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A Nice Shade of Lipstick

By Julie Sumner

The glass jar with pale green grosgrain ribbon glued around its lid stood at center stage on my parent's dresser. I spent hours carefully examining its mystical contents: about twenty tubes of various lipsticks ranging from Cautious Coral to Brazen Berry. As a child, lipstick seemed a magical extension of my crayons, only better, since you could color yourself rather than a piece of paper, and instead of colors like Violet and Peach and Cornflower Blue, there were more tonal variations of Poppy and Demure and Rosedew. My mother, really all of my female relatives, aunts and grandmothers, were minimalists when it came to fussing with one's appearance. It was seen as far better to know how to paint a bedroom or make a German chocolate cake or grow zinnias than it was to spend too much time putting on makeup. But even my mother, the woman who taught me how to rewire a broken lamp, never wavered in her belief in a bold lip.

For many years, I had interpreted this as a dichotomy between choosing the useful and choosing the beautiful, and that you could only choose one or the other. But when I think about something as irrelevant and lovely as a nice shade of lipstick, and how often I've seen women use it as a means of making something—their faces, their moments, their entire moods—more, I find the line between the useful and the beautiful blurred, if present at all.

As soon as I was old enough, having graduated from the modest Dr. Pepper Lipsmackers lip gloss that I adored as a child, I began collecting tubes of Revlon in Cinnamon Bronze and Wine with Everything. I followed my mother's lead, swirling it on daily, because I just liked it. I liked that I could change the colors on my face, liked the way the smooth cream of the lipstick felt as it slipped across my lips, liked the way my lips seemed to leap into a certain shape as I shaded them in—and this in particular was a small rebellion to my adolescent self. Tall and fair-skinned and quiet, a bright shade of lipstick felt like a benevolent kind of graffiti over the stone-shy mouth I too often kept closed.

As I grew older and began working in the hospital, my first episode of depression set in and I learned what it felt like to live in a colorless existence. I remember the extreme effort it took to get myself ready for work each day, how just getting dressed and drinking a cup of coffee felt like I had summited Everest. That first stint working nightshift in the MICU was the beginning of my nursing career and the beginning of my experience with depression. The winter of that year was bitterly cold, inches of ice covered by feet of snow. I lived in a room in a rental house with no central heat. My roommates and I would walk around with mugs of hot water in our hands just to warm them up. That year it was dark when I went into the hospital, and it was dark when I came out of the hospital, and I never slept during the day like I was supposed to do. I never did forego lipstick though, and it was then that I began to feel it was some kind of armor against whatever the day could do to me. Somehow Amethyst Frost could shield me against the blows of the long days filled with the sickest patients, the saddest families, the most

demanding physicians and my most inadequate sense of self. Of course, my lipstick did nothing of the kind, but somehow wearing it was a sign of not giving up, and perhaps that sign was the most important thing I could give myself at the time.

As I gained a bit more experience as a nurse, I was less overwhelmed and more able to appreciate how many patients had the strength to overcome their illnesses. I began paying attention to what seemed to be positive indicators of healing besides just their lab work or their oxygenation status. Veteran nurses observed other things such as whether or not the patient was dressed in street clothes, if they were anxious to be clean-shaven, if they were ready to walk down the hall. I noticed their lipstick. There were some female patients clearly not progressing, and they sat glumly in their recliners, feet clad in white compression hose, and a limp white washcloth draped across their brows. Others, though, had their bags packed, shoes on, and were circling the Os of their lips with every shade from Tangerine Freeze to Gentleman Prefer Pink. They had plans, these women told me, to feed their pet goats, to teach their Sunday school classes, to return to their jobs driving forklifts, to go fishing with their grandkids. Always a student at heart, I tried to take note of all of these things my patients were teaching me.

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It was the beginning of day shift—now in the SICU where I found myself right at home with complex wounds, post-op recovery protocols and outspoken surgeons. The night-shifters huddled up with us, giving us a rundown of the previous twelve hours, what patients were expected to come from the OR, if there were any families that were having troubles. From the night nurse, I learned my patient for the day was a 'frequent flyer' usually admitted to the MICU for her pulmonary issues, but here in SICU as an overflow patient. I walked into the room and saw a lean, elderly woman with short white curls all over her head. She was on the ventilator and unable to talk, but her bright grey eyes blinked hello as I approached. I began my morning routine and checked out her lungs and heart and made note of her ventilator settings. I already had orders for her transfer back to the MICU. We could still talk—sort of—I learned as a nurse that gestures are a language all their own. It was through this wily language that I learned she was looking forward to going to the MICU to see all of her friends. I don't know why I was surprised. People get attached to their caregivers, and that includes their doctors and nurses too. But the fact that she considered the MICU team as her friends only reinforced the loneliness of her perpetual chronic illness to me as well. And I cannot recall any family she might have had—so often then, the hospital becomes a kind of family for some patients.

She snapped her fingers, urging us to hurry up. I suggested we get her cleaned up before she went and she nodded vigorously. My friend Jerry, a wizened care partner who'd seen more than his fair share of patient shenanigans, and I bathed her, changed her sheets, and got her IV lines sorted and labeled. We noticed she got more and more excited. She waved her blue-veined hands wildly toward the tan plastic tub that held all of her worldly possessions. Jerry grabbed the tub and brought it over to her.

Shakily, she sorted through the things in the bottom of the tub: a comb, her bifocals, some hospital paperwork, until she found a black tube of lipstick with a gold band around it. She pulled it out and pointed it at us. Did she want us to put it on her? Around the breathing tube taped to her mouth? I pulled off the cap from the tube and unfurled the most intense red lipstick I've ever seen. It looked like something somebody would wear as they headed out to Tootsie's Orchid Lounge or Roberts' Western Wear or any of the honky-tonks on Nashville's Lower Broadway. Before either Jerry or I knew what was happening, she'd swiped it from my grip and was deftly applying the Chinese lacquer red to her upper and lower lips, circling around the plastic breathing tube as if it were not even there. Jerry and I looked at each other as if she had just applied lipstick to each of our own mouths, and busted out laughing. She handed us back the tube of lipstick to put in her bucket, and then began gesturing wildly again at the contents inside—one more thing—perfume. In the middle of our disinfectant-laden ICU room, Jerry removed a bottle of Gloria Vanderbilt perfume, swan of molded glass sailing peacefully along the front of the bottle. He spritzed the lady on her neck twice as she lifted her chin, laughing and smiling that wild red smile along with us, breathing tube be damned. As the orderlies got her bed and rolled her down the hall to the elevator, she smiled and waved back at us as if she were lying on the deck of a sleek yacht departing from some turquoise bay in the Caribbean, sailing off to the next enchanted port, wherever it was.

I think about her often when I am applying my own lipstick. It's been twenty years or more since that happened. She is not in this world any longer. I wonder what happened to her, and if she did have people of her own. I think her actions might be misconstrued by some as the ultimate exercise in vanity, but they are wrong. It was her sign to the world—a refusal to be just another frequent flyer in the MICU, a staunch protest in Chinese lacquer red against an identity of illness. More than that, it was a sign to Jerry and I and all of those she encountered that day of what was possible—that a full-color life was possible even while she struggled for her next breath in that drab hospital ward. And that made our lives better that day, too, if only for a little while.

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"I love that shade of lipstick." She grinned up at me. The patient had wasted into a sliver of a woman. After several liver transplants that had failed—from rejection, from insurmountable viral hepatitis—her whole body had begun to fail. Much of her adult life had been unrelentingly difficult. At one point earlier in the year, my first Christmas holiday on-call as a liver transplant coordinator, I received a call that she had appeared in clinic asking to be seen. She told the receptionist she wanted to kill herself. That was my first encounter with her. Even then, the fact that she came to us for help impressed me. There was something in her, goading her on toward life even when she wanted it so much to be over.

By the time of this meeting in the hospital, I knew her well. Jaundice had colored her an unnatural yellow, and her muscles slowly diminished, making her seem to shrink before my eyes, and a comment about my too-red lipstick was the last thing I expected. I could not contain my astonishment at her girlish observation and began giggling. She did too, and her youngest son, quiet and always in the corner of her hospital room, even grinned as if we'd all been let in on a secret. I looked back down at her in her hospital bed, stuck in this pale beige

room on a pale beige hallway, all of us wearing white coats or worn, pale blue hospital gowns. There is a blankness that envelopes those trudging through long illnesses like a winter storm, where details are obliterated by constant gusts of what-ifs and how-longs and not-agains, and the beige grayness of the hospital itself echoes the absence of color the way it echoes this absence of certainty. I noticed she had wrapped herself in an emerald green velour robe, covering over the ratty and pallid regulation hospital gown. "It's New York Apple by MAC," I finally replied, sensing that she wanted to know. She was discharged home with hospice a few days later. For a moment that day in her darkened room, though, we were just two friends talking lipstick colors–a brief benediction of normalcy before the final leg of her journey, like a rose-red sun settling down behind the far hills just before night falls.

In his poem "The Beautiful Changes," Richard Wilbur observes that beauty changes things, "Wishing ever to sunder/ Things and things' selves for a second finding, to lose/For a moment all that it touches back to wonder." In other words, beauty is not for its own sake alone, but also moves all that see it to a moment of wonder. Thinking of these two women, and countless othersof the lipstick-wearers I encountered in the hospital, it comes to my mind that their shades of lipstick, their insistence on color in the absence of any reason for color, are only outward signs of their intrinsic brightness and beauty, neither of which could be diminished by sickness or loss. And so, each morning, as I raise some shade of ruby or raisin to my now-fading lips, I raise a toast to all of these women who taught me through their illness and their dying what to make of my healing and my living while I am still able.

Julie Sumner is a writer who has worked as a critical care nurse, liver transplant coordinator, and massage therapist. She teaches creative writing, focusing on reading poetry and writing as ways to develop resilience, particularly for healthcare workers and people with chronic illnesses. Her poems and book reviews have appeared in journals such as Pine Mountain Sand & Gravel, Delta Poetry Review, Intima: A Journal of Narrative Medicine, Relief Journal and The Englewood Review of Books. Her work is also featured in two Writing the Land anthologies: Foodways and Social Justice and Streamlines. Her chapbook, Meridian, was chosen by poet Jane Hirshfield as the winner of the 2023 con/verge/nces Prize from Wildhouse Publishing. She has an MFA in poetry from Seattle-Pacific University. Discover more of her work at www.juliesumnerpoetry.com, @juliesumnerpoetry on Instagram, @julieasumner on X.