

My personal journey to Psychiatry took a bit of a different path than I would've expected. I went into my third year of med school at Stritch feeling kind of directionless. I loved a lot of things about a lot of things and had bounced in my head from specialty to specialty over the previous two years. My second clerkship was OB/GYN, and I fell completely in love. I remember writing in my personal statement, "the first time I did Leopold's maneuvers (to feel the baby's position in the uterus) was like seeing the face of God." And it was. I loved babies, and maternal-fetal physiology is just the coolest thing. More than anything, I loved laboring with the moms. So with a sigh of relief, I made a plan to do GYN residency and a high risk obstetrics fellowship.

Several months later I did my psych clerkship at a PHP/IOP program whose main focus was eating disorder treatment. I had a great time. I had picked what was supposed to be the easiest site and I found myself working so many extra hours – working with patients, researching different options, doing individual therapy, and even leading some groups. It was awesome. But I worked mostly with the therapists; I saw the doctor in the morning for rounds and then she went to her clinic practice, so in my head, what I was doing was not psychiatry, per se. Her job, or at least what I saw of it, just didn't seem that interesting to me. So as much as I was engrossed in the process and the discovery and the therapeutic work, I shrugged off the residents' suggestions that I might be a good fit for psychiatry. Besides, I had a PLAN. I do love a plan, and honestly, this felt like a good one. So I interviewed in OB/GYN, matched, and headed halfway across the country to begin my journey to MFM.

In retrospect, there were a number of reasons the program I matched into wasn't my best choice for me. I loved the work I was doing, but the program was highly problematic. Every day felt like I was getting more and more underwater, dragged down by currents I couldn't see or anticipate. I finally conceded to the toxicity of my environment, and I left the program. It was traumatic and heartbreaking and felt like the lowest point of my adult life. I came home and sought wise counsel, and scrambled around for ways to get the plan back on track. And in the midst of this, I started to ask myself, why exactly was it that I kept going to work every day when I was in such an unhealthy environment? What was it that I loved so dearly?

The answer to that question turned out to be something I didn't quite expect. I thought about my patient with hyperemesis and likely borderline personality traits who responded so well to me when she'd had issues interacting with others. I thought about the woman with pelvic pain who disclosed her abuse history to me when we'd sat down together for her routine pre-op visit. I thought about my patient whom I'd seen every week for nearly all of her pregnancy because her spouse had died tragically early on. I'd ask my checklist of questions, measure her fundus, check her heart tones, and then close the paper chart and ask, "okay, so how are you, really?" She and I ultimately had an incredible experience around the delivery of her daughter that I still treasure. I thought of all of the patients I would ask about "taboo" topics like sexuality, trauma, eating disorders, or interpersonal violence who would vehemently deny any issue, and then turn up on my schedule a few weeks later claiming to have a yeast infection (because who would question that?) and when I came in the room would say, "actually, remember when you asked me about..." We had a wonderful psych NP we referred to, but she had a long wait, and so I'd end up seeing people back for what amounted to short term psychotherapy. Don't get me wrong, maternal-fetal physiology is still awesome. But it turned out what I really thrived on was that connection, that partnership I had with the woman I cared for. How they shared things with me, whether while in labor or in clinic, and trusted me to be the keeper of their stories. That they invited me to walk with them on their journeys and had faith in allowing me to help them. I finally said out loud to a

friend of mine – herself a therapist – that I was thinking maybe I should be a psychiatrist, and she laughed at me, shook her head, and said, “it’s about time you figured that out.”

And thus – new plan. A plan that has been tinkered with and adjusted and changed a hundred times over. And I have come to appreciate that as one of the magical things about psych. In many specialties, you have a few discrete tracks to choose from, but in psychiatry, you can really craft your career and your practice in any way you want. Want to do a combination of inpatient and outpatient? We’ve got you. Want to stick to mostly research or administration? Sure. Want to do full time psychotherapy and rarely prescribe? You bet. You can build your outpatient practice around left handed males who have had traumatic train experiences, and we’ll send you referrals. In the decade and a half since I’ve made the switch, my role has always been the same – keeper of the narrative, fierce advocate, partner in healing. But I’ve been allowed to see that happen in so many different ways. I’ve worked in community based care, where people allow me to see their homes and daily lives. I’ve done private practice with a more prominent component of psychotherapy. I’ve had a place in student health, public mental health, inpatient, and academics. I’ve been given opportunities to learn psychoanalytic principles from the gurus and somatic therapy from the masters. In addition to my general psych and child and adolescent psych training, I was able to also get board certified in integrative and holistic medicine. As much as I love teaching and am ferociously passionate about it, I find that I learn things every day from my patients, my residents, my students, and my colleagues. I also have been encouraged to have a life outside the practice of medicine and build a stronger base of who I am. In this new plan, I’ve learned not only to build my vast arsenal of medications and therapy techniques, but also how to ride a motorcycle, how to spin fiber into yarn, and that I still hate fish no matter how many places in the world I travel to and try it. I sometimes still miss birth, but I love what I do. Psychiatry has given me the honor and privilege of being a collector of stories while also allowing me to paint both my career and my life with a brilliant palette.