pancakes, which was one of my specialties, Maurice and I sat together with our coffee cups cradled in our hands. I looked at him as a partner who was fully involved in his family's welfare; the decision to go to school for a degree was after all a major change for the whole family. I spoke from a voice of strength, resolute in my capacity to become what I saw as a wise career move. "Honey, I want to become a nurse," I spoke clearly from my deepest place of knowing.

The authenticity of my words surely affected Maurice's first reaction, which was a straightforward "Good for you." The sweetness of his affirmation and smiling support helped to change my life's trajectory from full-time mother to the additional responsibilities of a part-time student. Faith, respect, and trust in each other is what makes a good relationship into a great one. His unwavering support of me was a testament to our love. The children were very supportive, each one offering their willingness to become part of my advancement. They appreciated that there were going to be benefits for all of us, and they were right. My parents were rather shocked when they heard of my decision, but I knew that they would be supportive of me. "A nurse," my father said in a very perplexed tone, scratching his head and wondering where this decision came from. "My, this is hard work," Mom said with concern, I know it is Mom, but "I believe it is me." I truly understood my parent's reserve; they visioned my future work as being too labor intensive. I knew that I would prove them wrong, but I kept their concerns at heart.

Apprehension however found its way into my thinking processes, "Will the college accept me into the nursing program even though I placed next to last in my high school class?" The thought truly plagued me, and if I had opened the door wider, I would have dropped the idea there and then. I didn't see myself as a failure, instead I was a woman who did the very best she could under difficult circumstances. The A I had received in the psychology course I had taken at Philadelphia Community College in 1966 was proof that I was anything but a second rate student. As it turned out, the whole purpose of community college was to offer opportunity to its adult students. I could feel the positive pulse of being in the right place at the right time. I was proud of my

accomplishments of raising our children and building a loving relationship with my husband. I knew I deserved the opportunity to rise above my former poor performance; I was a very capable woman in my own right, and I had evolved.

I plotted a strategy. I would take the most difficult course first, chemistry, as a test of my ability to endure. "If I can't make it through a chemistry course then it will be a sign that I am on the wrong path," I boldly said to myself. I looked at the college's offerings and decided on a Saturday morning class. Saturday was perfect - I knew that Maurice was there to keep an eye on the children, which would help allay my concerns. My first science course at Bucks Community College turned out to be a great choice. I reveled in learning more deeply about the periodic table, and how chemistry was an integral part of the world around us. Our class was in a large amphitheater; we had about sixty students, many of whom were hoping to be accepted into the nursing program. As the weeks went by, I realized that not only was I going to make it, I was excelling. My confidence was building, and I knew that the only limits to our achievements were the ones we placed upon ourselves.

Even in the early weeks of the course, I felt a positive shift in the way that I related to my family. I asked Maurice questions about materials, and had a greater appreciation for his work as an engineer. I could see that he looked at me differently as I engaged in more scientifically oriented topics of conversation. I am sure that my parents were surprised at my change process; I was going beyond the boundaries that they had perceived me as needing to be in. I needed to vision on my own behalf as an adult of thirty-two. My parents had given me the very tools that I needed to succeed, even though

they couldn't imagine what I might be able to do with them. I acquired from my father the belief that I could think, and from my mother a loving beginning.

My inner student emerged; I found her again after a long hiatus, while she was waiting for me to believe in her again. I had homework just like the children, and they were very aware that Mommy was working hard just like them. I typically did my heaviest studying after the children were in bed for the night. I pumped myself with coffee, and experienced a new level of alertness that amazingly didn't prevent me from falling asleep when I no longer could keep my head up. One, two, sometimes three o'clock in the morning you could find me trying to master the subjects that would hopefully gain me entrance into the nursing program. Anatomy and physiology, English, Sociology, and Microbiology were the subjects that changed the very way I experienced the world. In English I was gifted with having an exceptional professor who required us to maintain a daily journal of our thoughts and feelings. I wrote about my world, my life, and my love for my husband and children; the more I wrote, the stronger I felt about my potential. It was my teacher's comments that made the difference; he encouraged me to reach more deeply into my soul, and put it down on paper. I wanted to please him and myself, and began to appreciate how the relationship between a student and teacher can be at its best an extra set of wings. I do believe that he was an important early model for me on the art of teaching.

In Microbiology class, I strived to do all that I could to correctly identify my unknown, which was a requirement to pass the course. It was an intense experience, entering the mysterious world of Latin named bacteria, which amazingly became more familiar to us with each passing week. My unknown turned out to be *Serratia marcescens*,

and I was thrilled to have identified it correctly. My knowledge was expanding, and my esteem along with it. As I looked around the house, I kept imagining what the various colony counts might be on our sink, and our skin. The course was a critical foundation for entering the medical field; I never thought of hand washing in the same way again! The children were proud of me, although I knew that they were giving up “Mommy” time, and I “Children” time. Of course the difficult part of being a student and a full-time mother was the sacrificing that took place. Conflict and guilt were no strangers to me; I knew them both intimately. What helped me through these days was my crystal clear vision that when the forgoing was over, our family would be in a much greater position of strength. I had fully internalized my father’s belief that a woman’s esteem is the main driver of a successful family; I was becoming a living exemplar.

Anatomy and physiology was an extraordinary experience. Our professor was born in Havana, Cuba and had a world-class grasp on his subject. Not only did he know his subject in depth, he could also draw each of the body systems freehand on the board. He used colored chalk to detail his work, and we were all very impressed with him. In typical student fashion, I experienced at first hand all the disease processes that all the body systems could manifest. Learning about the human body required an internalization of its parts and functions. It was a curious time, a time of expansion, and mostly a time when an enormous amount of studying was not optional. I believed that it was critical for me to know the subject in depth; shallow understanding was unacceptable, and so I gave it my all. I frequently found myself at the kitchen table in our quieted house memorizing the parts of bone, muscle, and tissue till the sounds of the early morning birds interrupted my trance-like focus. I experienced an intensity similar to what I felt when I first learned

I was pregnant for the first time – wanting to know everything there was about childbirth, the baby, and motherhood. I was hungry for knowledge, and respected that there needed to be no shortcuts.

The news came that I was formally accepted into the nursing program. I was ecstatic and giddy, patting myself on my back and exclaiming, “What an accomplishment!” Yes, there were tears of pure, unadulterated joy, as I recalled that precious child at the window who could always figure things out. She did a great job of it this time around. My joy was palpable, and it spread through the Darwish household just as it was supposed to. Our class initially had one hundred students, some of whom I had gotten to know already. The average age of our student population was in the early thirties, so I was certainly not an outlier. The first class in Nursing impacted me greatly; I had to write a paper on the history of Nursing and develop my own personal ethical pledge, which was an excellent way to begin the introjection of the profession. I wrote with my heart, and talent receiving a score of 15/16; I had put so much effort into its writing, and really loved the reward. We lost students those early weeks; sometimes when your dream does become a reality, it doesn’t look like what you imagined anymore. “Better that the decision came early, rather than later,” I remember a fellow student saying, and she was right.

As the weeks went on, I practiced skills faithfully in the nursing lab. Mannequins initially took the place of humans, as I learned how to integrate taking a blood pressure with developing a professional relationship with a patient. We needed to be smooth before our professors allowed us to work in the hospital setting. I practiced on the children and Maurice; each pump of the blood pressure cuff reinforced my confidence.

My demeanor changed, as I sensed that I was becoming some of my professors. I watched their lab demonstrations carefully, paying particular attention to their hands, and marveled at their smoothness and professionalism.

The day came when we finally entered the hospital; reinforced with theory, skills, and practice, I felt like I was in familiar territory. The smell was so noticeable, antiseptic, yet blended with chemical cleaners and polish. We went into the room where our preferences would be held over the weeks to come, and sat around a long oblong table. There we were, a clinical group of ten like-minded souls, chattering away in anticipation of our first real patient contact. Our instructor came in with our assignments; we were to go to the nurse in charge for the full report. Bolstered with the courage of my family's travails across the European continent, I entered my patients' room. There she was, petite, with sparkling bright blue eyes, and hands that were severely deformed by the ravages of rheumatoid arthritis. In these, the early and profoundly important days of our formative education, we took vital signs, made beds, provided comfort, and made sure that the room was aesthetically pleasing. My patient was a great teacher for me. Her frailty camouflaged her true strength, as it does for so many older adults. In our discussion of her needs, she clearly wanted to review the happenings of her life. She shared her stories of coming to the United States from Ireland, and recounted the efforts of her family. I had heard this story so many times over in my own family, and recognized the similarity of the worlds' immigration stories. What we were talking about was really a powerful change process that has left its footprints on the lives of many families. I asked myself as I sat engaged with my patient, "How has this impacted on her physical health", which was the reason for my being with her today? "What is it about the

severity of moving to a foreign land and losing your grounding that impacts on a life?” Nursing for me was never a superficial experience; I was there to learn about the totality of a patient’s life, and how I could best be of support in their moment of need. It was her early years of struggle that she wanted to talk about, and that meant that she still had work to do in coming to a place of peace with whom she was and how her life had unfolded. I gave her respect, I listened, and in that healing space it was I who was the student and she the teacher. I empowered her, and she gave to me the gift of her memories.

At our post-conference I was eager to share my experience, as were my fellow compatriots. “What did you learn today that wasn’t expected,” said my professor with an earnest look on her face? “Good question,” I thought, as I smiled to myself. The answers from the students came spewing out like a volcano’s lava that was released from its core. “I never realized the amount of pain that someone could be experiencing,” said the youngest member of our group. Another student revealed with a very pained look on her face, “I was with my patient and he stopped breathing while I was in the room. I shouted for help, and everyone came running. He died, and I felt helpless to do anything.” We all became very quiet after listening to the implication of her words. I spoke soon after as clearly as I could, “My patient shared her story with me, and when she was done she thanked me for listening. Her hands were terribly disfigured with contractures, wheelchair bound; she was able to maintain her dignity. After awhile I didn’t look at her hands anymore, and I felt that I was able to comfort her just by being there for her.” One after the other we shared, and became bonded as a group of fellow travelers on the path toward helping others.

As the weeks went by, I was assigned three patients who died shortly after I had provided care for them. The fearful student questions, “Did I do something to speed up his death?” “Was it because of something that I didn’t do?” The savvy student recognizes that their professor had assigned them a more complex patient! I seemed to consistently get more challenging assignments, and intuited that if my professor didn’t think I had it in me, she wouldn’t have taken the risk; I was right. I would initially go to the patient’s chart immediately after our morning pre-conference and linger over the history and lab results before I even entered their room. Gradually I spent less time researching, and wanted to engage with my patients sooner. As my confidence rose, I became more adept at formulating my plan of care and action plan. On one assignment I worked with a gentleman who was in severe pain from a herniated disc. He asked for pain relief, just as we had completed our lab requirements for administering an injectable. I drew up the Demerol in a syringe with my professor standing nearby, and we both proceeded to the patient’s room. The administration of the first injectable is always a watershed moment in a student’s life. The value of an excellent nursing program is to integrate lab with clinical, and our program at Bucks County Community College (BCCC) was way up to par. Carefully, I positioned my patient, assessed my injection site, and when my professor gave the go ahead, I gave the medication to a very relieved gentleman. As we walked out of the room, I shared with my professor, “He was in so much pain that he didn’t care who gave the medication to him; I could have been a gorilla, and it wouldn’t have mattered.” The smile on my teacher’s face was that of admiration, “You have insight and that is important,” she said in an unwavering tone. I

clung to those words, knowing that I possessed a critically important attribute; insight is after all is what helps us to see the forest as well as the trees.

We went to hospitals in Bucks' County, and Philadelphia for our medical – surgical experiences. Our pediatric rotation was at St. Christopher's, which was downtown near center city. My worldview changed as I entered the hospitals' portals and worked with children who failed to thrive, barely weighing twelve pounds at more than a year old. "Is this what lack of love can do to a human being," I earnestly questioned my professor? Volunteers would typically come into the large ward to sit and rock the babies, but as nursing students we incorporated this into our care. Rockers were placed around the wooden-floored room, and rock we did hoping to somehow make up for the non-existent love in the infants' lives. Our post-conferences were very lively, full of questions, and full of angst as we experienced the realities of lack of care. I made a mental note that as I tried on pediatrics for the first time, I might be cut out for this specialty. It was the play therapy that had my strongest interest, as I observed the children being prepped for their surgeries the next day. The therapist used developmentally appropriate techniques with the children; puppets with little hospital gowns were given injections, and I saw smiles on faces that had frowns beforehand. I realized how critical it was to know what the child's developmental level was, and how a skilled therapist could make such a big difference in the positive outcome for a child. Theory was coming together for me; all the studying of the developmental giants, Erickson and Piaget was not in vane, in fact it all was beginning to make perfect sense.

Towards the end of my studies and practicum at BCCC, we went on our six-week psychiatric rotation. This was for many of us the most anticipated and the most feared of

all our experiences. I belong to the former, and read widely and deeply on the topic. Our rotation was at Byberry Hospital, in the Northern environs of Philadelphia; it was a large complex with square, red brick buildings, which was in reality a State institution. I, along with six other students was assigned to the men's locked ward. I can remember the looks we gave to each other as our professor opened the door to the unit; unbridled curiosity and hope tempered our gasps as the door was opened. We remained in a huddle as one large student conglomerate; our professor helped us as she chided, "Ladies, I may need to throw a bowling ball your way to break you up." Her remark helped us to realize how our fears were manifesting, and we slowly separated from each other.

Our task was to choose our patient, which was completely different than our typically strict assignment process. I wondered about the room and peered into the shower area; the staff had thick hoses in their hands and the patients were being sprayed with the flow. I was shocked; this went against every principle we were taught, but then again I was here to learn. I kept moving forward toward the room's sitting area; the walls were green, the chairs and sofas were old looking and made of vinyl, the windows were high and covered with bars, and the odor was unpleasant. There were patients lying on the sofa naked with feces lying next to them; I said to myself, "Strength My, your teacher has confidence in you otherwise you wouldn't have made it into the locked ward." I kept looking around the room, hoping that a potential patient would somehow reveal himself or herself to me. I thought that once I began a therapeutic relationship the experience at Byberry would hold more meaning for me. I saw a young man standing near the television; he was slim with a crew cut, and was rocking slightly back and forth. I walked up to him and introduced myself, "I am a student nurse at BCCC and would like to talk

with you. I will be coming for the next six weeks.” He looked at me with an expression that was flat as a pancake, and muttered several indiscernible words, which were impossible for me to fathom. I asked him what his name was, and again I was unable to understand him. I realized that there would never be ordinary communication between us, no smooth sentence structure, no eye contact. I quickly made a mental note to myself, “Will I be able to meet the requirements of our process recordings?” “Should I consider another patient?” The inner student answered, “Be pure, he was the first patient you approached and it was meant to be, no matter how difficult!” At that moment, I was hooked on psychiatric nursing and knew exactly what I wanted to do when I graduated. It was for me a defining moment, as I discovered that I had the tools that were needed to traverse this unknown, uncharted terrain, which profoundly called upon one’s courage and comfort with uncertainty; I was more than comfortable with them both!

Reflection on The Calling

That Sunday in 1975 was a fateful day; I awakened to the call of expanding my role as a full-time mother, and I was lifted on the wings of perseverance to the land of accomplishment. I tested the loyalty of my marriage, and trusted that my children would benefit; it was a bold and daring adventure that proved my mettle. I didn't want to look back some day and say to myself, "I could have been." "I could," and "I did" were the words that I wanted to be saying to myself. At the deepest part of my souls' yearning, I chose to embrace the rigors of becoming a dedicated professional, and I walked briskly toward my future.

The conventional expectation for women who were raised in the 1950's was that they could become either teachers or nurses. I asked myself, did I choose nursing because of societal expectations or from intimate knowledge of myself? The answer I believe is both, as the decision process was reflective of knowing who I was, and what options as a mother of three were available to me. I remained determined and structured, two attributes of my Taurus/Capricorn Sun/Moon combination. The choice to go into Nursing was also highly intuitive; I placed myself in an experience, which has proven to be a powerful vehicle for my own personal healing work. Nursing in its purest form is the container for love, integrity, and knowledge, a tripartite of being in the world that can manifest for the greater good both individually and collectively. Passing through Nursing's doorway changed my life forever. There is no deeper self-affirmation than knowing what is right for oneself, and then making it become a reality.

"I honor the intelligence of my intuition, and my ability to listen; I know that

The outcome of all wise choices is a greater love of Self.”

SAMPLE