

Ars Medica

A Journal of Medicine,
The Arts, and Humanities

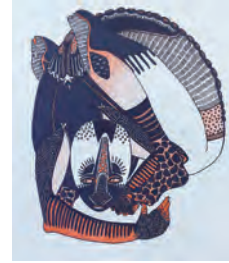


Vol.
15
No.
1

What I Hear i Keep

by Talysha Bujold-Abu

Non-beings and surreal monsters are the embodiment of an undefinable blackness. What I Hear i Keep, the series from which this cover image is taken, is an investigation of posture and pattern; confronting the complexities around racial belonging and body. This work is non-archival and will (with time and exposure to light) degrade; becoming a phantom of its former self. Within its gradual shift, alike to an adaptation, the liminal space of a body in blackness occupies.



Talysha Bujold-Abu holds an MFA from the University of Windsor (2018) and is Gallery Manager & Membership Coordinator with Arts Council Windsor & Region, a non-profit organization that programs/supports all disciplines of the creative arts. Her artistic practice explores the liminal space of mixed heritage identity, addressing shifting interpretations of racialized diversity and perceived difference. She has exhibited her work at a number of events and galleries, including Intersections | Cross Sections Conference in Toronto, ON (2018) and Structures of Anticipation Research Symposium and Exhibition in Windsor, ON (2019).



We are grateful for the generous financial assistance of the Departments of Psychiatry at the University of Toronto, Mount Sinai Hospital, and Centre of Addiction and Mental Health, and to support from the Canadian Association for Health Humanities / L'Association Canadienne des Sciences Humaines en Santé and Associated Medical Services (AMS). Published in partnership with CISP Journal Services, Simon Fraser University.

For subscription information or to submit a manuscript, contact arsmedica@mtsinai.on.ca or visit: <http://ars-medica.ca>

ISSN 1910-2070



Ars Medica

Volume 15, Number 1

Founders

Allison Crawford, Rex Kay, Allan Peterkin,
Robin Roger, Ronald Ruskin

Editorial Board

Allison Crawford	Editor-in-chief
Taylor Armstrong	Editor
Suze Berkout	Editor
Pier Bryden	Editor
Robert William Hough	Editor
Afarin Hosseini	Editor
Rex Kay	Senior editor
Aaron Orkin	Editor
Lisa Richardson	Associate editor
Sarah Roger	Editor
Ronald Ruskin	Senior editor

Advisory Board

J.T.H. Conner, Paul Crawford, Jacalyn Duffin, Rebecca Garden,
Jock Murray, Thomas Ogden, Adam Phillips, Robert Pinsky,
Mary V. Seeman

Legal Advisors

Stanley Kugelmass, Adrian Zahl

Publishing

Marilyn Bittman	Associate publisher
David Mastey	Managing editor
Sara Armata	Assistant managing editor
Katie Switzer	Media editor
Brian Hydesmith	Graphic designer



Contents

Volume 15, Number 1

EDITORIAL

David Mastey 1 – III

FEATURE PIECES

Good Intentions by C. Alessandra Colaianne 1 – 12

Dis is Ability by Jewel Fraser 64 – 72

A Case of Aphantasia by Dustin Grinnell 79 – 96

PHOTO ESSAY

The Stranger / Deportation by David Weinstein 41 – 42

PROSE

Seven-Oh-Seven by Christopher William Blake 22 – 24

Shared Decision-Making and the Yellow Fever Vaccine by Patricia Cardoso Pastura 25 – 27

Survivor's Debt by Anne A Pinkerton 33 – 40

Syllabus by Marcie S. McCauley 43 – 48

Moving Out by laila halaby 49 – 63

POETRY

EKG by Blake Daynes Winston 13



Volume 15
Issue 1

Crossing by Rebekka DePew	14 – 15
Your Remedy Book by Alan Weber	16 – 17
Advance Directives / Narcan by Andrea Lee Fry	18 – 21
Takotsubo's Long Shadow by Pam Lenkov	28 – 31
Diagnosis by Dan Ray Champion	32
pound of sand by Benjamin Drum	73 – 74
He, Li, Kr / Ba-Ba-Ba-Ba-Barium / Cortisol: This Is Only a Test by Marjorie Maddox	75 – 77
The Memories of a Wound by Austin Alden Lam	78



Volume 15
Issue 1

Editorial

This latest issue of *Ars Medica* has become, quite unexpectedly, an extraordinary one. We publish it amid a global pandemic, which has profoundly changed our lives—in some ways permanently, even if we do not yet recognize all the ways they will change. COVID-19 spread due to complex networks that link our societies together. We attempt to mitigate its effects through physical distancing and other measures that require forms of isolation antithetical to contemporary life.

Many of us recently emerged from that isolation to respond to the socio-cultural disease of anti-black racism. The murder of George Floyd by police officers in Minneapolis, U.S.A, was a catalyst for protests around the world against racist violence and other discrimination against racialized peoples, not just in the U.S.A, but everywhere. The dilemma over whether it is more important to adhere to public health guidelines that discourage or prohibit mass gatherings, or instead to publicly demonstrate our rejection of a racist status quo and demand meaningful changes in our societies, is important to discuss. Yet it is also evident that these protests continue to gain momentum because too many of us have allowed this familiar disease to persist due to indifference and/or inaction. For some, the dilemma is a false one.

The poems, short stories, and essays collected for this issue were composed before we knew the name of George Floyd or the term COVID-19. The temptation to attribute greater significance to

these works in the context of this historic moment is unnecessary. They stand on their own merit, inviting us to feel, think, and believe differently through perspectives often very different from our own, which, as Marshall Gregory (2009) notes, can serve as a foundation for developing the empathy to advocate for others. Through them we gain not only vicarious experience, but also ethical models that can guide our actions in a troubled world. That is an enduring value of creative expression.

James Baldwin (1962) emphasized this point sixty years ago at a pivotal time during the American Civil Rights movement when he insisted that artists (broadly defined) “must understand that your pain is trivial except insofar as you can use it to connect with other people’s pain. And insofar as you can do that with your pain, you can be released from it, and then hopefully it works the other way around too: insofar as I can tell you what it is to suffer, perhaps I can help you to suffer less.”

Suffering is a complex phenomenon in life, literature, and medicine. It is inescapable and often unmentionable. It is not *necessarily* ennobling or productive, nor should it be. Talysha Bujold-Abu’s “What I hear i keep,” the “cover” image for this issue, is striking because it conveys a feeling that may be difficult to describe, but which we can still recognize as rooted in suffering caused by racism. Our shared experiences of suffering also help us to recognize other manifestations. For example, we observe the disconnect between the sterile rhetoric of institutional policy and the lasting memories of

the people whose lives this policy is meant to dignify in Andrea Lee Fry's "Advance Directives." The protagonist of Christopher William Blake's "Seven-Oh-Seven" faces a benign suffering of the ego when he learns his "special" relationship with a patient is not unique. Yet readers will likely recognize that the storyworld, in which the patient is deemed "too sick to go home, but not sick enough to go anywhere else," is our world too, and that this paradoxical situation contributes to the prolonged suffering of the many patients whom this man represents.

Our hope as editors—and Baldwin's challenge—is that by connecting with the pain expressed in these texts (among other emotions and experiences they narrate), at least some readers will not only feel released from their own suffering, but also act to change the systems that perpetuate it.

References

- Gregory, Marshall. (2009). *Shaped by Stories: The ethical power of narratives*. Notre Dame, IN: University of Notre Dame Press.
- Baldwin, James. (1962, November 29). *The artist's struggle for integrity* [Radio broadcast]. New York, NY: WBAI.

David Mastey



Volume 15
Issue 1
2019

Good Intentions

C. Alessandra Colaianni

The trip to Montero from the airport takes forty minutes in a dilapidated Toyota bus. Over the next week, seven other medical students and I learn to recognize when we are approaching the city by the sequence of smells from factories along the route. The roasted marshmallows of the sugar cane factory, the sourness of the brewery, the mustiness of the soybean processing plant; each fills the bus with its own distinctive odor.

We have come to Bolivia for our weeklong spring break. In theory, we're here half for our own edification and half to volunteer. In the mornings, we will shadow health care workers in local hospitals and clinics, and in the afternoons we are to perform free health screenings and assist with public health interventions. That's what we were promised, anyway. In reality, it would be hard for us to help in any meaningful way. Only three of us speak any Spanish and, as first-year medical students, there simply isn't a lot we know how to do.

On the first clinical day, four of us arrive at the Children's Hospital with bags of stuffed animals

and vague instructions from our trip leader, who we have secretly dubbed “Gringo John.” He’s in his late sixties, a family medicine doctor from the Bible Belt who found himself in Bolivia on a church trip and just kept coming back. Gringo John only speaks a few words of Spanish, though he’s been traveling here for over a decade and runs a foster home.

The Bolivian attending physician wasn’t expecting visitors today – as would become a theme of the trip, there must have been some miscommunication – but he gamely agrees to let us observe. Within earshot of the attending, John tells us that rounds will be “just like 1950’s medicine in the US—like traveling back in time.” A nurse takes my arm and warns me to hide the stuffed animals if I don’t want them to be stolen by hospital staff.

We follow the attending into the unit for respiratory diseases. It is a room with six beds, the open windows facing a hallway that opens into a small courtyard. As a Bolivian medical student begins to present the first patient, a three-year-old child with pneumonia, I watch the mothers, waiting for this ritual to end so that they can try to coax their children to eat. I try to take up as little space as possible, translating in a whisper for my fellow students in the room. We are not welcome. Maybe that’s my guilt at being here, observing but not participating, taking but not giving, trying to stand clear but perpetually, inevitably in the way.

After rounds, we hand out the stuffed animals. The mothers help us decide which animal to give their children—the bear, the elephant, the octopus,

the lizard. The nurses swarm, asking for toys for their own children, and who are we to tell them no? We make sure we have enough for the rest of the hospitalized kids and give the nurses the least-desired extras. Pretty soon every nurse has at least one plush animal head poking out of her scrub pockets; one nurse snatches two. I try not to glare.

There's one languid boy whose mother isn't there to help him pick out a toy. He looks six or seven, but who can tell here? It is impossible for me to separate true age from malnutrition. The same nurse who warned me to hide the stuffed animals pulls at my elbow and tells me his family is very poor, and that he's been in the hospital for over a week with diarrhea. His eyes are open but glassy. I pick out a much-coveted lion and hold it out to him, but he doesn't reach for it. I snuggle it next to his arm and whisper that I hope he feels better soon.

The mere existence of this trip spawned contentious debate on the medical school listserv, making me uneasy about my decision to go. One student sent an article questioning the ethics and value of short-term global health engagements; another attached Ivan Illich's *To Hell with Good Intentions*, a piece that judged Americans traveling to impoverished Mexico on "mission vacations" as pretentious, condescending, unhelpful, and motivated by the guilt of privilege. A student who had gone on this trip the year prior vigorously protested this point of view, noting that the medical school sponsored the trip, legitimizing it. Now that I'm here, though, my uneasiness has doubled.

It feels good to think we're volunteering; it's fascinating to see how health care works while exploring a new country, but what good does our presence actually do? Conversely, does our presence actively cause harm—taking up space in exam rooms, wasting doctors' time? Is it ethical for us to stay for a week and leave without any commitment to sustainable change? My gut tells me no, told me no even before the trip began, and yet here I am in Bolivia.

One afternoon, we ride in Gringo John's pickup truck to the central plaza, where some of us will perform free screenings for diabetes and hypertension. Tommy, a redhead with an orange stethoscope, rides with me in the open truck bed, crammed between red plastic tables and chairs that we've borrowed from a church. Our driver is Daniel, a young Bolivian man, who insists that he is fortunate to have secured a job as Gringo John's assistant.

Gringo John tells us that this is his favorite part of bringing students to Montero; last year, the group screened over a hundred people in two hours. We have two electric blood pressure cuffs, some sterile needles to prick fingers for the blood sugar test, and a box of alcohol pads to wipe the blood away. He says to tell the people with high blood pressure to avoid salt, and the people with high blood sugar to avoid sugar and starch. This advice, of course, would cut out the main staples of the diet here—fried foods, plantains, potatoes, and rice. Beyond telling the patients this and urging them to see a doctor soon (the vast majority

don't have easy access to doctors), Gringo John doesn't think there's more we can do. "What's the use of doing screenings if we can't offer follow-up?" I ask Tommy under my breath.

The screenings are so popular that several local news stations show up. Gringo John appears live on television, interviewed in Spanish; hungry for the spotlight, he declines Daniel's offer to translate.

All of the students spend the evening at Hogar de Niños, the foster home for boys Gringo John has set up on the outskirts of Montero. En route, he tells us that they separate the boys they suspect to be homosexual and make them sleep in a different dorm. We look at each other, aghast, and stay silent hoping that this will be the end of the conversation. Fifty boys between the ages of two and fourteen live together on the compound. When we arrive we see three sleek dogs running around outside, a jungle gym, and a well-kept soccer field behind the dormitory building.

The boys come over to investigate as we park the truck. Gringo John is all father figure now, tousling hair and telling the boys they've gotten bigger since the last time he saw them. There's a soccer ball sitting in the yard, so we organize a quick game of *gringos contra niños*, and run around until it starts to get dark and the mosquitoes swarm. We all get together for a group photo. When Gringo John starts an informal tour of the compound, Tommy and I escape out back for more soccer. We're all a little hesitant, but then I ask one of them how old he is and within minutes we're surrounded, the kids all yelling their ages at

us and laughing. One asks how old we are, and I tell them we're all two hundred years old.

There's one boy who isn't talking, but he follows the conversation with his eyes. He must be shy, I think. I walk up to him. "Oh, Alejandro doesn't talk," explains one of the other boys. "He's ten." Alejandro nods vigorously and holds up ten fingers. The other boy starts to show off, doing handstands and somersaults, and then we're all flipping around in the grass. I try to teach the boys that martial arts move, snapping up quickly from a supine position to standing.

All too soon, Gringo John comes out of the house and it's time to leave. The boys surround the truck again and the dogs bark loudly as we back out of the compound. Later I ask about Alejandro and learn that he's mute because of something that happened when he was very young. Something about his father, maybe, something violent. Alejandro just stopped talking, or maybe he never started. At any rate, caregivers have tried everything: speech therapists, sign language, but he can't, or won't, speak. "At this point," Gringo John says vaguely, "it's not a medical problem."

The following morning, en route to the general hospital for another session of shadowing, Daniel looks upset. He tells me that Gringo John's appearance on Bolivian television had unfortunate consequences: he misunderstood the interviewer, who was asking if there were other health screenings planned and where they would be. There were no other health screenings; people had lined up outside clinics, but no one was there to screen them.

When we get to the hospital, my classmate Kristina and I are led to the operating rooms. We are given dark green cloth booties to cover our shoes, masks to put over our mouths and noses, and caps to cloak our hair. We meet the surgeon, and he says if we watch two gallbladder operations we can assist with the next and the next after that. I'm not sure whether that's allowed, but the prospect is exciting. It feels as though we'll have earned something.

The patient is wheeled in. She's sixteen, wearing a scrub cap and a gown that opens in the back. I can see on her face that she's terrified. They inject something into her arm so that she will be still and calm while the anesthesiologist sits her up and palpates her spine, searching for the right space to place his needle. This operation, which would be under general anesthesia at home, will be done under a spinal block. She leans forward against a nurse, who holds her shoulders still. The anesthesiologist jabs the needle in and out, pumping the syringe lightly. She jolts forward and backward with the jabs; there is some blood. Her gown slips from her shoulders and her breasts are exposed. Though it's cold in the room, nobody moves to cover her up. The anesthesiologist finally hits the right spot and pushes the plunger down to inject the anesthetic. The nurse lays the girl down on the table and starts to arrange the surgical instruments. Suddenly the girl starts screaming, "You left me alone! Where did you go?" Her entire body trembles so violently that the metal operating table makes a clattering noise. The nurse yells to her to calm down from across the room.

I am suddenly dizzy. I lean against the wall and bend forward, unlocking my knees and forcing my head down. "Are you okay?" whispers Kristina. I leave the room to take some deep breaths. When I get back, they've draped the patient and now all I can see from the stepstool is her abdomen, taut and streaked with brownish-yellow antiseptic, framed by green surgical cloths the color of her gown. Her face is shielded from the surgeons by another cloth, and her arms are stretched out at her sides like a cross.

The surgeons make their first incision and her brown skin gives way to bright red blood and pale yellow globules of fat. My classmate and I take turns standing at the foot of the table, looking up towards the abdomen and standing precariously on the stepstool behind the surgeon. Then the anesthesiologist motions for me to come back behind the curtain, nearer to her head. He instructs me to press a button on a machine that's monitoring her vital signs: blood pressure, heart rate. Her heart is beating too fast, so he brings out a small glass vial of a medicine that will lower the rate. He fills a syringe and puts it in my hand. He motions for me to pinch the plastic tubing so that when I inject the medicine it will go into her vein and not up into the bag of saline dripping into her arm. "Go on," he says, so I put the needle where he's pointing and slowly depress the syringe.

I am keenly aware as a first-year student, I would not be allowed to do this in an operating room at home. Then again, that's part of the draw of these global health trips. Even if you don't ask

for it, you play doctor before you're fully trained. It goes far beyond catching babies and placing IVs. I read one news article praising an Ivy-League pre-med who acted as the town doctor for a year in rural Haiti, using medical books and the internet to treat people. That is clearly wrong, but where does one draw the line? Is there some justification to be found in the fact that before the student came, the town had no doctor? If intentionality matters, who sorts out the people who are there to satisfy some sort of savior complex from those who are truly there to help?

The anesthesiologist keeps me busy monitoring the patient's heart rate and breathing for the rest of the operation. When he leaves the room for a few minutes my mind thrums with what-ifs. What if the patient crashed right then? How would I know? What would I do? When the anesthesiologist comes back, the gallbladder is out, and the surgeon places the organ into a metal cup and turns to us: "Want to see what's inside?" He takes his scalpel and cuts the gallbladder open so that it oozes with a thick greenish brown liquid. Inside are hundreds of tiny yellow pebbles, any one of which could have stemmed the flow of bile, causing the patient's infection, swelling, and pain.

We have to leave right before the next patient is wheeled in. "It's too bad you'll miss it," says the surgeon. "You could have helped more on this one." I make a noise like I'm disappointed, but honestly I'm glad for the reprieve.

That night, a representative from the clinic cooperative comes to our hotel and joins us for din-

ner. At the end of the meal, Daniel translates as she stands and thanks us for our service in Montero. She talks at length about the wonderful partnership between our medical school and the rural health cooperative, how she hopes we'll come back, how she's glad we have had such wonderful experiences here. She pulls out a folder and hands each of us a piece of paper—a certificate of achievement, printed in color. What have I achieved? Ashamed, I tell her I hope to come back when I'm a real doctor and can do some good.

That night, I think about the terrified teenager with gallstones, and how my classmate and I were two more strangers in the operating room, our unnecessary presence unquestioned and unexplained to her. Did we add to her fear and discomfort? I can't clear the image of the boy at the children's hospital holding a stuffed lion as the only evidence of our transient company. If our motives were truly to help a community, couldn't we have done more good by just donating the money we spent traveling here?

I think about the television debacle. Because of Gringo John's poor Spanish, hundreds of people waited outside of clinics for help that would never come. I think about how futile the screening program was to begin with, and how in retrospect it seems more focused on the number of people screened and the egos of the screeners than the follow-up care that patients would receive. It was brochure philanthropy, geared towards generating a concrete and printable metric, no matter how useless. An inspiring story to woo potential donors.

Perhaps it's okay if we call these trips what they are: an educational opportunity to visit a new country, meet some doctors, and maybe learn something about healthcare along the way. But to take credit for "volunteering," to presume that what we students did was helpful or useful to anyone here seems so arrogant as to be unforgivable; I've done wrong by taking part.

We return to the Hogar de Niños on our last night for a pizza party with the boys. Alejandro, the boy who didn't talk, finds me early on and stays close. While the others are helping in the kitchen, I ask him where I can wash up and he takes my hand and leads me to the dormitory bathroom.

We have to walk through the dormitory to get back to the kitchen, and Alejandro points at one of the bunk beds. "Is that your bed?" I ask, and he nods. He runs to the corner of the room and starts to remove things from a shared wooden dresser. Three pairs of pants. He points to them, then to himself. "Are those your pants?" I ask, and he nods, proud. He takes out socks and points to them, and then to two pairs of shoes, lined up neatly in a wooden cubby. "Are those your socks? Are those your shoes? Wow, what cool shoes. Look, your feet are as big as mine!" He shows me shirts, coloring books. He runs to his bottom bunk, and removes a pair of bright red underpants from his bedclothes. There is a smell of urine as he folds the comforter back. He pulls out some crumpled socks. "Are those yours too?" He nods. "I see you," I think.

He sequentially lays out all of his possessions in front of me, urgently and with a methodology that remains opaque. Perhaps he does this with every foreigner that visits and forms an ephemeral friendship with him, proving his own existence by naming and claiming the few things that he owns. Perhaps he is trying to show me that even though I will be gone within the hour, he will be living there, in this room, with these things, forever. When he is finished, I help him put his things away, and we walk together to the dining room to eat with the rest of the boys. As I recall it, he held my hand.

C. Alessandra Colaianni
is a chief resident in the
Harvard Medical School
Otolaryngology
Residency Program. She
tweets @alessacolamd
and can be reached at
alessandra.colaianni
@gmail.com.



Volume 15
Issue 1
2019

EKG or (a Window)

Blake Daynes Winston

Blihp...Blihp...Blihp..Blihp...Blihp
Twelve leads. Ten electrodes.
Blihp...Blihp...Blihp..Blihp...Blihp
Lines. Troughs. Peaks. Waves.
Blihp...Blihp...Blihp..Blihp...Blihp
Rate. Rhythm. Electricity.
Blihp...Blihp...Blihp..Blihp...Blihp
Ischemia. Infarction. Block.
Blihp.....Blihp.....Blihp
Flutter. Arrhythmia. Stop.
.....
Clear. Shock.
Analyzing Rhythm.
Rhythm?
A moment. An image.
A window.
Blihp.....Blihp.....Blihp
Into what?
Blihp.....Blihp.....Blihp
Life. The heart. The soul?
Blihp.....Blihp.....
Breaking. Mending.
Blihp...Blihp...Blihp..Blihp...Blihp
Continuing.

Blake Daynes Winston is
a fourth-year medical
student and bioethicist
from Charlotte, NC.
Email: blakedwinston
@gmail.com



Volume 15
Issue 1
2019

Crossing

Rekka DePew

When I was young my mother wore
Dr Pepper flavored
chapstick, tinted red
that she would let me use
for special occasions
and I thought that adulthood was
wearing Dr Pepper flavored chapstick, tinted red.

When I went to college she sent me letters
just because, and in one letter she
included a tube of Dr Pepper flavored
chapstick, which I took to mean she thought I
had finally grown up,
though she, most likely, simply thought
of moving north, where it is cold
and dry and where I would need
chapstick for chapped lips.

And always after,
the taste of Dr Pepper brought back
memories of running home laughing
through the snow, jacket too thin for this
and an independence translucent enough
to wake up every morning
to her letters taped to the inside of my door.



Decades later in a hospital room,
I wake up post-op, next
to an old man who insists his bed
is a ship on the South Pacific.
A nurse stops by and sits down on the chair
beside my bed, and she asks how my children,
grown and moved to Louisiana,
did with the hurricane last week.

I sleep again and wake to find a can of
Dr Pepper she had left
on my bedside table, as if to say
nothing more or less than
you are here and this is what we had.
Merely I was here, briefly, with you.

Rebekka DePew is a
poet and student at
Vanderbilt University
Medical School. Email:
Rebekka.e.depew@
vanderbilt.edu



Volume 15
Issue 1
2019

Your Remedy Book

Alan S. Weber

For Fatigue

Are you tired, my love? A sweet rest for you. I will clear away your troubles, chide the birds for singing.

For Soreness of the Limbs

Your legs are sore. Holding them in my lap, I caress them until you sleep.

To Strengthen the Constitution

My love, let us walk into the hills. The air is refreshing. The heights will quicken the blood and preserve your energy.

For Sadness

Here's a blanket on this gray day. Would you like some tea? A kiss? Here is your favorite book.

To Relieve Hunger of the Stomach and Intestines

After this, which I have prepared for you, you will feel better. Drink this also, hot and nourishing.

To Beautify the Hair

Where is your brush? It is no trouble to brush your beautiful long hair. The pleasure is mine.



A Tested and True Mixture for Crestfallenness

Look up my love, be strong in this disappointment. Gather up all your strength, and I will lend you mine.

*A Remedy to Love a Town, Although it be
Another Town, and Not Your Own*

Here is my town. It has friends, lovers, waterfalls, shops and buildings. A true heart lives in this town; it can be your town too.

Alan S. Weber, PhD, has taught the Medical Humanities, including the history, philosophy, and sociology of medicine and Islamic Medical Ethics, at Weill Cornell Medicine in Qatar for the past fourteen years. Email: alw2010@qatar-med.cornell.edu



Volume 15
Issue 1
2019

Advance Directives / Narcan

Andrea Lee Fry

Advance Directives

If the situation should arise in which there is no reasonable expectation of my recovery,
you've asked that I provide instructions.

In the event that I am incapacitated, you've said it would be prudent of me to spell out
to a designated representative exactly what can and can't be done to my body.

Furthermore, it has been suggested by other reasonable people to consider such things when I
am of sound mind and body so that I can die with dignity, since dying with dignity is all any of us can ask and since we can't ask not to die.

If the situation should arise when I am unable to make my own healthcare decisions—
unlike now when I smell onions frying and the curry leaves mingle perfectly with the goat and I've just seen the wood duck claim the box I hung in the cedar swamp and I can't stop smiling at the twang of the banjo and I feel randy for the first time since winter began—unlike now when life-sustaining measures are less brutal.



In the event that my heart is so diseased that it falls into a
renegade rhythm, pulsing and pumping
indiscriminately while my abandoned kidneys scream
and my hands and toes purple in quiet protest,
perhaps I don't want reasonable people to mount my
chest like bushwhackers crashing the forest, smash
my ribs and slam my heart silly back into this world.

If the situation should arise that I can't breathe and I open
my mouth as wide as I can and suck and
heave the air with all my strength, but still can't
usher enough of it into my lungs, am I thinking of
dignity?

It is in accordance with my convictions and beliefs that I have
loved someone well for fifty years
and my heart warms like a cat in the sun when I see
him. The tap dancer so in love with the gentle
rhythm of her own clicks can't imagine her body
imploding from a tumor.

I request that my health care agent make decisions in
accordance with my wishes, knowing also that
I've wasted my life until now, and while I lie dying I
see the softest snowfall for the first time and ask that
you disregard anything previously uttered by my
sound mind and body.



Narcan

It's like a fantasy, a fierce
correction of the stars:

superhero on the scene,
grabs morphine by the scruff,

yanks the milk-mouthed
from their glut of ecstasy.

It's straightforward
as prayer, humble

as a wish. What else
on earth can do this?

The chemical crane—
deus ex machina—

that lifts soldiers
good as gone,

turns their limp bodies over
onto dry sand,

fixes their eyes
back into the sun.

I can see her blue lips whiten,
her glistening skin dry,

her caved chest arches,
and her mouth springs open,
strains like a chick for breath,
her breast a heaving bellows.



And then that softening
of her face,

a gentle tic
around her lip.

I believe.
But so must she
accept

the burden
of pure gift.

Andrea Lee Fry published her first collection of poems, *The Bottle Diggers*, in May 2017 (Turning Point Press). She is a nurse practitioner at Memorial Sloan Kettering Cancer Center.
Email: arlefry@aol.com



Volume 15
Issue 1
2019

Seven-Oh-Seven

Christopher William Blake

Seven-oh-seven tells me I'm his muse. Not in a dirty old man way, though he is old and a man and dirty when I haven't wiped the stool from his behind.

He draws my portrait each day I am his nurse, draws my portrait on the backs of surplus paper plates with crayons and markers and other supplies scavenged from some deceased art therapy program.

At home, two hundred and thirteen paper plate portraits line the walls and now the ceiling of my bachelor apartment. One time, I brought a date home and he asked what was with the plates, but I couldn't tell him on account of patient privacy and anyway that was the only time I ever saw him. He didn't get art.

Seven-oh-seven has been in room 707 for fifteen months, two weeks, and five days. He scratches off the days on his bedside table like a convict in solitary. He calls the nurse manager "the Warden" and me "his Jailer." I tell him he has a dry sense of humour and he just shouts, "Jailer,



Jailor, Jailor!” and I laugh and laugh and sometimes little tears spring to his eyes like they do when something is just too funny.

Seven-oh-seven is too sick to go home, but not sick enough to go anywhere else. Actually, he doesn't have a home anymore or any things anymore, because he doesn't have any money anymore because he has been in hospital for fifteen months, two weeks, and five days.

Sometimes, on nights, he looks up at me after I've finished giving him a bed bath, after I've switched off his overhead light and the room is lit only by the reflected fluorescence of the hall, and he asks me if he's going to die here. I laugh and tell him he's not going to *die*, but he just looks away and asks to be alone to work on his portraits. I give him his space. Artists need their process, I know! I'd be an artist too if it would pay the bills.

Sometimes, when I think of Seven-oh-seven, I think of him as Seven O'Seven—like he's an Irishman, though he isn't one, or at least I don't think he is. I told him this once and he put on a fake Irish accent and started swearing and cursing at me (pretend like, on account of how close we are), and he was so good that by the end it almost sounded as if he meant it. I told him he was quite the actor, that he should have been on Broadway, but he just said he was tired.

Lately, Seven-oh-seven's portraits have entered, like Picasso's, a blue phase. In Midnight Blue and Sky Blue and Maximum Blue and Denim Crayolas, he draws my portraits, which are becoming more, I guess, impressionistic? Expressionistic? With the



crayons it is hard to tell. He has started an art installation in his room, spelling, in a single letter per plate, the words “When am I getting out of here? When am I getting out of here? When am I getting out of here?” on the walls.

Last Monday, I came to work and walked by room 707 except Seven-oh-seven wasn’t in there and neither were his plates or his crayons or his colouring pencils. Instead, there was just some woman with a heart attack. After rounds, I asked the doctor who’d been on call over the weekend what had happened, and he told me that Seven-oh-seven had been hoarding his sleeping pills and they found him dead Sunday morning with not even a note or anything. Then the doctor leaned in and pulled up a picture on his phone. It was another paper plate portrait but this one was of him. He grinned and then he whispered to me, “You know, he told me I was his muse.”

Christopher Blake is a
Writer and Palliative
Care Physician from
Toronto, Ontario. Email:
christopher.blake@uhn.ca



Volume 15
Issue 1
2020

Shared Decision-Making and the Yellow Fever Vaccine

Patricia Cardoso Pastura

It was a regular afternoon in the Pediatric outpatient clinic. In that quiet afternoon, I was the attending physician in resident supervision. Outside the office, in the corridor by the door, a humble middle-aged lady approached me.

I simply tried to get away. Every day, in medical practice, we are confronted with so many situations that lead to difficult decisions ... I usually try to escape from these situations, if I can. I try to escape—that's all! In an ambulatory setting, many unscheduled patients want to be cared for ... Is it right to deny care?

Anyway, she approached me very quickly, only wanting to ask a question.

"That's my son," she said, pointing to a young boy with Down syndrome. "He is Dr. Richard's patient," she continued. "Should he be vaccinated against yellow fever? And me—do I need it too?"

"Yes!" My quick answer left no room for doubt on either side.



In fact, I have been reticent about this vaccine for years. ... The more I studied, the more reticent I became. It is another misleading aspect of medicine: the more one studies, the less one knows for certain.

We live in a country plagued by epidemics, poverty, and sadness. Our city has been protected from yellow fever, but devastated by dengue, congenital Zika syndrome, violence, and hunger. Until very recently, the risk of the vaccine was greater than the risk of an outbreak of urban yellow fever. Now everything has changed: the virus has approached the urban area again! Someone admitted a sick man to a general hospital in our city. Now there are several sick patients in the same area where unprotected people live and where only the mosquitoes circulate freely. The risk is real! I've already taken the vaccine myself. I took my children to be vaccinated. Eventually, everything went well, there were no side effects. No Guillain-Barré syndrome, no encephalitis ...

As if she could read my thoughts, she asked: "But did you receive this vaccine?"

"Doctors do know," she said. "If they get vaccinated, then we believe in the vaccine."

And almost imperceptibly, she explained her doubts: "Doc, that's because I am afraid to die!"

While I kept on hearing the echoes of this long argumentative question, for incommensurable seconds, my thoughts ran deep inside of me.

I have children too. They are healthy, but they depend on me. Not only in sickness is motherhood an urgency and responsibility. Motherhood creates



a bond that might be one of the most sacred and unquestionable bonds in the meaning of life.

Many worlds separate us—she lives the harsh realities of poverty, ignorance, and disability—however, in the face of death, we are equally vulnerable!

My answer may have sounded like a joke, but it was a shared truth; whispered so as not to be actually heard. In fact, it was more a confession than an answer: “Doc, that’s because I am afraid to die!”

“So am I!”

Patricia Cardoso Pastura
is a Pediatrician at
Oswaldo Cruz
Foundation in Rio de
Janeiro, Brazil. Email:
patpastura@gmail.com



Volume 15
Issue 1
2020

Takotsubo's Long Shadow*

Pam Lenkov

Two grandparents, patients this week
Lost their grandson
A life snuffed
Asphyxiated
His own hands the weapons
“He was the most like me”
Grandfather's words
Limned by heartbreak
Running hands through gray hair
Curly
As that of the young man
Blond and grinning in his hockey jersey
In the photo
In my hand

A mother, long my patient
Lost her son
University's first year
More foe-like
Than friend
His life loosed
In that instant
The rope tightened
“When he smiled the world smiled back”
His mother said



Wondering what perhaps hid there
If only she'd known what
His smiles belied
I lean forward
In appreciation
Seeing the broadest smile
Curved lips beaming
In the photo
In my hand

A young woman, newly my patient
Face tear-streaked
Rivulets of mascara its geography
Sister lost
To the aggression of sarcoma
In the handing over
The photo's image
Transiently suspended
In the space between us
Almost corporeal
Captivating
I see the long dark hair
Dark eyes
A fragment
In my hand

At week's end
Medical student having been
My shadow
Observing
Listening
(So hope!) learning
Asked
"How do you know what to say...
when you don't know what to say?"
Here's the way
(A clinician's art!)



Stop the tap tap tapping
Deny the insistent screen
Put down the pen
From the history-taking grasp
Whose intent is clear
In the scratch scratch scratching
Putting words to paper

We spend our time
Wrestling
Wrestling narratives
Into obeisance
Poking
Prodding fingers examining
Prescribing
Ordering

That's not the way
(Here's the privilege!)
Look them in the eyes
Don't know what to say?
Don't say anything
Platitudes are oily useless things

Take the photo in your hand
Engage
Suspend all else sensory
But this respectful seeing
(So much less worthy is the
Feeling the hard chair beneath you
Peering at the soulless screen
Hearing the hum that is the hospital
Astir like some great beast)
Let the image
Be the all
Between you
In the gathering silence
The best treatment



Of wavering hearts
Your mute deference
Saying all
That needs to be said

*A takotsubo is a type of trap used to capture octopus. Its relevance to clinical medicine is in the specific syndrome named for it, Takotsubo cardiomyopathy, whereby the (grief-stricken or stressed) heart balloons out and assumes a similar shape to this trap.

Pam Lenkov is a poet,
clinician, and educator in
the Faculty of Medicine,
University of Toronto.
Email: pamela.lenkov@sunnybrook.ca



Volume 15
Issue 1
2020

Diagnosis

Dan Campion

The clutter in my left eye is debris
from separation of the vitreous
from retina. When age and genes agree,
these structures come apart in some of us
and let us see the stars and ghosts and bolts
of lightning myth and scripture codify.
The peeling's slow, as when an adder molts,
but nothing's shed: the dross stays in the eye.
I picture cavern in Platonic cave,
the fire, procession, shadows—all inside
the humor of one eye!—while I, the slave
of sense impressions, rock from side to side.
The phantoms shift along, now left, now right,
dim silhouettes by day, bright darts by night.

Dan Campion is a poet
and editor working in
Iowa City, Iowa. Email:
jecdrc@earthlink.net



Volume 15
Issue 1
2020

Survivor's Debt

Anne Pinkerton

“Make a fist and hold it,” the friendly young nurse says to me as she pumps up the blood pressure cuff. It tightens around my bicep, and she slides a needle into my rising vein. When she does the same to my other arm, I smile up at her in her bright red scrubs. I realize that the Red Cross staff members no longer say things such as, “OK, you’ll feel a little sting,” or ask if I’m ready. They know that I know the drill.

On the first anniversary of my brother David’s death, now ten years ago, I decided to give blood for the first time at a local donation drive. David had been a doctor, and I figured he’d have appreciated my tribute. A few weeks later, I got a call informing me that I produce triple platelets—three times the normal amount.

“Would you be interested in submitting to apheresis?”

“Apheresis?” I didn’t know what that word meant, what exactly platelets did, or what it meant to have triples. Apparently, my body produces a great concentration—even a surfeit—of the clot-



ting material needed to survive. In the world of phlebotomy, my biological good fortune gives me some kind of rock star status. Now, my online donor card tracks only the last 30 appointments I've had, yet I'm not as regular as I feel I should be about getting to the chilly Red Cross lab to let them open a vein.

I am forty-five years old now. Having outlived my brother, other family members, even close friends my own age—which isn't supposed to happen in a just universe—I have an acute sense of being alive. So did David. In addition to working in a radiological practice, he was a dedicated outdoorsman and elite athlete. He traveled the globe and competed in mountain biking and cyclocross competitions, triathlons, ultramarathons, and adventure racing. He was attempting to summit all fifty-four of the Colorado Fourteeners, a range of 14,000-foot-high mountains, when he fell and died.

Since then, I've lost three friends to cancer, one to a blood disease, several to suicide or overdoses, and a couple to accidents. I've learned more about radiation and chemo than I ever hoped to. I've witnessed the dismaying aftermath of a mastectomy; gaped at the discovery that an egg-sized tumor was retrieved from a friend's brain; watched a belly swell to the size of a basketball after every experimental drug had been tried, and had failed; imagined the darkened lining of a dear chain-smoking friend's lungs. In the last decade, still more people I love have dealt with arduous treatments, operations with long recoveries, chronic



pain, mental illnesses, and the deaths of long-fought-for babies.

In my four and half decades on the planet, I've had one tiny day surgery, two minor broken bones, one ER trip for stitches in a finger, and a few cavities. Kid stuff. The trivial injuries one experiences from simply living in the world.

But I do suffer from a strange affliction: It's not quite survivor's guilt, but something like it. Survivor's obligation, perhaps. Through little effort of my own, I've been given something remarkable—excellent health—and I can't help but believe that I owe it to the world to give back.

I owe it to my brother. I owe it to my friends.

I owe it to people undergoing chemotherapy, to trauma patients, to those with blood disorders, to those having major surgery, to premature babies.

As a result, I occasionally spend a couple of hours at a time with a thin plastic tube snaking out of one arm, which feeds into a refrigerator-sized machine containing a centrifuge that spins the sticky yellow cells out into a small plastic pouch. Another tube delivers the rest of the blood material back into me through my other arm, along with so much saline that the instant the process is finished and I am disconnected, I always have to pee.

During the procedure, I squeeze a foam ball every few seconds with the hand connected to the outgoing tube so that the blood runs faster, just like in a regular "whole" blood donation. With headphones on, I watch TV shows on Netflix. I started with "Mad Men," then "Parenthood," now "This is Us"—binge-watching without guilt. The

hardest part is making sure not to bend either arm. I get really cold after an hour or so, but I'm lucky; some donors' faces go completely numb, others have sneezing fits, and the worst cases throw up during the process. The nurses are happy to scratch a nose or adjust headphones, though I've never actually asked for that. I can't imagine vomiting into a bag they are holding, though I do accept a heated blanket.

My blood type is B positive, which always makes me chuckle; it's like my innards sending me a message.

"I am so lucky," I said to my husband this morning before I drove through the pouring rain to the local donation site. He worries because he sees how tired I get after the process; I often sleep the rest of the day. Once, I had to pull over on the drive home because I thought I was going to pass out. I learned later that the calibration had been too high on the machine that day, and too many platelets had been retrieved. After that scare, he was angry with me for donating so much. "Who do you think you are? Mother Teresa?"

I'm not bothered by needles and have sat for the duration with a badly positioned one pinching painfully and said nothing. I hate putting people out, and who am I to complain about anything, really? Sometimes, when a needle is removed, my vein keeps bleeding for a while. As they press a folded piece of white gauze against the wound and hold my arm up above my head, I joke to the nurses, "You should have left a few platelets for me!" Red Cross humor.

Despite an excellent exam with my OB/GYN and a clean mammogram less than six months ago, I ask for an extra breast check with my primary care doctor, not because I am actually at risk, but because another—and then another—friend is diagnosed with breast cancer, and I am freaking out. Though my breasts are dense, they are fine.

At my annual eye check, I ask if I need bifocals because I fear my vision is declining, but I needed only one measured tweak to one contact lens. I think of the dozen medications my husband takes and feel almost sheepish telling the doctor what I'm on, because it's only two things, maybe three.

After being off the charts two years ago, my blood pressure is perfect now, due largely to a great therapist and a switch in medication. My body mass index is fine. My bones and teeth are strong. I should watch my triglycerides, but so should anyone who loves bread and cheese as much as I do. Why am *I* walking around with such good health? What did I do to deserve it?

In yoga class today, my beautiful and supremely fit teacher, stands in front of the mirrored wall in her colorful athletic wear and complains of her sore knee and strained hearing. She is turning forty tomorrow.

“What will be next? Will I go blind?” She is laughing and joking, I know, but I want to get serious and unfunny and dark. I want to bring her glib humor to a dead halt. I want to tell her, right then, what Cybil Shepherd once said, “Birthdays are better than the alternative.” Someone else said, “Do not regret growing older. It is a privilege de-

nied many.” I don’t say these things, but I go home after class wishing I had.

A small cardboard box arrives in the mail from the Red Cross. Inside is a stainless-steel travel mug with their bright crimson plus sign logo and the hashtag, #CancerKicker. This is what I get paid with—on top of the plain good feelings—SWAG. I have been given Red Cross t-shirts, tote bags, stickers. I’ll proudly take my coffee tomorrow in this mug, and I’ll be honest if a colleague asks what #CancerKicker is about. I’ll tell her that what I give at the Red Cross is reverentially referred to as “liquid gold,” that it stays viable only for five days, so the need is constant, that it’s easy to donate, and that she should see if she can do it, too. I’ll recruit like a missionary, even knowing that coercing coworkers to go for a whole blood donation when it’s happening right downstairs from our office is damn near impossible. Where is their sense of community?

My neck skin is becoming slightly papery, I notice in the bathroom mirror. I think about Nora Ephron’s book, *I Feel Bad About My Neck*, and spend a minute more on moisturizing in the morning before I berate myself for caring, for vanity. After all, my best friend from college just lost all of her hair from chemo. She will have to don a scarf or a wig or a hat while my hair grows down my back. Last year, for the third time, I cut nine inches off my hair to send off to be made into wigs for women and children with cancer.

I grew up in a family that made us aware of what we had. We were taught to donate to others in need, to sort through our toys at the holidays,

to give away a few, then a few more after our parents reminded us that some kids didn't have any for Christmas. No toys seemed like the worst fate imaginable. I was a kid. I had no idea. Each season, Mom made us try on too-small pants, shirts, and jackets and then chucked them in the Goodwill bag. Both of my parents have been lifelong volunteers and donors. I don't have much extra time these days, and I've never had lots of money, so for me, these days, it's about biological gifts. It's all I've got.

In addition to blood and platelets, I became a bone marrow donor last year simply by sending in a swab from the inside of my cheeks. I told my husband that if called, I would have to take the time off to do it. That donation is not so simple; it is surgical and requires needles in the pelvis, although anesthesia ensures you feel no pain. Every year, I make sure my driver's license still has me marked as an organ donor. My friend Karen bolsters me when my enthusiasm flags, saying, "Your body makes so many good things for other people!"

Am I really so good? I live with the regret that a friend on dialysis died of kidney failure, and I never knew whether one of mine might have saved her. Maybe I wouldn't have been a match, but I'd have given one to her without having to think about it for even a minute.

"Show me the insides of your arms," the Red Cross nurse commands, after checking that my iron and blood pressure are fine. As I pull up my sleeves, she examines my forearms and the crooks of my elbows.

She looks at my puncture scars. “You donate a lot—or else you like heroin a lot.” I laugh, surprised at her humor.

Each time they badger me with emails and phone calls, asking me to schedule my next appointment, telling me that “it’s an emergency,” that “there is a critical shortage,” that “only YOU can make the difference,” I am frustrated until I remind myself of Susan, Joanna, Teri, Roxane, Jay, Max, Kim, or Kevin. When I’d really rather do something for myself, I think of the little boy on the poster by the apheresis registration desk, the girl on the Red Cross thank you emails, the anonymous patient at a hospital in Connecticut where my last batch of sticky clotting cells was delivered.

Do I believe, deep down, that if I give enough (and when *is* enough?), I might somehow save the next friend? The next family member? By extension, might I save *myself* from another loss? Do I think that I can save my own life? That by tithing this way, my generosity will be so great it can outweigh illnesses, accidents, trauma—even my own?

Absurd, I know. But maybe I do.

Anne Pinkerton is a writer and communications professional at Hampshire College and holds an MFA from Bay Path University. Email: aapinkerton@gmail.com



Volume 15
Issue 1
2020

The Stranger / Deportation

David Weinstein



The Stranger



Deportation

David Weinstein is a
practicing physician and
artist in Atlanta, Georgia.
Email: d.weinstein
@hotmail.com



Volume 15
Issue 1
2020

Syllabus

Marcie S. McCauley

Elsewhere the hospital flooring is nicer, but here it is poured concrete, painted grey, which seems insulting. As though they had the budget to paint, but couldn't be bothered with a colour. Not that it would have felt any different sitting on it. Which is where I am now, while my husband sits in a chair nearer the hospital bed.

I don't belong bedside, so I sit cross-legged on the floor at the end of this ward, an emergency exit next to me. Only a couple of bed-lengths away, I am still on the scene, but not horning in. Which is appropriate, best as I can guess, because I don't know the unconscious man in the last bed in a row. I only know what he is to my husband.

Which means there are only two of us who know this, two of us who are conscious. The man in the bed only told my husband last year, telling in an almost-not-telling way. As though he had already revealed this news before and was only issuing a reminder. Like the kind you receive about a subscription soon to expire.



He might have shared the news on the heels of a diagnosis, although nobody heard about that either, not until he collapsed and was brought to the hospital by ambulance last week. His other kids view my husband as the foster kid from years before, from another marriage, apart from them in some other time.

The younger daughter stands and stretches, offers her seat. The daughters have been there since before the weekend. For how long exactly, I don't know, but long enough to earn that chair remaining empty while she walks the loop around the nurses' desk. "It's more comfortable than it looks," I say, patting my head where it backs against the wall. The older daughter tilts her head in my direction, as if to say that, were her father not dying, she would properly acknowledge the conversation.

It's not comfortable, not truly, but nobody troubles over the lie. There was a time when, even if it was not comfortable, sitting on the floor was not uncommon. In elementary school, kids sat on the floor in the halls, lining both sides to eat lunch. In gym, we began and ended each class seated in squads. From the earliest of ages, I have sat on the floor and observed the adults around me.

Once, sitting on a floor much like this one, practical and bare, I caught a glimpse of something that I couldn't properly name. I had sat in nearly the same place every Monday night for about a year, mostly reading. I wasn't always alone in the library basement: occasionally someone came through one of the stairwell doors—more often the further one, with its passage near the



upper floor's circulation desk—to pluck a book from its shelf.

Once, two men worked on the microfiche machines for the entire evening, at the furthest point from me. They weren't counting on anyone else being there either; they were eating something crunchy, and it was so quiet that I heard them licking their fingers.

After that, I brought my Walkman and my Depeche Mode cassettes, in case more people starting hanging out downstairs, in case of more crinkling, more crunching, more licking. But nobody noticed me. Not even in my best outfits, trying to pass as a student, hoping to collapse the years between me and the ages of those in attendance.

Which didn't mean that I wanted to go to teacher's college. At that age, I could fit two things together and test the combination for truth in my own small world alone. It simply meant that I wanted to be old enough to be in that library for some other set of reasons, reasons that had nothing to do with waiting: I wanted to be not waiting.

Not waiting while my mother attended night school, which was still school, but mostly for older people upgrading their skills. Sometimes her teachers allowed me to sit in the classrooms, but mostly I waited. That library at the teacher's college was the best place of all: it not only had books, but children's books. Because she was enrolled there, my mother also could borrow things. While I waited, I looked at books I didn't want to be seen borrowing.

One night, I had piled all the Carolyn Haywoods around me, twelve in total. These were old-fashioned stories written for little girls but they still mattered to me. I pulled all those Betsy books off the shelf and sorted them into stacks: the ones I knew and loved, the ones I knew but didn't love, the ones I didn't know that looked good, and then the rest.

This kind of mess might have gotten me a dirty look or a scolding from a librarian, if anybody was ever downstairs long enough to notice. But nobody was watching me. If, when I was done, I reshelfed all the books in best-to-worst instead of alphabetical order, they would still be that way the next Monday night.

Meanwhile, I sat with Betsy—she in her pig-tails and tam, me in my green stirrup-pants and legwarmers—marvelling that, as a young girl, I had believed everything was fine when she waved to her mother and turned to walk to school alone. Now, I could see the disaster coming, could anticipate her taking that wrong turn. Now, it took only a few minutes for me to read a Betsy chapter, to see my predictions unfold.

That night, I'd been sitting on the floor of the library long enough to feel the concrete's chill, but not long enough to be uncomfortable, when the door near the photocopier sneezed open. Shushing, covered whispers, and kissing—not talking—by the time the couple turned the corner at the end of the first aisle.

When the door burst open, I clutched my book closer, surprised. It was between my belly and my

folded arms, gripped too tightly to turn a page, but that didn't matter: my focus had shifted to the desk butted up against the end of that bay of shelves.

The woman slid sideways onto that desk, facing me, but with the end of the bookcase between us, blocking her view. The man's back was to me and I knew what they *weren't* doing, because his clothes were fastened. She was all dressed too, but she was whispering about it feeling good. Not all the wet sounds were mouth sounds. Their breaths were like hisses in the stillness.

At first I couldn't stop looking and then I wanted to, but there was no way to leave. "Come on, baby, come for me," he said, over and over, and after that there was more noise, and still more, but quiet noise, until—finally—there was less.

If I had been reading, I would have been able to guess how long it lasted by how many pages I had read. But I hadn't even looked in Betsy's direction.

He moved to leave quickly, was already facing the way they had arrived by the time she got off the desk. In the course of her shimmying and straightening, she noticed me through the gaps in the shelves before leaving me in the basement with the heady smell of concrete and dust and all the things that Betsy didn't know.

Now, outwardly I look different. I'm three times older than I was then—closer to four, now that I think about it, because what else have I got to do? I likely folded, rather than sank, onto the floor back then, more like an origami crane than a tire iron. It doesn't feel so different though.

When the nursing staff is preparing for a shift change, they advise the family to do what needs doing elsewhere now, because it is going to be a long night. My husband offers to drive those who were dropped off here earlier, so they can leave and return quickly. The man's wife has a car and agrees to let the dogs out for a piddle. Even while someone is dying, there is talk of piddling.

Only the older daughter remains and, after everyone else has left, she pats the chair alongside her and asks if I will sit. I move to rise. The crack of my knees seems to echo as I stretch and resettle.

Almost immediately, a staff member approaches to ask a question. The man in scrubs knows that she is family, that she is the one to ask; but she is tired, not yet thirty, and unsure of the answer. She stares through the gaps of incomprehension, and I feel the chill of the concrete on the backs of my thighs, that pervasive unreadiness.

Marcie S. McCauley is a writer and book reviewer in Toronto, Canada. For more information, visit www.marciemccauley.com
Email: marcie.mccauley@gmail.com



Volume 15
Issue 1
2020

Moving Out

Laila Halaby

Nora shuffled around her house, her body stiff like the cedar chest she'd held onto all these years for its quality craftsmanship, and because it provided storage space for her four handmade quilts. For years the cedar chest had been gathering dust under a window in her living room, one soft circle glued to each corner of its underside so it would not scratch the wood floor should someone choose to move it, which no one ever did. Together she and her cedar chest had grown cumbersome and did not find a place in today's always busy world.

Nora wore leather clogs with rubber soles her daughter had given her so she wouldn't fall, \$100 shoes usually worn by nurses or people who had to walk long distances, no-slip pads protecting her as she walked from her bedroom to the kitchen to the porch to the living room to the kitchen and repeated these commuter trips throughout the day. She who had once crossed the country several times in a week, who walked across the Atlantic in high heels, now shuffled from one room of her silent house to the other in bulky clogs, serving no one except a sweet old mutt.



Nora didn't mind being alone and relished the quiet of the morning before she put in her hearing aids, before the neighbours began their bustle, before her dog began her self-appointed guard duty. She couldn't hear the crows or the gulls or the squirrels and when she stood still to watch the nature around her, she sometimes felt she was in a silent movie without the cheery score playing overtop. On good days—warm days when her bones didn't hurt too much—she stepped out onto her porch overlooking the bay; she watered her plants while enjoying the sun on her face and her back. On those sunny days the water looked as though a giant had opened up his fist and thrown a handful of glitter across the surface. When she lay in her bed and looked at the ceiling, the reflection of the water shook as though a film was being run through a projector.

She often thought of her dead sons and grandson on such occasions, the son who had died as a baby, the musical son, and the grandson who had loved movies and birds. She would turn toward the wall when these memories appeared, as it was too much for one moment to hold such beauty and sadness in the same breath. She spent a good deal of her days facing the wall and this disturbed her remaining two children.

The dead followed her, could be found scattered on the two oval braided rugs flanking her bed, though more so on the blue one where she set her aching feet each morning. The dead were inside her house and on her porch stretched out on wooden chairs and nestled deep under the rocks she had collected on her walks. The dead stretched



themselves to form glorious cloud shapes. They rode on the wings of the cardinal couple that visited each morning, tucked themselves as stow-aways under a crow's feathers, or slipped like magic into an egret's bill. They were neither comfort nor terror, simply part of her every day.

Their presence had grown stronger and clearer as she aged, but she no longer talked about the spirits she felt close to her, nor did she mention feeling anyone's presence or catching glimpses of dearly departed friends or family or movie stars. The effort to be heard had become almost as much of a strain as the effort to hear. The years that separated her from her living relatives had become a moat filled with crocodiles.

Sitting on the other side of the moat lived her family who loved her and showed their love by desiring her things. Eighty years of life had allowed for a lot of possessions, some of them valuable. No one called just to call; they called if they remembered something they wanted or needed. They called to remind her of something she had to do. The fervour and frenzy of phone calls and emails and texts increased as moving day approached. Her children and grandchildren and niece and nephew were clamouring for a favourite piece of furniture, a favourite dish, a best memory wrapped in porcelain or gold or silver or mahogany or woven this way, painted that way. They each called more frequently than in the last many years combined, empty and sometimes desperate years.

She had taught herself to be the regal heron standing with its toes in the water, only vaguely

aware of all the busyness surrounding her. It no longer bothered her but it continually disappointed her. How to raise children so different from you? Perhaps it was the three decades of life that sat between them, or the thousands of miles she had covered in the air that gave her something they would never understand. Or perhaps it was the simple product of being an old woman. *Nobody likes an old woman. They've burned us throughout the ages.*

Nora kept her television on even though she had never been much of a television person and she couldn't hear it clearly unless she was wearing her hearing aids, and its volume was so high anyone outside could listen as well. The once-loathed television had become her predictable companion, a boring husband who did not require too much attention as he blathered on about this anniversary, that hurricane, this nuclear threat, or the horrors of having a maladjusted man at the helm. That was another story. While she leaned on her eighty years as an excuse to not do anything in the larger realm of the world, this current situation had her thinking twice.

* * *

Nora settled onto the couch with the dog at her side to watch her Sunday night movie, part of her routine to keep out the chaos. Even with unpredictable flight schedules or life happenings, there were actions that grounded her, like stretching for five minutes every morning. Stretching was something she could do in her new home, though the

view would not be as pleasant as this spot on the bay. And Sunday night movies.

Six weeks remained hers until the moving van was due to come and retrieve the forty years of life she had not forgotten, donated, or sent to the dump. Just over forty days to pack the vestiges of forty years, four children, and four husbands.

Like a table or chair with its symmetry and balance, her life had four corners, four seasons, four score. She liked to play with these numbers.

When she mentioned four husbands and four children, her two living children would correct her. “Three husbands, Mama. Three husbands and three children.” They thought she was starting to lose her mind when in fact she was just opening all the doors and letting everything she had stored up for years mingle with what they already knew, which did not include her first husband and first child. She supposed that by today’s standards they would feel they had a right to know. What did it have to do with them? In what way would their lives improve if they knew they had had another sibling? He was dead, so what was the point?

I am the cedar chest with secret compartments, she thought. Under the false bottom are my first husband and dead son. Tucked in the bottom quilt is the reason I lost my second husband after only a few weeks of marriage. My third husband, the father of my children, fills the cedar chest. My fourth husband is on the half-shelf attached to the lid. My dreams are slipped between the panels of wood and in the tiny cache my first husband built, an entire space in the lid to store all that is mine and mine alone.

Each child and grandchild and great-grandchild had at one point in the last years gone to the corner of the living room under the window and opened the cedar chest. After varying degrees of time and varied levels of inspection, each child or grandchild or great-grandchild had closed the lid in disappointment, concluding there was nothing of interest in the four quilts and miscellaneous household items nestled between them. Her movie grandson had been the only one to return to it, to unpack its contents, and to use one of the quilts. Using the quilt had started out of laziness—she had been washing the fleece throws and he was cold and walking over to the chest was closer than going all the way to the hall closet where the blankets were stored. It started a new routine for him. On anything but hot summer days, he would go to the cedar chest and take out the top quilt—the one that was made for his father—and nestle under it while watching a movie. Even once the soft throws were returned clean and fresh to the back of the couch, he would opt for the quilt.

Nora had not opened the box since her grandson died, and she had removed the quilt he had loved to cover himself with on those Sunday movie nights and placed it on the couch. He spent so much time wrapped inside it that it still carried his scent: a mix of cologne and cigarettes and skin.

Over the last months, loose blankets and plastic bins had gotten piled on top of the cedar chest so it was largely ignored, like a diamond ring hidden under the rocks under the water that no one sees or notices except the heron looking over beyond his reflection for fish.

She was the heron with a sharp eye to spot the magic within the mundane, the lichen that grew between the planks on the outside deck, the acorns that wedged themselves there, toads between blades of grass, and her neighbour, Blaise, with his giant shock of white hair and his tiny decrepit wife. Every morning he would lift her off the dock and down to his tiny rowboat and they would go around the harbour while he checked his traps. She had had a stroke a few years ago but still rejoiced, in her silent way, at the trip around the harbour, and so they went. Nora couldn't see either clearly without binoculars, but she knew their routine and could make out his giant poof of white hair. *This is love*, she thought.

Her remaining son and daughter had pretended to fight over who would get to have her at home with them, but she knew that neither wanted her. As things now stood, she would be going to a tiny apartment in an assisted living home in a town she did not know that was equidistant from the two, "where you will be safe."

"I don't want to be safe. I would rather be dead." Her children couldn't bear this kind of talk, which was why they had increased their frantic push of assisted living facilities until she had finally relented. She admitted her house was too much for her to deal with, even with a cleaning person and someone to help with the yard. Easier to let go of the whole mess of it.

There were routines that came and went. This movie watching on Sundays was one of her favourites—a legacy of her dead musical son. He

had been very strict about television with his only son and had made a big production of family movie night every Sunday, which Nora was usually present for. When her son had fallen ill, these routines solidified in importance. When he died and his wife fled leaving Nora to raise another young man, she made sure to stick with it religiously.

What was a routine for her grew into a genuine love of movies for her grandson. She often thought that over the years the movies took the place of his parents. After he died, Nora couldn't bring herself to break the routine and would sit down to watch one of the movies he had given her while wrapped up in his quilt. For the last few weeks she had chosen *Gran Torino* and wished she had a cause worth going out in a blaze of glory for. Clint Eastwood was still rugged and appealing and was a good part of the reason she watched the movie every Sunday. Her grandson had been famous in their family for his movie gifts, for picking the most apt movie, one the recipient might not appreciate until later. *Gran Torino* was one such gift. Every time she watched, she found her dead grandson on the underside of a clever phrase, in the sleek lines of Clint's *Gran Torino*. In the purity of his final act. He was everywhere.

* * *

One more week until the movers came.

Her stuff was mostly still in the house, but with the help of her neighbour Genna it had shifted to different rooms, different piles. There

was her son's pile. Her daughter's pile (substantially larger). There were sub-piles. A corner of her room was devoted to the items to go with her to the new apartment. There was a huge pile to be donated and another huge pile to throw away. Today Genna was there with her boyfriend and her granddaughter to deal with the latter two piles. Genna had been a good neighbour since she moved in a few years ago. She was church-going, from a difficult background, and talked a mile a minute, which often drove Nora to sneak out her hearing aids in mid-conversation.

Even though Nora was in her own house and this was being done at her instruction, she was most definitely in the way. The dog was already locked on the porch so she wouldn't get out. While Nora couldn't help with the lifting and carrying, she also couldn't just sit while all of this was happening, so she put on her clogs and began her commute, but rather than going into rooms and participating, she leaned against walls and watched.

They were all polite enough. "Hello, Miss Nora." "Hi, Nora." "How are you, Nora?" She wanted to believe they saw her—I am eighty years old and throwing all of my belongings away and moving out of the home and place I love—but she knew they were focused on tasks and couldn't take her in. And so she smiled and nodded as they walked past with boxes of her life.

As the morning wore into afternoon, she found a box she had forgotten that still needed to be sorted. It had been upstairs and contained notebooks and papers. She hadn't been upstairs in

years and had no idea about the state of things there, though her daughter had said months ago that she had cleared out all non-essential items, as though it were an embassy in a hostile nation. Nora took a small stack from the box out to the porch to leaf through.

Up and down and thumps and *careful* and *do you have that end?* Non-conversations as they took all that was hers away.

Genna's boyfriend rolled a bicycle out from the basement and Nora called out that she had intended that for her great-grandson. "Please put it in my son's pile."

Genna turned her back to Nora and spoke to the boyfriend in words Nora couldn't hear but with tense shoulders and stiff hand gestures that made it clear she had intended to take it. Not malicious. Not in a thieving way, simply as someone with opportunity. And now she was irritated because this had been thwarted and she was blaming the boyfriend's timing.

Nora watched them and imagined throwing up her hands and kicking them all out. She envisioned shutting all her doors to the outside world and hunkering down in her house until she starved to death or fell and died on the spot. Or pulling a Walt Kowalski. Any of these was a death preferable to the prolonged dying that was ahead of her in a landlocked apartment among strangers.

* * *

They had finished the living room and upstairs and basement and were ready to take the boxes

out of her room. Nora had let her exhausted dog back in and she had settled on her pillow in the corner. Nora sat on her bed with her back to the entrance and leafed through a notebook. She was wearing her hearing aids so she heard the foot-steps. She was wearing her hearing aids so she heard Genna's granddaughter say, "It smells like Black people."

Nora froze.

She was wearing her hearing aids so she heard the quick movement and hiss of air that she knew to be Genna's.

"Nora, this is all what we are taking from here, yeah?" Genna asked her as though her granddaughter's comment had not been uttered.

Nora sat up straight and turned. She did not look at Genna, who was pointing to a short stack of boxes, but at her granddaughter.

She knew the girl was sixteen years old. Her mousy brown hair combed straight. Her heavy framed glasses square on her face. Four corners. She wasn't so special and yet here she was, talking like she knew a thing. The girl turned from her, but not out of deference or shame.

"Yes," Nora replied.

After the pile of boxes had been removed, Genna had instructed her granddaughter to clean off the shelves. Nora sat on her bed in a heightened state of awareness and continued to read through the notebook—her grandson's college English notes were peppered with lists: great movies, presidents, great leaders, worst companies—while the granddaughter cleaned. When she

turned around she saw the girl hard at work on the layers of dust that stretched across the shelves. Rather than taking a paper towel or rag and redistributing it in different form, she had gotten a brush and was systematically going from shelf to shelf, scraping, then sweeping, then wiping.

Nora smiled. *I am like those shelves. I have dust settled across my surfaces, not the easy kind that can be whisked away with a collection of underbelly feathers but the kind that mixes with the oils in the air, the years of disagreements, and almost requires scraping to remove.*

“It smells like Black people,” the girl had said.

Her son would have kicked them all out on the spot while shouting a righteous diatribe. She glanced down at the dog curled up on her pillow. If the dog had heard her son shouting, she would have barked at him in agreement.

Her daughter would have come up with a clever response and wouldn't have paid the girl or her grandmother or the boyfriend.

Years ago her daughter had been interviewed for a job at the hospital. She had not been hired even though she had been highly qualified and the two physicians who had interviewed her had liked her and found her impressive. They told her they could only hire one person and the other person who was up for the job was more culturally appropriate. Normally her daughter would have taken issue with this, would have gone above the doctors and screamed discrimination, but her nephew had just died and everyone had been shaken out of their daily shoes. A month later one

of the doctors asked her if she would be interested in doing training for free. “This will open you up to being hired when this position comes open again,” the doctor said, “which it will, soon.” The doctor made it out like she was being offered a great opportunity, but it was a lot of training and if she had gotten the job, she would have been paid for it. Her daughter had seen through it immediately and was furious and indignant and had refused the position. Nora realized the difference between them: she would have done the training, hoping that it put her in a better position to be hired later. Sometimes her daughter’s confidence seemed reckless, while other times it filled her with envy.

Nora thought.

This girl’s comment had shocked her and in her surprise she had said nothing, had done nothing.

Even though she knew the answer, she asked the girl scrubbing her shelves, “How old are you, honey?”

“Sixteen.”

“Come here, would you?”

She could see the girl hesitate and glance through the doorway toward Genna who was in the other room. Nora patted the space beside her on the bed in encouragement. The girl moved slowly toward her, but Nora had seen her put on an invisible safety harness and tether herself to Genna, as though she might need rescuing from an eighty-year-old woman.

“It’s very kind of you to come help,” Nora said, knowing it had nothing to do with kindness and

the girl would get a portion of the money she was giving to her grandmother.

“Of course. I am glad to help.”

“How are you keeping busy this summer?”

“I work in an animal shelter.”

“And do you like this kind of work?”

“I do,” said the girl, losing a bit of her fear, her facing lighting up. “I help animals, mostly dogs, who have been abandoned or whose owners can’t care for them anymore.”

“I see,” said Nora. “And what does this kind of work do for you?”

“It makes me feel like I am helping.”

“That is good. It is very good to help others, just as you are helping me now.”

The girl smiled, pleased with her goodness.

“I am wondering if you can tell me something,” Nora asked, putting her hand on the girl’s arm.

“Sure, what is it?” asked the girl, eager to show some of her animal knowledge, animal kindness.

“How is it that Black people smell?”

She watched the colour rise in the girl’s porcelain face. She knew the girl wanted to run but wouldn’t, given Nora’s hand on her arm. Nora remained smiling and quiet watching her.

Neither said anything. The girl’s head was bowed.

As they sat together in silence, Nora’s dead grandson leaned against her back and whispered. “You go, Grandma, put some *Do the Right Thing* on this *Birth of a Nation*.”

She could feel his power and let loose a deep laugh that startled the girl to looking up. Nora saw the tears in her eyes.

“Thank you for your help, sweetie. Come back to me when you have an answer to my question. You are doing a superb job on those shelves.”

Laila Halaby is a writer
and counsellor. Email:
lailahalaby1@gmail.com



Volume 15
Issue 1
2020

Dis is Ability: How One Artist Disrupts the Narrative on Disability

Jewel Fraser

It is Thursday April 18, 2019, the day before Good Friday, and Jon Williams is in Anne-Marie Garcia's modest studio in the Priority Bus Mall. The mall sits at the junction of the Eastern and Southern Main Roads in Curepe, Trinidad, located right after traffic lights in whose vicinity vendors can usually be found selling their goods on the sidewalk.

That morning, I had arranged to visit Ms. Garcia's studio to learn a bit about 38-year-old Jon's artistic process, having a few months earlier attended a successful exhibition of his work presented by one of Trinidad and Tobago's most prestigious art galleries. As I entered the studio, Jon was already there, wearing a T-shirt and long brown pants, neat and clean as always. His mother, Arlene Williams, had brought a set of hot cross buns and she and Ms. Garcia were busily creating a still life for Jon to paint. Mrs. Williams arranged the buns on a blue plate which lay on top of a white dishcloth that had thin blue stripes; a green ceramic jug stood to the left of the plate

and a glass of milk to its right. One of them had provided a red cardboard sheet that was about 15" x 12" as the backdrop for the still life.

Jon's expression was focussed as he unpacked his paints and brush while his mother tied on his apron. The class was now ready to begin.

Ms. Garcia began the class with a few pleasantries, then dipped a brush into paint and indicated to Jon where on the canvas he should begin. She handed him the paintbrush and told him to make circles for the buns. Ms. Garcia again dipped the paintbrush in paint prior to indicating to Jon where on the canvas he should draw the outline for the other objects in the still life. She calmly explained to him whether it was a circle or a straight line that he needed to draw, and Jon then drew the outlines with his paintbrush neatly and precisely with a firm, steady hand: the circle for the plate and the shape for the glass, and finally, the outline of the mug. Occasionally, he decided he wanted to add a different colour to the painting and he did so independently. Then it came time to create two-dimensional and three-dimensional effects. Ms. Garcia took the brush and dipped it in a dark paint as she explained to Jon that he must now paint the areas where he saw dark shadows on his model, such as the side of the jug and the underside of the plate. She pointed out the areas that reflected light and told him to use white to depict this, or a touch of red where the play of the light produced red shadows, and so on.

Jon then filled in other details, such as the pile of books that lay behind the still life to the right.

He painted these as a blur of blues, greens and yellows that gave an impression of the books without the actual lines. It was only then I understood what I had seen in his paintings at his second exhibition at the prestigious Horizons Art Gallery a few months earlier. At that exhibition, I had been



Source: Arlene Williams

captivated by the way his art seamlessly melded realistic figuration with surrealistic imagery. Now I could see it was due to his blending colours to depict peripheral objects, showing merely the sensation of their hue and shape as a backdrop to the more detailed compositions in the foreground that he so painstakingly produced under Ms. Garcia's

direction. As Ms. Garcia had told Arlene, his mother, “Jon sees.”

Jon’s works have sold very well at the two art exhibitions he has held thus far, a major accomplishment for a man who was diagnosed with Down Syndrome at birth due to Trisomy 21, meaning that he has three, rather than two, number 21 chromosomes present in every cell of his body. It is the most common type of Down Syndrome and is non-hereditary, his mother explained to me.

Jon Williams was born in 1981 to his Mum, Arlene, who was then a 23-year-old schoolteacher. Her husband, Eric Williams, was away in the US at the time, studying for a degree in Geophysics. Immediately after Jon’s birth, without explaining why, the hospital ran several tests on him. Three weeks later, Arlene sat in the neonatologist’s office listening to the test results and tried to absorb the news that would forever change her life and start her on a lifelong search for purpose—both hers and Jon’s. Recalling her reaction to the neonatologist’s explanation, Arlene said, “I was sitting in the office and I looked outside and wondered, ‘Why is the sun still shining?’”

It took a very long time for Arlene to outgrow the anger and sense of loss. She said, “I was angry, but did not accept the fact, face the fact, that I was angry. It took me a long time to come to the place where I am now.” Acceptance took place incrementally, occurring at various levels as time passed. “The fact that we came to a place early on that this is our child and we have to deal with it” helped her to cope with and shoulder her new responsibilities.

It also helped that Eric was at university in Houston, Texas. Arlene and Jon went to join him about six weeks after Jon's birth.

“Jon's first three years were in the U.S. That really helped us. The kinds of interventions that Jon had, we would not have had here [in Trinidad]. He was exposed to therapists from then. Because Down Syndrome babies' muscle tone tends to be very poor, there was physical therapy. And then the kind of baseline evaluation done was very thorough. We were given an idea of the kinds of things to look out for—upper respiratory tract infections; and the fact that they stick their tongues out because the mouth cavity is smaller. In Houston, we went to parents' meetings as well. You learned from other parents.”

Arlene said they came back home when Jon was three and by that time “he was in a good place, which I do not think would have happened if I had been here.”

However, there was still a lot of work for them to do as parents. Critical to Jon's superior functioning was his parents' resolve to enforce discipline and establish reasonable expectations for him. He always had chores, both he and his younger sister Dr. Traci Williams, who is now a clinical psychologist. “He has grown up having structure,” Arlene said. “What I found with children who have Down Syndrome is that their parents have not understood that you can put limits to the child, that they will respond to structure.” Her ex-husband, Eric, had taken the position that he could accept Jon having a handicap, but he

would not accept a handicap and bad behaviour. “So the kinds of behaviours I have seen in other children, we did not accept in Jon,” Arlene said.

Consequently, as Jon grew up he found himself welcomed at a Montessori school and later at a school for slow learners. He is currently a member of a gym where he works out each week. “Jon has always had people who accepted him and who gave him room. And I think if you have that, you are free to grow.”

Reflecting on what has helped her to keep going through the years, many of them as a single parent, Arlene highlighted faith in God and a search for purpose. She said matter-of-factly, “Purpose is very important to me.” Her father had taught her that everyone has a purpose on this earth and she wanted to find Jon’s. She had found her purpose in her job as a teacher, at least before she retired. “But I could not see what Jon’s larger purpose was. I think that part of it was showing people that Down Syndrome was not a death sentence. That with Down Syndrome [it is not inevitable] to have a child doing nothing.”

A tragic turn of events in Jon’s life stepped up Arlene’s quest for Jon’s purpose. In 2015, he had a nervous breakdown, diagnosed as psychosis. During that psychotic break, he began making strange accusations against his mother and became violent. The antipsychotic stelazine was prescribed for him, and as the months rolled by Arlene successfully worked with his doctors to reduce the dosage he was required to take. “I want to keep Jon in the stream of life as long as possible,” she

explained. At higher dosages he was lethargic, unable to do much.

It was during this painful period, as she tried to pick up the pieces of their life again, that Arlene decided to enrol herself and Jon in art classes. “One of my colleagues had a friend who is an artist. He was doing a series of art and wine courses.” She saw this as the answer to her prayers, a way to get Jon “back into the stream of life”. But the art class yielded a surprising and thrilling discovery. “I thought [the art instructor] would have to come and help him. And when I saw Jon’s picture I was stunned. It was better than mine. So then I said, ‘Let’s try this,’ and I started looking around for a teacher.”



Source: Arlene Williams

“That is how I came upon Anne-Marie Garcia. She is a retired art teacher from St. Joseph Convent School – St. Joseph. I called her and asked her if she would work with Jon. She gave me a list of things to buy. I took him that Saturday morning; it was in October 2015.” The Saturday morning classes are now part of their weekly routine and though some mornings Jon is not at his best, Ms. Garcia works within his limitations. However, he is always willing to go to the art classes; when his Mum asked him why, he told her, “It makes me happy.”

Jon’s Mum stressed that the art he produces is very much a result of the close guidance and supervision by Ms. Garcia.

As weeks turned into months, his art pieces started to pile up and fill their small apartment. After looking over the growing collection, Arlene decided that she must do something about it. So she mustered up the courage to approach Horizons Art Gallery, in Mucurapo Road, St. James, about a possible exhibition for Jon’s work. “They were very gracious, very willing,” she recalls. That led to Jon’s first exhibition in 2017, on World Down Syndrome Day. The night the exhibition opened, people were queuing up outside eager to enter and view Jon’s work, and all the works on exhibit were sold.

Looking back on her son’s artistic achievements, Arlene felt she might perhaps have finally found Jon’s purpose in life.

“I thought, ‘Maybe this is part of Jon’s purpose.’ He is not going to leave a legacy of children, so I thought when he started to paint, ‘this is what

Jon will leave behind. This is part of Jon's purpose.' That is why the name of his exhibition is DIS is Ability—that in the midst of disability there is ability, creativity, and we should not discount or write off people with mental illness or disabilities. They have something to offer and we need to make room for them," Arlene said.

In recent times, Jon has become much less communicative, talking a great deal less. Arlene accepts this as she has learned to accept other facets of Jon's deteriorating health. However, his art continues to radiate life and joie de vivre. "Sometimes when we talk, we shout; sometimes we whisper," said Arlene. "Jon's art is a whisper, because it is as if he can only whisper, but his whisper is loud."

Jewel Fraser is a freelance writer and journalist based in Trinidad and Tobago who writes mainly about environmental and climate change issues for international publications. She is an alumna of the creative writing programme at Humber College, Ontario. Email: jwl_42@yahoo.com



Volume 15
Issue 1
2020

pound of sand

Ben Drum

every night he says
since that one night
he woke up dazed
his daughters asleep
he was craving the taste
he had been crunching
ice for months but
this was deeper
grittier he tried
to go back to sleep
talk himself out
of it all but he
could not shake
the feeling the
satisfaction of the
grains in his teeth
in the gutters
of his mouth
his saliva the ocean
tide taking it away
he went outside
in the full moon
to his daughters'
playground his eyes



found the corner box
he felt drawn to it
the castle mold
became a bowl
as he succumbed
to the spring tide

no one knew his secret
until the emergency
room marked
anemia sand eroding
the shores of his
stomach kissing ulcers
little volcanoes spewing
blood from landslides
they took nightly
embarrassed that he
could not stop himself
how he would fantasize
about sand at work how
he could not wait to
get home and fill
his stomach with
a pound daily
from home depot
even as he felt
his wind die down
saw black sand
in his toilet
and felt his time
running out
like an hourglass
hoping someday
his stomach
might make a pearl

Ben Drum is a physician
in Salt Lake City, UT.
Email: benmdrum
@gmail.com



Volume 15
Issue 1
2020

He, Li, Kr / Ba-Ba-Ba-Ba-Barium /
Cortisol: This Is Only a Test

Marjorie Maddox

He, Li, Kr*

Oh, how they raise you,
how they fly you as high
as a storm cloud goodbye-ing
that seaside sun that burns even
the underside of your tongue with lies;
oh, how *hi-bo, hi-bo, it's off to that other world*
we go and go again with their latex-binding,
balloon-bulging, hope-rising into BURST,
into plummeting back to earth, no more Superman,
super woman, fingering that precious pill; buoyant
or weighty gas; fictitious cousin, kryptonite;
all of it poisonous after all: the light, the heavy,
the pumped glee pulsing, plunging
all the way down
to now.

*Helium, Lithium, Krypton



Ba-Ba-Ba-Ba-Barium

Yes, you must
 swallow
 it whole,
the chalky milkshake
 of poem waving *hello!*
 so long to pharynx,
to angst-raddled tongue,
 to the long sticky slide
 of esophagus,
to the tumultuous
 ballads of stomach,
refrain of duodenum—all the way
 to highlight and insight,
 to the *Uh, Oh*
of X-ray or the surprised sigh
 of caesuras,
 decimated now
by the Ba of periodic charts
 coated in stealth mission,
 by notes diagnosed,
by your mute, broken body
 rising up *ba-ba-ba-ba barium*
 in understanding,
in hope, the memorized days
 of College Chemistry
 finally swaying, finally
swinging, singing its healing
 rockin' and a-reelin' epiphany
 of almost-forgotten,
gloriously healthy, end-
 of-the-tunnel,
 now resurrected,
get-me-outta-here song!



Cortisol: This Is Only a Test

that measures the thickness of bricks,
the density of cinder,
the weight of nails,
the length of boards,
the height of forever,
the depth of never,
the circumference of always that measures
the way you remember
or don't, the panic, the pressure,
the pain, the mixture
of mortar and memory
that blocks the synapse,
the names, the street, the day, the why of what was said,
the when,
the details drenched in stress,
the hormones hammered, the constant
construction of cortisol,
stone by stone for weeks, for months, for years, for decades.
This is the brain that was built,
worry by worry, crisis by crisis, everything
not tumbling down
but up into this lonesome, loathsome
wailing wall that only the brave can chip, tip, knock,
dismantle, bombard, blast, decimate, eradicate, obliterate,
annihilate. Now.
Remember?

Professor of English at
Lock Haven University,
Marjorie Maddox has
published 20 books of
poetry, fiction, and chil-
dren's literature. Email:
mmaddoxh@lockhaven
.edu; Website: www
.marjoriemaddox.com



Volume 15
Issue 1
2020

The Memories of a Wound

Austin Alden Lam

You pick at the scab;
Ply off the jagged formation.
You dig;
Driven by masochism?
You cause blood to flow:
Secondary intention healing.

A reminder of your mortality;
A signifier of your vulnerabilities,
Your insecurities.
Your efforts to contain,
To defend against
The genesis of your fears.

Defenceless
To face your utter humanness.
It heals;
But you carry
The memories of the wound.
Sublated.

Austin Lam is currently a
medical student at the
University of Toronto.
Email: austinalden.lam@mail.utoronto.ca



Volume 15
Issue 1
2020

A Case of Aphantasia

Dustin Grinnell

A few years ago, I began treating a thirty-five-year-old man whom I will refer to as Theodore. Theodore had a rare and only recently discovered condition known as aphantasia, which left him unable to visualize images in his mind. For example, if Theodore closed his eyes to visualize a sunset, he saw only blackness. About two percent of the population have aphantasia, but many—Theodore included—saw it not as a handicap, but as a quirk of their imagination, perhaps not unlike living with color blindness.

Theodore did confess that it would be nice to picture a childhood memory in his mind's eye, like the face of his deceased grandmother. In fact, he believed that his therapy was often hampered because he could not call to mind images from his past. Theodore suggested that it might be easier to come to terms with his parents' divorce, for instance, if he could actually "see" the day they separated in his mind's eye.

When we first began therapy, Theodore had experienced paranoia over the security of his job as a copywriter for a major corporation. Despite being

a high-performing and seemingly affable employee, he was anxious. A restructuring had taken place—several departments had been merged into one—and some employees had gotten the axe. Theodore feared he might be next.

I asked Theodore if he had ever been terminated from a job. Indeed, an old boss had fired him in a rather traumatizing fashion, and he claimed the event still haunted him to this day. He still feared that authority figures in the workplace didn't have his best interests in mind and he would often interpret directives and constructive feedback as hostile. Such misinterpretations, as I saw them, would often lead to defensive reactions, usually outbursts of anger, which often damaged his work relationships.

Intending to learn more about aphantasia, I threw myself into the scientific literature to learn more about this newly-discovered condition. At the world's first conference on aphantasia in London, I attended a talk by Dr. Evelyn Banks, a psychiatrist from Envision Inc. She discussed a new technology called Mosaic that apparently gave aphantasics the ability to mentally visualize in a therapeutic setting. Dr. Banks was an older woman, in her mid-sixties, and she looked every bit an intellectual with her tortoiseshell glasses and black tailored suit.

Dr. Banks explained that the brains of people with aphantasia did, in fact, produce imagery, but for some reason, they didn't have conscious access to the images. She reminded the audience of psychiatrists that mental images were created in the occipital lobe, the brain's visual center located at

the back of the brain. In normal brains, the images were then transmitted to the prefrontal cortex at the front of the brain, which was responsible for planning, decision-making, and problem-solving. In clinical trials, Dr. Banks and her colleagues had found that transmission of this signal was being interrupted in aphantasics, somewhere between the back and front of the brain. Mosaic didn't work by restoring this connection between the occipital lobe and the prefrontal cortex. Rather, it became the new "receiver" of the imagery, taking the place of the prefrontal cortex.

Thinking that Mosaic seemed to be the solution Theodore had been looking for, I eagerly asked if he would be open to trying the technology. We had built up a good deal of trust in our dozen or so sessions, and he consented without much objection. A few days later, I received a box from Envision. Inside, there was a USB drive containing a ten-minute video that provided instructions on how to use Mosaic with patients who had aphantasia.

In my next session with Theodore, I followed Dr. Banks' directions for using Mosaic to the letter. Adjusting my glasses to get a better look, I placed two silver strips, each about the size of a fingernail, at the top of his neck, just below the hairline. These strips, according to Dr. Banks, would detect brain waves associated with mental images and then transmit the signals through two wires to my computer for Theodore and me to view, as if we were watching television.

For our first test of Mosaic, I asked Theodore to visualize the day of his traumatic termination. He

closed his eyes and tried to produce images in his mind's eye as he narrated his experience of that day. As expected, he reported seeing only blackness and a few spots floating behind his eyelids. To my astonishment, however, I could see everything on my computer screen, witnessing the day he was fired as if it were a film. Absentmindedly stroking my graying beard, I watched Theodore grab his jacket and then anxiously descend a few flights of stairs to an office on the ground floor of the building. He exchanged tense words with a blonde, heavyset woman and was escorted from the building by a security guard.

It was with childlike anticipation that I turned the computer monitor for Theodore to watch the visualization of his memory. To my surprise, he smiled widely. Then he sighed deeply, and his eyes welled with tears. It was a breakthrough—one of many we would have over the course of Theodore's treatment with Mosaic.

In therapy sessions, I am always searching for what the pioneering psychoanalyst Melanie Klein calls the *point of urgency*—an idea that is just about to leap from a patient's unconscious and into conscious awareness. I listen deeply to my patients, searching for and identifying their points of urgency. As gracefully as I can, I introduce the ideas into conversation, so they may be taken up and integrated, no longer split off from their consciousness and bound to cause distress or dysfunction.

Several months into Theodore's course of therapy, I realized that one of his points of urgency revolved around women. Theodore was a handsome man with a lean build, brown hair, and strikingly

blue eyes. He seemed to attract women with ease, but he harbored a strong fear that they would eventually leave him.

When he was six, Theodore's mother divorced his father and left town for a year, leaving Theodore and his younger brother behind. I speculated with him on why his mother had left, and he suggested that, being in her early twenties, she had perhaps felt burdened by the responsibilities of parenthood. For years, Theodore had wondered whether his mother had even loved him. However, he told me it was more realistic that she loved him a great deal, but was tragically unable to express that love in tangible, meaningful ways.

I helped Theodore understand that perhaps his fear of being abandoned by women stemmed from an absence of his mother when he was young and had been driven deeper by the death of his grandmother when he was a teenager. I was pleased that Theodore seemed to find solace in this interpretation.

About a year into working with Theodore, I took an unconventional tactic and reached out to Theodore's mother, Stephanie, intending to learn more about their relationship. During our hour-long phone conversation, Stephanie told me that they had been estranged for no particular reason. They had ultimately reconciled over her disappearance during his childhood, yet they had grown distant over the years anyway. No major event had happened between them. No bad blood. Just distance.

I asked her to elaborate, and Stephanie told me that her son's intelligence intimidated her. Theodore

was smart and driven, and she feared she had nothing to offer him. In the rare cases that she reached out with a text or phone call, she worried that she might be bothering him, somehow pulling him away from his work, which seemed to be his highest priority. The inability to connect with her first-born seemed to cause Stephanie great distress.

With the advent of Mosaic, Theodore and I continued to witness crucial moments from his early years. Together, we watched the day his father told him that his mother was leaving. On the screen, we saw a young Theodore angrily pull at his hair until it stood straight up and then bury his head in his hands and scream.

We seemed to be making progress, until about a year into our sessions using Mosaic. Theodore began to report what I would refer to with colleagues as the “unintended consequences of artificial visual recall”: involuntary images intruding into his conscious awareness.

One day, Theodore was waiting in line at the supermarket when images of his dying grandmother struggling for air in a hospital room rushed into his head, startling him. On another occasion, he experienced a rush of mental images from the time he left his mother’s house to study abroad for six months. After saying goodbye and getting into his car to leave, he had stepped out once more, walked back to where his mother was standing, and given her one last hug.

When the intrusive images began happening with more regularity, our sessions shifted to the management of the mental pictures, which

Theodore reported as increasingly burdensome. In therapy, it became obvious when Theodore's mind was overwhelmed with mental imagery. He might be in the middle of a sentence when he would shut his eyes and grit his teeth. Once, when a particularly intense rush of images took hold, he ripped the silver strips from the base of his scalp in frustration, stood up, and paced the room.

Seeing the obvious distress that Mosaic was causing Theodore, I suggested we discontinue treatment immediately. We were testing the boundaries of Mosaic, and I wondered if we were pushing it—and him—too far. Theodore insisted that we continue, however, telling me it was cathartic to relive these old memories and he'd never felt better, or healthier. I reluctantly agreed to continue using Mosaic, but I told him I would pull the plug if things got more serious. Looking back now, I should have put a stop to the use of Mosaic right there.

Though he didn't explicitly say it, it appeared as if Theodore considered his new visualization abilities a kind of superpower. Mosaic had helped him replace his aphantasia with its opposite state: hyperphantasia, the ability to see images in one's mind as if they were photographs. Theodore likened his hyperphantasic mind to a camera: he could create mental pictures rich with color and nuance, and could move and rotate objects in space, with or without his eyes closed. Theodore reported that he would no longer watch a movie twice. Why should he when he could rewatch it in his mind?

Unfortunately, Theodore's extraordinary new capacity had come at an unexpectedly steep cost.

Over the ensuing days, Theodore grew more distressed as visual images continued to intrude unexpectedly, with greater regularity and more vividness. He lamented that he was now *drowning* in pictures. The microexpression of an acquaintance or colleague could stick in his mind like a splinter, disturbing him weeks after noticing it out of the corner of his eye. He reported that he could rewatch these moments—any moment—as if they were scenes from a film. He could fast forward and rewind a visual memory, pausing on individual frames.

At that point, it was clear that we could go no further with Mosaic. Despite Theodore's resistance to doing so, I unplugged the machine and tucked it away in my office closet. I began our next session with an apology. I explained to Theodore that I was partly to blame for his troubling symptoms. I should have stopped the use of Mosaic much earlier and I was sorry that I had not.

Upset, Theodore argued that there were always tradeoffs with technology. If humans wanted to fly, we had to accept that some planes would go down. The invention of the automobile gave us great freedom, yet hundreds of people died every day in car crashes. I agreed, of course, but I asked him to consider whether the benefits of using Mosaic to address his aphantasia outweighed the costs. He believed they did. I was of the opposite opinion. Regardless, my decision was final, and I was eager to return to more traditional therapy sessions. Unfortunately, I could not have predicted what happened next.

Even though we were no longer using Mosaic, Theodore remained a hyperphantasic. To my dismay, he continued to disconnect from reality during our sessions. In one session, Theodore was narrating a memory when his eyes drifted to the floor. When I asked him where his mind had traveled, he told me he'd just watched his sunglasses drop to the dirt—a memory from when he was a teenager. Not noticing they had fallen, his mother had accidentally stepped on and destroyed them. Though his mother had driven him to a store to buy a new pair, the memory seemed to have upset him a great deal. While Theodore watched the scene play out in the theater of his mind, his eyes welled with tears.

Desperate for solutions and hoping to gain others' perspectives, I published a case study about Theodore in a medical journal. Despite the possible damage it could bring my career, I wrote about the costs Mosaic had presented and explained how my patient's condition continued to deteriorate even without continued use of the technology. I also described my troubling realization that the imagined world was becoming more appealing to Theodore than the real one.

To illustrate, I included a particularly poignant story Theodore had shared with me. During a walk, he had stopped to admire a tall birch tree. Within seconds, however, Theodore's mind had conjured up the image of a much taller, more robust, and more visually striking tree in its place, leaving the real tree an inferior version of the imagined one. Why focus on a real tree, I wrote,

when the imagined tree was more beautiful? The real tree was bent in the middle, ravaged by invasive insects, and dehydrated from a hot summer, but the imagined tree was mightily tall and glowed healthily. The tree in his mind was perfect.

I was relieved, in one session, to hear Theodore explain that he was no longer as vulnerable to the mental health issues that had previously plagued him. Whenever he felt the sting of loneliness, for example, he would create a mental movie of times in college when he had felt a deep sense of companionship with friends. This might have manifested as enjoying meals in the college cafeteria or tossing a rugby ball with teammates. However, when Theodore confessed that the habit could have started because he was meeting up with friends and coworkers less often, I understood that real-life interactions weren't as pleasurable as the idealized past.

Theodore also believed that he was putting his newfound abilities to some positive use at work. If he felt bored at his desk, he told me he would mentally dislocate himself and slip into the imagined world. He once replayed a previous night's dream, in which he had taken the form of a seagull and floated on thermal vents high above the sand dunes of Cape Cod, occasionally spotting a crab and making the exhilarating dive toward earth for a meal.

In what turned out to be our last session together, Theodore was picturing his mother running down the stairs in a bath towel after a bookcase had caught fire in their home. His eyes snapping open, he exploded out of his seat and ran to my closet, going straight for the box that held my

Mosaic machine. To my shock, he lifted the machine from the box and threw it at the wall, shards of plastic and metal flying in all directions.

I stood and walked toward Theodore slowly, holding my hands out to calm him. After a few minutes, Theodore relaxed and apologized, saying he would pay for everything. I assured him that insurance would likely cover the damages and offered to see him the following week. He agreed.

Still breathing heavily, Theodore fixed his hair, straightened his clothes, and left my office with his head lowered. Once he was gone, I retrieved my trashcan and began filling it with broken plastic and metal, circuit boards and colored wires. Part of me was relieved to see the machine smashed to bits; I would never be able to reactivate it, no matter the temptation. With Mosaic officially gone, I looked forward to establishing a new normal with Theodore. To my dismay, I never heard from him after that session. He didn't answer my phone calls or emails.

He simply disappeared.

Several months later, I received a phone call from Dr. Banks, the psychiatrist at Envision Inc. She had read my case study of Theodore and wanted to know how long I had treated him using their technology. Once I'd answered her question, Dr. Banks informed me that Theodore was now in her care at the company and that I could visit him if I wanted. I was not told the reason for the invitation, but I sensed a desperation in her voice, as though she and others had failed to help Theodore and were grasping for an outside perspective. I told her I would be there in twenty minutes.

When I saw Theodore on the third floor of Envision, he was alone in the room, slumped in a chair. His face had grown scruffy, and an orderly informed me that he hadn't showered since he'd been admitted two weeks before. Though he sat in front of a television, Theodore's eyes were fixed on the corner of the room. I rounded the chair to see a string of drool hanging from his lips.

I greeted him but received no response. He appeared to be intensely preoccupied. I used a tissue to wipe the drool from his mouth and left the room to rejoin Dr. Banks in the hallway. She offered the possibility that Theodore had suffered a psychotic break. I hesitated to make any diagnosis at first; we were in uncharted territory. It was obvious that Theodore was lost in mental images. Whether he was reliving a memory or rewatching a movie, whatever he was experiencing had completely disconnected him from his physical environment.

Dr. Banks asked if I had spoken to others about Theodore. I hadn't said anything to anyone since he disappeared, which she seemed glad to hear. She led me to an elevator that took us one floor below ground level. I was invited into what looked like a hospital emergency room, a large open floor with exam rooms along the perimeter. I paused, uneasy, though it took me a moment to realize why. It was completely silent.

Dr. Banks slid open one curtain to reveal a young boy seated at the edge of his bed, staring at the ground in the same way Theodore had been looking at the corner of his room. Dr. Banks snapped her fingers in front of the child, eliciting no reaction.

She was treating about a dozen people like him, she said. No doubt there were more they were not aware of. She and her colleagues privately called these patients “the lost ones.” After treatment with Mosaic, those who previously had been aphantasic had become hyperphantasics: off the charts in their capacity to form static or moving images in their minds. The technology was good, Dr. Banks gloated, but—she added with some uneasiness—they had not anticipated the repercussions of making it *too* good.

The lost ones weren’t at the mercy of their minds. The mental imagery could, at times, be intrusive, but they could usually shut down the images. Instead, the lost ones had *chosen* to stay with their mental movies. Some lost ones, Dr. Banks explained, were wrapped up in memories from childhood. Some were binging on television shows. One man had spent hours mentally engaging in sexual acts with his female boss. Others played out fantasies of revenge: one woman stabbed an unfaithful lover, while one man smashed his car into another’s during a bout of road rage.

Since I only had an average ability to visualize mentally, it had never occurred to me that someone might choose to live inside their head rather than engage with the real world. After some thought, though, I understood that within such a mental space, one could do whatever—be whoever—they wanted. In the real world, we paid taxes and bills and worked jobs for salaries that helped us buy things beyond necessities. In the world of perfect mental creation, one could lose

forty-five pounds, smack an inconsiderate coworker across the face, or transform a traumatic childhood into a harmonious one. If one were so inclined, one could lift off the ground and fly around the city.

However, a person must still eat, drink, sleep, and use the bathroom. When I brought this up, Dr. Banks assured me that if I stuck around the ward long enough, I would see the lost ones speedily visit the toilet or take a few bites of food before retreating to their rooms and back into the haven of their minds.

I left Envision disturbed, but I knew I had to see Theodore again, so I visited him the following day. I wondered if there might be a way to coax him out of the illusory world by reminding him of reality, so I brought an object that might trigger a thought perhaps more appealing than his dreams. When I walked into his room that day, I put a picture of his mother before him.

To my delight, his eyes focused on the image of him as an infant resting happily on his mother's lap. Theodore grinned and set the picture on his knee, but then his eyes fell to the floor and locked into place. I had lost him again.

I asked him to stay with me. To my surprise, he returned to the present and made eye contact with me. He said he had been spending a lot of time with his mother in his mind. He was not reliving experiences like the one in the picture but rather creating new ones with her. They would go on hikes together or sit around the fire in her backyard and share stories.

In real life, his mother was distant and unreachable, but in his mind, he could communicate his ideas and hopes to her. In his mind, she was available and loving. In his mind, she was the mother he had always wanted.

In some ways, that kind of imaginary play could be therapeutic. Such mental imagery was soothing, a form of self-care, but there was too much dysfunction to justify the possible benefits to Theodore's mental health. Like the other lost ones, he left his room only to use the bathroom, eat, or drink, after which he would retire to his room and dislocate from reality again. Not to mention, he was unemployed and in the full-time care of licensed mental-health professionals.

After my second visit with Theodore, I requested that Dr. Banks release Theodore back into my care. Hesitant, she asked me to sign a confidentiality agreement stipulating that I not discuss what I had seen with anyone, under penalty of legal action. After signing the agreement, I left Envision with Theodore.

What I did next undoubtedly overstepped the bounds, perhaps even violated some code of conduct (many of my colleagues have said my license should have been revoked). However, I saw no other way to keep Theodore out of his imagination. I had grown attached to him. I liked him and hated to see him this way.

With Theodore in tow, I drove about three hours north to the White Mountains of New Hampshire and knocked on the door of his mother's house. A stocky woman with brown eyes

answered. Once I'd explained to Stephanie that Theodore was among the lost ones, she seemed desperate to help and invited us in. Accepting the invitation, I walked back to the car and got Theodore. Once we were inside, he made his way to a nearby chair in the living room, reclined, and slipped back into the imagery of his mind.

Stephanie approached her son. She waved a hand in front of his face and was confused when she couldn't get a reaction. Then she became angry and turned to ask me how Theodore could just ignore her like this. Crying, Stephanie grabbed his shoulders, shook him, and to my astonishment, slapped him across the face. In that moment, Theodore began sobbing. But even with tears streaming down his cheeks, he remained absent, fixed in his imagined world. It was heartbreaking to watch.

Stephanie wiped her face with her hands and then knelt in front of Theodore. Gripping his face with both hands, she whispered a plea for him come back. To real life. To her. An internal struggle took place then. Theodore's eyes went in and out of focus. He was with us, then he was gone, and then he was back again. The only explanation I could think of was that his consciousness didn't know where to land. It kept shifting from the mother in his imagination to the mother standing before him in the room. Faster and faster, he switched between them, searching for the love he needed.

I have come to believe that the two realities melded in Theodore's mind that day. He came to believe, in an instant, that the mother of his mind

was the same as the one before him—that the detachment he had experienced from her had come about through no fault of her own nor of his own. That beneath the disappointments, insecurities, and failures of his mother was the loving mother his mind had conjured. The distance between the two mothers vanished, as did the distance he felt toward her.

They became *one*.

It was obvious from Theodore's expression that some battle in his mind had been won. Stephanie rubbed the back of Theodore's neck as he shook his head and stretched his arms up. As if he had been released from a long sleep, Theodore smiled in a way I had never seen in all the time I had known him. He asked his mother if we could all go outside and sit around the firepit in the backyard.

While his mother prepared chicken wings and mozzarella sticks in the kitchen, Theodore used newspapers and matches to start a fire in the pit. When Stephanie returned to the backyard holding a large plate of snacks, she asked Theodore if he wanted a napkin, but he didn't turn his head to acknowledge her. She glanced at me worriedly, no doubt fearing that her son had fallen back into the virtual world.

But the fear didn't last long. With his gaze fixed on the center of the fire, Theodore reached out to accept a napkin from Stephanie and then took the plate and thanked his mother. Biting into a mozzarella stick, he explained that he had pictured this very moment several times since devel-

oping his mind's eye, dreamed of it in great detail.
Yet the crackling fire before him was far better
than any fire he could have imagined.

Dustin Grinnell is a
writer based in Boston,
Massachusetts. For more
information visit [www
.dustingrinnell.com](http://www.dustingrinnell.com).
Email: [dustin.grinnell
@gmail.com](mailto:dustin.grinnell@gmail.com).