

Growing Pains

HEALTH AND MEDICINE

Hold the Drugs, Please (1997–1998)

Candy (1991–1992)

Crash Dummy (1990–1991)

The Nether of My Knees (2006–2007)

Burned (2000–2001)

[We hope] it's all Part of the Plan... (2012–2013)

If I asked you to list the important influences on a person's identity, would "health" be on that list? Before I read the essays in this collection, I probably would have left it out. But that mistake overlooks the opportunities for growth it provides, particularly after an unexpected injury or health complication.

Depending on the severity of the ailment, we may become incapacitated—unable to perform the daily tasks that we're used to. In this foreign routine, we can feel dissociated from ourselves and the people we once were. Although those feelings of alienation are uncomfortable, they can also provide a useful opportunity for some introspection.

For an example, consider the last time you had a cold. While your bedridden self was sniffing or

sneezing away, you must've thought to yourself about how lucky the healthy you was, being able to breathe so easily. In a way, that irritating illness did a good deed by making you aware of something underappreciated and often taken for granted. Extrapolating from there, a more extreme injury or ailment would cause a bigger disruption, potentially providing an even greater level of insight.

The authors featured in this collection have all experienced illnesses and injuries. Their essays share the growth and insight they've gained through their struggles; to varying extents, their health played a role in shaping their identities, their personalities, and their outlooks on life.

Hold the Drugs, Please

CARRIE ANDREWS

WRITER'S COMMENT: When I received my assignment for English 101, I immediately knew what I wanted to write about. Overcoming my anxiety disorder without drugs has been the most challenging obstacle I have ever faced. Anger and frustration accompanied me along this arduous journey, and this assignment allowed me to express these emotions on paper. After a brief brainstorming session with my computer, I had a solid base for an essay. I was amazed at how readily the words flew from the keys as I sat down to relay my experience. Writing this essay was highly therapeutic and surprisingly enjoyable. Jayne Walker's astute criticism and never-ending support helped me to recognize the potential of this essay.

INSTRUCTOR'S COMMENT: In English 101, I show my classes how a variety of writers create a sense of authority by deploying what Ezra Pound calls a "phalanx of particulars" from their own observations as well as from printed sources. Then I challenge them to do it themselves.

Carrie Andrews, a studio art major, has a remarkable gift for sensory imagery. In this essay, she shows what it's like to suffer from an anxiety disorder and uses this vivid account of her own experiences to persuade readers that this disorder can be controlled without the use of medication.

"Hold the Drugs, Please" transformed my understanding of anxiety disorders and their treatment. With its warm, engaging tone and vivid details, this powerful essay delights as well as instructs.

—Jayne L. Walker, English Department

Nineteen eighty-nine was the year I began to lose my mind. Slowly but surely, reality as I once knew it began retreating into foreign territory. I clicked and jerked through the parameters of everyday life. As I struggled to mask the inner distortion, no one realized that my quiet exterior shell was a pretense. The doctors called it an anxiety disorder. I called it hell.

Every day, I would try to sit through class as relentless waves of panic washed over me. Try as I might, I could never seem to rationalize my way out. Week after week, I found myself in the doctor's office, certain I had some strange, elusive disease. Blood tests and urine samples became a regular routine as my doctor began ruling out possible physical problems that could be causing my agitation. Hypoglycemia? Not really. Mitral valve prolapse? Nope. Hyperthyroidism? Most certainly not that. OK. What was wrong with me, then? Was I going crazy? I knew that my symptoms were extremely physical. This was not a figment of a hypochondriacal imagination. Then, the fateful words: "I think you're suffering from an anxiety disorder."

Boy, did that ever change things. I was immediately referred to a psychiatrist—an anxiety specialist, actually. Right off the bat, he wanted to do what so many doctors and psychiatrists do nowadays—put me on drugs. This prospect made me uncomfortable. Was I really going to have to find peace through a prescription? I felt it to be the quick "cure," the easy way out. No way. Drugs were a way to cover up the problem, not solve it, and that was one road I was unwilling to travel. Somehow I knew that my panic disorder stemmed from a psychological basis, not a physical one, despite the very real physiological symptoms I was experiencing almost daily. How tempting it was to say, "Sure, give me some antidepressants, I'm sick and tired of these terrifying episodes." But I didn't want to become dependent on a pill. I wanted to know that I was functioning on my own two feet, not hobbling along on crutches.

Doctors often prescribe antidepressants for panic disorder because of their ability to dull this panic response in the brain. "Tricyclics" (TCAs) or "monoamine oxidase inhibitors" (MAOIs) achieve relief by cutting off the physical and psychological effects of the panic attack. The past few years, I have found myself in numerous psychology classes which invariably mention drugs, such as Prozac and Zoloft, that are "selective serotonin reuptake inhibitors." Serotonin is a neurotransmitter which is believed to affect mood; these SSRIs work by blocking or "inhibiting" the

reabsorption of this chemical and seem to be effective not only for panic and anxiety disorders, but for depression as well.

Another means of controlling a panic disorder is the use of benzodiazepines. These are tranquilizers, such as Xanax and Valium, which not only can produce uncomfortable side effects (drowsiness, uncoordinated movements, and difficulty with balance), but can also become addictive. Despite these drawbacks, long-term use of benzodiazepines is still the most common treatment for panic disorder. As with antidepressants, once the medication is withdrawn, the smoldering embers of panic once more erupt into flame.

My friend Lynn is someone who has surrendered herself to medication. Like me, she began experiencing panic attacks when she was fifteen, and she has been on and off antidepressants ever since. Right now she is taking Zoloft, but one day she wishes to wean herself from medication. Her life at this point is “too stressful” to deal with, and she fears an anxiety relapse if she attempts to drop the pills. There have been times in the past when she has tried to brave the world alone, without chemical aid, and the anxiety has returned full force. This, unfortunately, is a typical reaction. Studies have revealed numerous instances where anxiety sufferers attempt to drop medication, only to have the discomfort come barreling back down on them. Oftentimes it doesn't just come back, but it comes back worse than before. This creates a vicious cycle that is not only frustrating, but very difficult to break. Lynn doesn't like the fact that she has to take medication, but she likes the symptoms of anxiety even less. These hellish attacks return because antidepressants and anti-anxiety medications can only offer temporary relief. They are not a cure. If anxiety disorders were based on a chemical problem, then medication would be necessary, but there is no solid evidence of this being true. The most viable explanation is psychological, as my instincts told me at the time.

After I refused the kind offer of an antidepressant, the first stage of my therapy began. I had high hopes for this anxiety specialist. I was eager to attend the first couple of sessions, until he tried to turn me into an obsessive-compulsive (OCD) case. He would fire questions at me. “Do you find yourself washing your hands frequently?” Well, yeah, but I ride horses and clean stalls, so my hands get dirty. “Do your hands feel dirty after using hand lotion? Do you feel a desire to remove it?” No, it feels pretty good, actually. Questions about my daily routine were followed

by suggestions of altering those routines and doing things in a different order. I began to get irritated as the questions and suggestions strayed further and further away from my problem—panic attacks. No matter what I said, he wanted to convince me, and himself, that I was obsessive-compulsive. He refused to listen to my protests and explanations. Finally, I gave up on him and left more frustrated and confused than when I went in.

Convinced that no one would ever understand me, I felt incredibly alone. Fortunately, I knew a therapist who had helped me in the past, and while she wasn't an "anxiety specialist," I realized that she was someone I could talk to. My sessions with Susan changed my life. She listened patiently as I recounted for her the debilitating panic episodes, never invalidating what I said. After a couple of sessions, she made me realize that my sense of solitude was a false perception. In fact, according to the National Institute of Mental Health, one in every nine adults suffers from a phobic or anxiety disorder, making it the most common mental health problem in America. What a relief to discover that I wasn't the only certified basketcase out there. But why? What causes anxiety to reach such a terrifying level? Sure, everyone gets tense, and everyone at some point in their life will experience anxiety—the jittery flutter of our hearts as we prepare to give a speech or to take an exam that we haven't prepared for.

The "fight or flight" response is a nice little feature that we, like most (or all) animals, come equipped with. This handy alarm system goes off when we are confronted with a situation that requires us either to fight or to turn tail and run. When this wire is tripped, adrenaline troops through our veins, accelerating the heart rate and elevating the blood pressure. This army of sensation is natural when we are in a situation we perceive as dangerous; experiencing these symptoms randomly is not. A panic attack is a false alarm—there's nothing to be afraid of, yet you experience the alarm response.

Learning to turn off this false alarm is the fundamental element in gaining control over an anxiety disorder. It's also the most difficult thing to do. When the crushing wave of panic washes over you, the logical thought process disappears and your body begins to function on pure instinct. Susan confirmed my original belief that this disorder is psychologically based but manifests itself physiologically—first the thought, then the response. So by changing the way you think and

perceive situations, you change your response. Sounds easy, right? Far from it. I could see why so many people give in to medication—the symptoms are not only uncomfortable, but they're debilitating as well. At times, I found myself wishing that my problem were chemically based; it would be much easier to pop a couple of pills each day than to struggle with the cognitive reframing techniques Susan was teaching me.

This process didn't offer me instant relief or quick results. In fact, the opposite was true. For weeks, I felt I was making zero progress, breaking into frustrated tears as I watched the world move past me. I would pace the house, knowing I had things to do, but unable to bring myself to leave the security of my domain. Thoughts of all the potential "disasters" raced through my mind: What if I have a panic attack on the freeway (which happened all the time)? What if I get sick? What if I pass out? What if I die? I lived in world of "what ifs," and that was what Susan was trying to get me to change. She had me start answering my own questions. OK. If I have a panic attack while driving, I can always pull over. If I get sick, the worst that will happen is that I'll throw up on myself. If I pass out, well, I'll probably bump my head, but it's not the end of the world. And if I died, I wouldn't have to pay for therapy anymore.

She made me see that there was always an "out" to every situation. This was a big deal because I felt so trapped in my disorder that it had utter control over my every thought and decision. As an agoraphobic, I never knew when, or where, panic would rear its ugly head, and that was terrifying. Sometimes I would wish that I had a specific phobia, something I could point at and say, "This is what I'm afraid of." My fear was of fear itself, and the panic attacks would be uncued and unexpected, striking anywhere, anytime.

Panic disorder not only alters your actions, but it also affects your perceptions of the world. This is another step in the cognitive reframing process—changing the way you perceive life and its situations. Everything seemed to have a dark haze around it, a constant rain cloud that decided to hover only over me. I would get easily discouraged and frustrated, as each panic attack knocked my self-esteem down a peg. Susan had me set for myself small, realistic goals that were easily obtainable: "Don't be afraid to take baby steps." I wanted to make huge leaps and bounds towards getting my life back, but that was only leading to failure and disappointment, which perpetuated the negative perceptions. I remember being afraid to think, "Gee, I feel pretty good today," because as soon as

that thought poked its head into my consciousness, I had a panic attack. Every time. Negative thoughts trigger negative reactions, and while I was trying to tell myself that I felt good, there was no conviction behind it.

But by achieving small victories, I began to gain confidence. I would congratulate myself for leaving the house. Even if I only made it halfway through town instead of all the way, at least I took a step forward. Every success needed to be acknowledged and recognized. I began to let myself feel good, without fear of losing it. But again, this was a slow process. Five years it took me to truly master the technique of cognitive reframing. Five years of one step forward, and two back. But it was these little successes that slowly began to rebuild my confidence, and confidence is the foundation for any healthy living.

Gradually, I have learned to relax against the panic, and by doing so, I have taken its power away. At the first indication of an attack, the crushing wave of unreality still knocks the wind out of me, throws me off guard, and renders me helpless as it saturates my senses. I never have time to prepare and defend myself. It makes me feel tremendous loathing and resentment, not only toward this invisible entity but also toward myself. I hate being trapped in this nervous body. Slowly, anger overcomes fear. I want my life back, dammit. Instead of fighting the shortness of breath and pounding heart, I begin to invite it on. Instead of saying, “Oh shit, here it comes,” I say, “I’ve experienced this before. I know what it feels like. And while it really sucks, I know now that I’m not going to die, and that it will pass. Bring it on!” As soon as I begin thinking this with true conviction, the panic turns away, defeated.

I’m proof that this disorder can be conquered—without drugs. I think of all the people out there who are suffering from panic attacks or anxiety, and I wonder if they realize it can be overcome. While cognitive/behavioral therapy doesn’t work its magic overnight, the end result is permanent. Relapses can and do happen, but now that I have truly mastered these techniques, they hold no power over me. To this day, I still feel the panic biding its time beneath the surface of my confidence, waiting for a chance to snag me once more in its sticky web. I’ll never let that happen. Instead of beating me down permanently, my panic disorder has transformed me into a stronger person, causing me to refocus and become independent. If I can triumph over this, I can master anything.

Sources

Most of the information in this essay was obtained through my therapist, Susan Love. Some I learned from David Hardy's course in Abnormal Psychology at Sierra College (Spring, 1996). I also consulted the following print sources:

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Candy

CANDACE KELLY

WRITER'S COMMENT: My English 103A class was one of the greatest experiences I've had at UC Davis. Being an English major, I might be expected to say something like this—people assume that English majors like to write—but I mean the class was a great experience in a very different way. This class dealt with more than just putting five paragraphs together into an essay. My instructor, Karen Schaafsma, is the kind of person who makes students believe that everyone has something worthwhile to write about. Her request for this assignment was simple: take the reader “there and back again.” We were told to take our readers into an experience we've had in our past and then bring them back to the present. If not for this assignment, “Candy” might never have been written. I had thought that some things should be left in diaries.

I rarely talk about my health problem with my friends, and so most people know me as an all-weather Pollyanna, but even Pollyannas have their secret sides. We all have our secret sides. As Martin Luther King Jr. once observed, “Everything that we see is a shadow cast by that which we do not see.” What we know about each other is only a shadow of what we can see; we know only parts of a person's many sides.

Sharing my experience in this paper has helped me to take a closer look at my own life. I'm no longer so alone; I'm no longer so afraid. Thanks to all of my friends and classmates and to my parents, my doctors, and Karen for supporting me. (I'm giving you all a mental hug!)

INSTRUCTOR'S COMMENT: Before I read "Candy," my knowledge of diabetes was pretty well summed up by this nutshell: "no sugar, needles, diets, doctors." Candace certainly expanded my knowledge of the disease itself, but more than that, she took me inside the world of a diabetic, her world, and showed me what it's like to live with this disease "by the hour, by the feeling." Since Candace first wrote this paper in my 103A class in Fall of 1991, I've shared it with nearly all subsequent classes. I find students invariably touched and impressed by it, and they often comment on many of the same qualities that first struck me: the unstinting honesty of the writing; the power of the concrete facts and details to convey the vivid, everyday reality of the author's experience; and the moving transformation of the author's tone—from an angry, almost bitter edge in the opening passages to a calmer mood of acceptance and reconciliation by the end. And that's another thing I think "Candy" shows us—the healing, liberating power of writing, of sharing our stories, our pain, our humanness with others. We're all "strangers on the street" until we find a way to share our worlds with each other, as Candace has done so beautifully here.

—Karen Schaafsma, English Department

Don't ask me how I feel, I'm not going to tell you. Talking about it makes it worse. When I explain my pain, I have to think about it. Ignore it; maybe it will go away. I dwell on my fears of what may happen. I don't want to pass that fear on to you. You don't see it as I do. It's not your body; it's not your life. I don't tell you because I don't want you to be afraid for me. I can deal with it. I'll be OK. I don't tell you because I know that my words are inadequate. I can't express what it is, yet I do want you to know (even if you can't exactly feel it). I want to let you into my world. I want you to know how different my life is from yours, even though it looks much the same. I'm not scarred or crippled. You can't pick me out in a crowd. To you, I'm just another classmate, another student, another stranger on the street.

There is one physical sign of my problem; some of you have noticed the ugly silver dog tag that I wear around my neck. Sometimes it falls out

of my shirt, into the open, and you notice the Medic Alert sign: my life in three lines.

I wonder what images are going through your mind right now. Most of you are probably thinking “no sugar, injections, diets, doctors.” You’re right, mostly. Pre-Med students have it down to a science; some of them even have the nerve to try explaining it to me. I may not know all the details, but I know what they feel like. I have heard just enough horror stories to scare me away from reading up on my own illness. Yes, I realize the stupidity of this rationalization, yet almost every person I talk to about my fears seems to have the same story to tell me: “I had an aunt who had diabetes, but she didn’t take care of herself. She went blind and her kidneys went out. She died when she was fifty-three.” Gee, thanks. You don’t know how uplifting that story is.

Have you ever wondered what your aunt went through, what her life was like? Do you think that she wanted to die a horrible, rotting death? Like me, she probably had plenty of people saying to her, “Just take your medicine and watch what you eat. You’ll be OK. Those terrible things only happen to diabetics who don’t take care of themselves.”

I know that you are trying to help, but I need you to know that my life is much more complicated than the aspects that I let you see. Diabetes can be a very degenerative disease. Insulin helps us survive, but it doesn’t cure us. If we don’t live the textbook (nearly impossible, saintly) life of a diabetic, the consequences can be devastating. One-third of our lives could be cut off. We can lose circulation in our feet and hands. Our organs can slowly corrode, and blindness is an imminent dread for one in ten diabetics who don’t keep their blood sugar under constant control.

Diabetes affects our immune system. When you’re a diabetic, you’re never just sick. If your blood sugar is not in good control, cuts and colds can actually lead to major complications. Any small change that can possibly disrupt the chemical balance within our bodies must be handled with care. Check out the warning labels on the boxes of ten major over the counter drugstore remedies—“Warning: Diabetics, do not use without consulting a physician.” Sometimes people find it amusing when I tell them that I “check” my feet every night. “What, are you going to step on a spike and not know it?” Yes, I am. One of my toes has already lost its ability to feel the texture of the grass. Circulation is one of the first things to go—for diabetics, gangrene is an ominous reality.

Sometimes I wonder how people come up with some of the comments that they say to me. Why do so many of you think “I’d die if I had to live without sugar”? No, you wouldn’t. You’d learn to live with it, just as all the rest of us have. Do you really think that just because I am a diabetic I have given up all desire for sugar? Not even close. I, too, eat sugar—but I don’t enjoy it. I give in to temptation, but I feel guilt and fear with every bite. Guilt, knowing that I’m slowly destroying my body, becoming the aunt who didn’t take care of herself. Fear, knowing that my blood sugar level will rise beyond its normal realm, and my body will lose its balance.

Balance and Control: The Keys to Good Management. How many books can they write on the subject? Twenty-four hours a day, my body is calculating: have I taken enough insulin? How long can I go before I’ll need more protein—one, two, three more hours? Is my blood sugar too high, should I exercise more to try and bring it down, or is it really too low? Does my body need sugar? Sometimes I know, sometimes I don’t.

Every diabetic develops personal early warning signals for possible catastrophes. On one end of the spectrum, I have my “too high” signals: tiredness, grumpiness, fuzzy vision, loss of balance. This, of course, is all complemented by an intense fear of dropping off into a coma. Sometimes I’ll get sharp flashes of pain surging through my head. I can feel gravity pressing down on my brain, and all I want to do is lie down—but this isn’t really an option when you’re sitting in the middle of a large lecture room. I stare at my notes, hoping that you won’t see the fear in my eyes. Sometimes failing a midterm isn’t the worst thing that I face in a classroom. I pray to God to take the pain away, making promises to Him that I know I can’t keep.

At the other end of the spectrum is low blood sugar, also a potentially coma-triggering, life-threatening state. Too much activity and not enough protein is usually the cause; sugar is the cure. The diabetic lingo term for this is “having a reaction.” The feeling can come on in the space of one breath. The closest analogy I can imagine for normal folks is: you’re driving on the freeway when a very large truck merges almost into you. You slow down just in time and are safe, but seconds later, your body experiences a wave of adrenaline. Now, imagine that feeling coming on unexpectedly in a social setting. Any time, any place. Unlike the analogy, a reaction doesn’t immediately go away. The feeling can be frightening—

you're never quite sure you're safe—until it does go away. As I silently pop my sugar cubes, I wonder if you know.

I want to be normal so much. I want to get drunk, but my body can't cope with the sugar surge. I want to go on an all-day hike without worrying about protein balances. I want to run barefoot without worrying about "asking for infections." I want to spend the night with a friend without worrying about how my body feels: protein, sugar, insulin, schedules, feelings, fear. I want to be free.

Unfortunately, spontaneity only exists in my verbal sphere. I live my life by the hour, by the feeling. I need to take my insulin on a very regular schedule: 7 a.m., 6 p.m. Insulin works with protein, and I have roughly forty-five minutes that I can wait between taking my shot and eating. Going out can be a real pain. Should I shoot up now, or wait until we get to the restaurant? If we have to wait too long, I might have a reaction, but I hate shooting up in public. I wonder what you think when you see me preparing my injection in the ladies' room. Do you think I'm a sicko? A druggie? Or, do you know?

I know that I should always keep my insulin with me, just in case, but I don't. I know that I should always carry sugar with me, but come on, where am I going to get stranded without a twenty-four-hour Safeway or a gas station Coke machine? I found out last fall. I was in a UCD Chevy Suburban with eight other bandsmen, stranded on a foggy, deserted highway. We were returning home from a basketball game, forty-five minutes outside of Davis, when the fan belt broke. Uh-oh. We were stuck on the side of the road and couldn't see any other headlights through the thick fog. My fellow passengers thought it was really cool and would make for a great "Road Trip from Hell" story when we got back.

Then someone remembered. Alex "The Freshman" Wright was taking a first aid class and wanted to know if I was prepared for the situation. I laughed when he asked me if I had extra insulin with me. "Yup, but it's not gonna help if I have a reaction—I used my last sugar cube at the game." I remember the looks on the faces of my fellow passengers as they began to ponder the idea that my problem might be just a bit more than a matter of taking my medicine and watching what I eat. A diabetic emergency doesn't only happen to cartoon characters in a Red Cross book—it can happen to someone right next to you. Eventually, another carryall drove by and rescued us, and everything turned out OK.

Yet to this day, Alex carries a roll of Life Savers in his saxophone case and jokingly reminds me, “I’m gonna save your life someday.” I hope he never has to.

My life has already been saved once. Two weeks before my tenth birthday, my mom tried to wake me up for school and found me in a coma. Four days later, a doctor was explaining the textbook details of being a diabetic to us: the cans and cannots. My mom has been with me every step of the way (at least, I let her think that she has). She has gone to all of the doctors and pharmacies; she has listened to all of the diagnoses and advancements. She went with me to every softball game and band competition, partly to cheer me on and partly to make sure that I was OK. To this day, after twelve years of being a diabetic and five years of living away from home, when I visit she never fails to ask me, “Did you get yer shot?” Yeah, Mom, I’m OK.

I wonder if she knows how scared I really am. She is always saying to me, “Just be glad you don’t have....” Mom, I know what diabetes can lead to. I know that I can lose my eyesight and my feet. I know that at this point in my life a fetus could really mess up the balance in my system—yes, I know that having a baby could pose life-threatening complications. I know, to some extent, what I’m up against. If I don’t face the realities of my situation and take care of myself, I know that my life will be cut short—very short.

But that’s not what scares me. It’s what you don’t say that I fear the most. Do you know what it feels like to be “the family secret?” I see how relatives size me up, surprised to see that “She looks so healthy!” I hear Dad lowering his voice on the phone, “No, she hasn’t had to go in lately.”

I am the sister, the cousin, the aunt—I am the name on the family history. I am the relative that carries the disease; not a person, just a slot on the family tree. Uncle Joe has high blood pressure. Great Grandad John had a heart attack. Aunt Candace has diabetes.

I am the crux of a family battle—a debate over who screwed me up. I remember crying in my bed and hearing the voices of my parents rage behind the thin wall. I heard more than my parents ever knew. I listened more intently when their voices were mild and serious. That word—the way my dad said it—“di-a-BE-tus.” I knew when I was going to overhear something I shouldn’t. I remember crouching beneath their bedroom window, silently rocking myself. They didn’t know I was there. It was a mid-Saturday afternoon, and Mom was putting the laundry away.

Dad was cleaning up in the adjoining bathroom after a long morning of working on the car. I knew they were having a serious conversation, but I wasn't paying much attention, until I heard that word: "di-a-BE-tus. You know she's not going to live as long as us." I had to listen, but didn't want to hear. Dad was asking Mom if they should send me to college. The investment wouldn't be wise; I would probably not live long enough to reap the benefits of a degree.

I was fifteen years old, and I didn't care what he said about college. It was the first I'd heard about dying young. Very young. My mind calculated—four, six, possibly ten years left? I snuck through the garage door back into my room, the safest place I knew. I still remember the feeling of trying to breathe through a pillow—I didn't want my mom to know that I was crying; I didn't want her to know that I had heard. I wanted to be alone. I was alone. For the first time, I wanted to die, yet was afraid of dying.

When my mom found me, she lectured me for being in bed. "What the hell are you wasting the day in here for?" Then she stopped and didn't know what to say. I wanted her to go away, and I turned my face to the wall. I didn't want to talk—or think. I wanted to be weak. I just wanted to be alone. She realized what I had heard and told me not to worry about "him." Again, she tried to cover up one of Dad's Okie mistakes. "Oh, your father thinks we're still in the Middle Ages. Thirty years ago what he said might have been true, but medicine has come a long way since then." I know that, but Dad? Dad knows. He knows everything. He doesn't talk much; he states facts, he orders. Omniscient, omnipotent, commanding general of our family, our world. Even before I became a diabetic, he had outlawed any sugar in the house. Mom told us that Dad had gotten headaches when he was in the service and thought that sugar was poison. Dad never told us why, he just said "No."

But Mom took care of us. Once in a while she would let us have our treats, just so we could be like every other kid on the block. "Now don't let your father see this." It became a game; we all knew the rules. My sisters and I never really understood why Dad was so cruel, but it was fun to secretly know that we had won.

Sometimes I cry to myself when I think of all the love my dad really felt for us, and we never knew it. Last year I found out. I've experienced the headaches my dad tried so hard to save us from. I understand, now, why I've never seen my father touch anything with sugar in it, ever. That

pain, how it comes on unexpectedly, destroys your faith in ever seeing tomorrow and leaves you, slowly, with a sense of dread. I can't let my dad know that I know. After all he did for us, to protect us, I can't let him know that he has lost. No, Dad, I'm OK.

I'm OK, I'm OK—what do you want me to say? Do you want me to tell you how much those headaches really hurt? Do you want me to tell you that sometimes I'm afraid to sleep at night—afraid that I might not wake up? Do you want me to admit to you how afraid I am of what can happen to my body?

For twelve years, I've tried to hide my pain and fear from you. I've been trying to ignore the horror stories, unknowingly blinding myself from the stories of hope. I'm not as bitter as this story may lead you to think. In fact, I am an adamant believer in the statement (overheard three years ago in the Coffee House): “God has never taken anything away from me that He hasn't replaced with something better.”

I have you, my friends. You who look out for me, yet allow me to be myself. Eat cheesecake, drink a beer, run barefoot through the grass—and enjoy it! I know that my life could be much worse. We all know that. Thank you for listening to me bitch about my world. I've needed to for a long time. Now let me return to being one of you. After all, I'm just another classmate, another student, another stranger on the street.

Crash Dummy

DANA REEVES

WRITER'S COMMENT: Since course catalogues were on back-order when I showed up for in-person enrollment, I had no idea what I was getting myself into when I signed up for English 103A. Luckily, the surprise turned out to be a pleasant one, giving me the opportunity to write for fun rather than a grade. The following story, a retelling of the stupidest moment in my life, resulted from that class. Although I omitted some details, such as "Twenty-Eight Attempts to Find a Vein" and "The Beautiful Ward Nurse" (later, "The Beautiful-Yet-Plump Ward Nurse Who Ate All My Candy"), I think the story captures the moment. Hopefully, readers will agree.

INSTRUCTOR'S COMMENT: Dana's first essay pretty much knocked my socks off, right from the first paragraph. What struck me, especially, was the combination of an excruciating precision in the description (you're going to wince—more than once—as you read this) and a wonderful lightness and playfulness in the style—in the unexpected twists of perspective, for instance, or the use of personification, which sometimes gives the events described an almost cartoonlike quality. Everything is alive and animated in this narrative, from the motorcycle "swinging its rear end like an intoxicated tart" to the asphalt with its "broken black teeth" or the hair on the author's feet standing at "permanent attention" to remind him of death's nearness—only a skin's thickness away. I think you will find yourself wincing as you read; I bet you'll find yourself grinning too, as you experience the pain and the absurdity of being a "Crash Dummy."

—Karen Schaafsma, English Department

At fifty miles per hour and only inches from your face, asphalt appears in soft focus, almost fuzzy, as if *MotorTrend* had commissioned Hugh Hefner to shoot the centerfold for an upcoming feature on “Roads of the West.” The reality is quite different, of course, and if your eyes are easily taken in by the illusion, your skin will set you straight regarding the texture of pavement. Eyes, whose only function is to interpret light, are artists and can afford the frivolity of Impressionism, but practical skin, the body’s largest organ and first line of defense against a perpetual onslaught of viruses, bacteria and (sometimes) pavement, is no dreamer.

I made this observation several years ago after being thrown from a motorcycle at high speed. It was a Friday afternoon, and I had just finished another week of blue-collar labor at a factory near Davis, packing plastic bottles into cardboard boxes, eight hours a day, six days a week. When the whistle blew, I scooped up my helmet and sprinted from the plant, motivated by much more than Miller Time: tonight I would have my first date with a woman I had been hopelessly infatuated with since we first met over a dissected frog in high school biology. Little did I know that an event only minutes away would leave me feeling less like Valentino and more like that matchmaking lab specimen than I would have cared to.

I burst out of the plant parking lot and quickly accelerated to eighty-five miles per hour. As I shot past the plodding cars of coworkers, I gestured derisively, intending to communicate salutations as well as my biker’s disdain for their inferior form of transportation, and before they could respond, I was gone. Approaching the intersection that was to be my undoing, I unwittingly assembled a classic recipe for disaster, mixing equal parts youth and speed with a pinch of adrenaline and a dash of hormones. I set up the bike for the curve, ignoring a posted speed recommendation of twenty miles per hour. As any rider knows, those yellow signs are warnings to people who drive lumbering Buicks, and my eyes told me that the visible sweep of the curve could easily be negotiated at sixty miles per hour or more. Dropping a gear to decelerate the bike and raise the RPMs, I leaned into the curve at sixty-five miles per hour, visions of Grand Prix knee-draggers flashing in my brain.

My first mistake, I later observed, was a common one for novice motorcyclists. This apparently lazy curve was actually what is known as a diminishing radius circle, that is, a curve that tightens as it continues.

As more of the curve came into view, my eyes, which had only moments before confidently estimated an easy sweeper, corrected their earlier guess and screamed for my brain to do something, now! Surrounding me was a forest of utility poles and signposts eagerly awaiting a crack at my anatomy. Still, my Superior Primate Brain remained calm, for this was not the first time it had been required to compensate for the recklessness of the machine it travelled in. I leaned harder into the corner, pulled in the clutch lever, and punched the gear selector as if I'd planned it this way from the beginning. As the clutch engaged, however, the bike took on a life of its own, swinging its rear end like an intoxicated tart at Mardi Gras. And my brain, as any intelligent creature might do in such a situation, blacked out.

Actually, only my frontal lobes excused themselves from the action. An older, more primitive part of my brain stayed on to observe the results of my second mistake. In my eagerness to slow down, I had unknowingly downshifted through two gears rather than one. As the clutch reengaged, the rear wheel was forcibly slowed, so much so that it lost traction and began to swing from side to side. In driving, as one might surmise, traction equals control, and that rule is all the more immediate in motorcycling. Noticing that traction had become a fond memory, the rest of my bike took a cue from the rear tire, ignoring my commands in favor of the far greater authority of the laws of physics. I watched helplessly as my vehicle began describing a larger circle than that dictated by the street. Ahead of me, I could see only poles, stoically waiting their opportunity to demonstrate the tensile advantages that steel and wood enjoy over flesh and bone.

Since countersteering strategies and braking technique were out of the question, I was limited to observing the first rule of motorcycling, which, simply stated, is "Don't Fall Off." As the Kawasaki went its own way, I assumed the role of passenger, desperately clinging to a machine that now controlled my life. We were not destined to remain together, however, and when the front wheel of the motorcycle hit the curb, I steadfastly abided by Mr. Newton's first law, continuing in a straight line while my bike followed the curving track created by the curb and rain gutter.

And so I came to learn firsthand of the abrasive efficiency of asphalt. As I touched down from a brief moment of flight, my helmet, left arm, and corresponding boot hit first, giving me my first glimpse of the street

from a tire's perspective. I also lost the outer shell and most of the lining of my left sleeve as the asphalt chewed through my jacket with broken black teeth. I didn't notice the sleeve at first, since my skin had not yet had the opportunity to rub elbows with the ground. Instead, I was oddly fascinated by the vision of blurred asphalt, and I observed that my head was bouncing down the street like a flat stone skipping across the surface of a still, black lake. My reverie ended as my unprotected arm contacted the pavement, and searing pain tore through my arm and detonated in my skull; my skin was coming apart like cheese on a grater. The pain ended as quickly as it began, but had I been given a say in the matter, I might have opted for an uninterrupted session of street bodysurfing.

Abruptly, my perception of time shattered. First came a snapshot of blurred motion; next, a sudden and absolute cessation of forward motion, and finally, time resumed its normal flow. I was lying on my left side in a fetal position, but with one new addition: my left femur had acquired another joint midway down its length. My newest anatomical feature had been caused by a 4"x4" post supporting a large sign which said "Yield," a command my leg had obeyed to the letter. My nervous system, having apparently decided that no amount of painful terrorism could prevent what was done, simply threw the circuit breaker that regulates sensation in the legs. I could feel absolutely nothing below my waist.

While I would shortly come to appreciate the numbness, my initial reaction was one of panic. I tried desperately to move my unbroken leg, but it would not respond. Crippling fear surged up in my throat, and for a moment I was sure that the violent impact had broken my back. I lay still for several moments as horrifying specters of paralysis and death crowded around me, and again I tried to move my seemingly undamaged right leg. This time I was rewarded with a small movement of my right foot and a large dose of throbbing pain from my left thigh. Jubilant, I lay back on the pavement and struggled out of my helmet. I had only broken my leg!

As vultures and jackals are drawn to a fresh kill, so too spectators are attracted to the scene of a vehicular accident. I quickly drew a pack of horrified/thrilled onlookers, each craning his neck to get a better view without getting too close. Some tried to offer help, but most came simply to gawk. One man, polite to a fault, informed me that my bike was leaking gas and asked if I would like him to stand it upright. Since my day was rather full without the addition of a fiery death, I gave him an

affirmative response, and he moved from my line of sight. A woman hopped up to take his place, leaning against the post to get a better look at my injury. The slight pressure of her weight against the post got the attention of my nervous system, and steel needles of pain burrowed into my leg in response. I asked her not to lean against the post, gasping that it hurt my leg, and she apologized and withdrew her weight. Again and again she was drawn to lean over me, each time using the post to balance herself, and each time lurching away when I reminded her of my pain. Finally, I tired of politeness and shouted at her to get away from me. Chastened, she slunk to the back of the pack.

Next on the scene came the local police, barking orders like agitated hyenas. The pair seemed more interested in giving me a ticket than helping me, and after their questioning of me proved fruitless, they turned to the crowd to sniff out the facts. One by one, the onlookers gave vague, unincriminating descriptions of my stunt, their downcast eyes and mumbled responses reminding me of truant children being questioned by the principal. Just when I had started to breathe easy, the woman who had been so fascinated with my plight flapped forward and squawked, "I saw it all! He was going too fast!"

Mercifully, the paramedics arrived at just the right moment. They pushed past the cops, who seemed to be irritated by Medicine's lack of respect for Official Police Business. The technicians quickly evaluated my situation, and after checking for brain damage with the usual crash site questions ("What's your name?" "Stupid Dana." "Who's the President?" "Reagan, but I didn't vote for him." "Do you know what time it is?" "Time to go to the hospital."), they began packing me for transport. Naturally, the first step was to cut almost every stitch of clothing from my body, leaving me flat on my back—wearing only my underwear—in the middle of a crowded intersection at rush hour. Surprisingly, I was not at all embarrassed, though I can only attribute my *savoir faire* to shock, since I am rather shy under less extraordinary circumstances.

After isolating my back, they turned their attention to my splintered leg. In order to properly immobilize my leg, the paramedics engaged in a bit of deception. One blocked my view of my lower body and began telling me what they would be doing next. In the midst of this monologue, the unseen paramedic, having firmly grasped my ankle, gave a tremendous pull, his goal being to extend my leg to allow the jagged stump of broken bone jutting from the back of my thigh to slip back into

its normal location. Unfortunately, the muscles of my leg would have none of it, and they contracted almost instantly, grinding the stumps of bone into the meat of my leg, a sensation which elicited a strongly worded critique (consisting mainly of speculation about the paramedics' relationships with their mothers) from the heretofore cooperative patient. After we loudly concurred on the necessity of teamwork, I concentrated on relaxing my thigh and the paramedics were able to properly align and splint my leg. From there, it was onto a backboard and into the meatwagon for the turbulent ride to the hospital.

The following week was filled with x-rays, traction, transfusions, and pain. The doctors finally determined that I was ready for surgery, and after dazzling me with descriptions of the latest in orthopedic reconstruction, they prepped me for surgery and wheeled me to the operating room. I was to be the lucky recipient of a stainless steel rod inserted into my fractured femur through a hole they would drill in the top of the bone. This rod, I was assured, was much preferred to a cast since I would be walking on it almost immediately after surgery. As a child, I had been a faithful viewer of TV's *The Six Million Dollar Man*, and all this talk of precision-crafted stainless steel appliances and more rapid recovery rates sounded very much like the show's opening monologue, which promised, "We can rebuild you. We can make you better, stronger, faster." How could anyone refuse? As the anesthetic led me into darkness, I heard the words of my surgeon: "You'll be back on your feet in no time." The walls pulled away, and I was gone.

When the light returned, I knew something was wrong. White coats loomed over the steel rails of my bed, and I could hear my mother's voice without understanding the words. As her voice moved closer, my eyes focused on her familiar outline and I heard her saying, "There have been some complications." The surgery had taken far longer than expected, and I had lost four-and-a-half units of blood. Worse, my body was now rejecting all attempts at transfusion with the same contempt for twentieth-century medicine that Dr. McCoy exhibited on *Star Trek*. These details I learned later, but I could feel their impact in every cell. Unable even to turn my head, I lay helpless.

The hours that followed are a surreal blur in my memory. I drifted in and out of consciousness several times, but the light, curiously enough, remained constant whether I was awake or not. Toward the end of this ordeal, I could see nothing but a bright light directly ahead of me, but

if this phenomenon was the same as that described by others who have been near death, it did not fill me with the peaceful feeling so often associated with its presence. Rather, I felt more akin to a deer staring into the headlights of a speeding truck, unable to flee or fight.

Finally, the meat mechanics decided it was time to reattempt my oil change. Having established its dominance, my body grudgingly allowed four units of hemoglobin into my veins, and with the blood came vision, rational thought, and searing, burning pain. My skin was back online, and it had a lot to say about the quality of my treatment. During the twelve-hour wait to retry the transfusion, my injured leg had come to rest against the aluminum splint supporting it; the pressure of the metal against my skin had cut off the blood supply to my calf and foot, and my skin had been unable to penetrate the fog of anesthesia and shock to warn me of the danger. As consciousness returned, however, my skin rushed to inform me of the evening's physiological events, raising its voice to ensure I heard every detail. Oddly enough, I smiled at the pain, for it is a sensation reserved for only the living. I was happy to be back. As the doctors predicted, the sensation of having a hot iron pressed against the sole of my foot would eventually fade away, but for years afterwards, the hairs on the top of my foot stood at permanent attention. Perhaps they sensed the presence of death that we often forget is a constant companion of life. They too would eventually relax, but my skin has never completely forgiven me for following the advice of my eyes, or for that matter, my doctor. To this day any unexpected touch to my bare foot will send a shiver through my body, reminding me to slow down, pay attention, and enjoy life as it is. Faster is not always better.

The Nether of My Knees

B. RUSSELL MILLS-CAMPISI

WRITER'S COMMENT: In the first two weeks of my final quarter at UC Davis, I was an uninspired science major hoping to get by with little to no work in my required upper division writing course. Had I any other teacher than Mrs. Walker, that might have been the case. Through her charm and easygoing style, I became convinced that writing done with passion, and most especially anger, could be a well-lived process. I became so consumed that Mrs. Walker wondered if my work in other classes might be hindered. It was much the opposite. I was always working, and that overflowed into all other aspects of my academic life, making my final quarter both an inspiration and a success. As for my paper, I did eight rewrites, triple-digit reads, and my edit checks were done in a dizzying array of papers strewn about the floor, on walls, in cars, sitting up late, early, not sitting at all, in the backyard, in the house, and on the lawn. As the final assignment of my undergraduate career, it could not have been better. I would like to extend a long thank you to Mrs. Walker for all of her time spent with me and my hardened head.

INSTRUCTOR'S COMMENT: Russell Mills-Campisi confronted a technical challenge in UWP 104C (Journalism) when he set out to write a feature article about his brief but life-changing experience as a young patient diagnosed with manic-depressive illness. An early draft vividly recreated his feelings and perceptions around the time of his diagnosis. It was already a powerful story, but Russell wasn't satisfied. The teenage persona of the narrator excluded his present perspective, informed by scholarship in Neurobiology, Physiology, and Behavior, his major

field. In the end, he discovered how to create a more supple voice and a more sophisticated structure that accommodated both perspectives, past and present, without compromising either the freshness of his narrative or the power of his argument.

—Jayne Walker, University Writing Program



How far away are your knees? Mine were too far. How about the soap? I couldn't reach it.

With my chin on my chest, I looked at my knees, wondering at my inability to wash them. How could they be too far away? My shoulders were pulled forward, my neck stiff and angled downward, my breathing a slow, tired in and out. I could see for the first time that my life wasn't as I remembered it. My laid-back nature had moved to lethargy, my haphazard style had become more unkempt and slovenly. The world had not moved my knees too far away. I had. There was something wrong

with me. Getting out of the shower, I knew I had to tell someone.

At the time, I was two years removed from living with my mother. I had yet to apply to college, and I was working nowhere important, doing nothing worthwhile. At seventeen, my mother had asked me to leave. We weren't on speaking terms. Whenever we tried, we yelled.

Before I left, my mother took me to a therapist who specialized in troubled youths. It didn't last very long. I was too angry, too jaded, to commiserate over my feelings. Two years later, knowing that I was in a bad state, but unsure who to call, I called him.

He had a beard, looked friendly, and was just shy of fifty. Shades of brown ran along the walls and floor of his office. He came highly recommended, as one of the best adolescent specialists in Berkeley.

"Let's talk about your knees." No matter what he said, addressing my problem aloud was painful. I came to him embarrassed that I had a problem that didn't seem real; now I was embarrassed that he would see and pass judgment. "What's to tell? They're good-looking knees."

It's hard not to be distant and quick when matters are heavy. He tried another, more direct approach. "So what do you think is wrong?" Unable to stop myself, I responded, "If I knew that, I wouldn't be here."

Our sessions continued on like this, a back and forth without any assurance of progress. I wondered what progress would even look like. Trying to understand, I asked myself, am I feeling better? Am I sleeping more or less? Am I more normal?

Success is hard to measure when dealing with an ailment of the mind. When you go to a car mechanic with a problem, you get dates, prices, and a list of all the parts that have to be replaced. Everything is written up and printed out for easy reading. Therapy is much the opposite. The two of you have to agree to work with one another. You set up weekly or biweekly meetings, with no deadlines, for fear of inviting failure.

After the introductions are over, the patient and the therapist begin searching for a "label." A label, like depression or schizophrenia, has a corresponding treatment, and so is an important part of the therapeutic process.

Unlike doctors of medicine, who can order up tests with indicators that reliably show if someone has a disease, therapists lack diagnostic tools that rigorously show what the patient is suffering from. They have to depend on the patient's qualitative assessments of feelings, using

Careful questioning to figure out what a patient is doing that may be symptomatic of a mental illness.

My therapist asked about my sleeping patterns, and how active I was, but mostly he wanted me to talk about my daily life. My friends were our number one topic of discussion. We never addressed the big issues. My parents were rarely, if ever, talked about. Relations with my brother, cousins, uncles, and aunts appeared to be unimportant to his investigation of my ailment.

In retrospect, that should have been a flare in the sky, warning me that something was awry. If a therapist's evaluation is limited to qualitative descriptions, then the topics addressed ought to be the cornerstones of a person's life. If these are not addressed, the therapist is drawing conclusions about a patient's mental state from superficial topics far removed from the problem at hand.

Admittedly, my therapist wasn't alone in that room. I was never very forthcoming about my family. But I was in no state to address what we needed to do with me. I was too young to know what was good for me. I didn't know what questions to ask, or even where to start. When I showed up to his office and sat down on his couch, I figured he had a plan. He HAD to have a plan, because I certainly didn't.

Whatever his expectations, his goal was a diagnostic label. Without one, any symptom can be an indicator for a variety of illnesses, specific to the brain or another part of the body. Treating only a singular symptom could mean delaying the appropriate treatment for the undiagnosed illness. For example, a person who has been diagnosed with severe depression is given antidepressants. But if that individual were instead to have manic-depressive illness, antidepressants would cause them to have powerful manic episodes, which would be dangerous to their health and the health of other people.

After a few weeks we seemed no closer to a diagnosis, and I began to wonder how long this was going to take. It became apparent that the search for a diagnosis has no finish line cleanly marked in yellow ribbon. The process can take a day, or it can take a year.

Waiting, my knees grew grungier. The week it took to grow my 4 o'clock shadow ended without a clean shave, and by month's passing, my face was covered in a beard of brown patches, red stripes, and speckled yellows. The cleanliness of my jaw was as impossible a wall to climb as the cleanliness of my knees.

I hadn't realized that the waiting would itself be so taxing. I wanted so badly to have an answer, anything at all would do. Until I got one, I was incapable of taking care of myself properly.

At some point I started attacking myself with "whys." It didn't matter where I was, sitting in a restaurant, a park, or in the waiting room of my therapist's office, my mind would be bursting with questions. Why am I in this office? How could things have gotten so bad? Why am I doing this to myself? It was an out of body experience. I watched myself fail at each internal command to do better, to get better, to stop defeating myself. I would be telling myself to do one thing, like be happy, but instead my body would lie down.

I had no control. I was stumped by an inability to know myself. It was the awkward feeling of being hung up on, except that I was hanging up on myself.

Approximately two months after our first meeting, my therapist decided I needed an IQ test. I wanted to ask him why, but I didn't. I only nodded bleakly. I couldn't help thinking, you're here because you're too stupid to figure this out on your own, so just do what he says and shut up about it.

On the table in front of the woman who was to give me my IQ test was an array of tools, tricks, and puzzles. Blocks with different colorings and shapes, word lists, numbers I was supposed to recall, forwards and backwards. Blot tests upon blot tests were stacked high, all there for my interpretation. Apparently I was here to play games.

The words came first. I sat back in my chair and tried to define all oncomers. If I didn't know the definitions, I made stuff up, I winged it. When that was done, we tried blocks. I was supposed to arrange them in an ordered pattern. She'd set up everything, her watch ready, and in a blur of brilliance I was done. My blocking was staggering.

Hours of this aggravated my adolescent mind. The tests seemed infantile, like anyone could have come up with them.

The blot tests only increased my aggravation. She wanted stories. What did I see? I made up fantastical imagery. She wanted more. I kept going on about knights, bats, flying leprechauns, and anything else that was beyond the beyond.

The idea that any of this would have meaning made me angry. I started thinking that all these tests had less to do with my IQ than with my money. Nothing comes cheap in this business. Sessions with my

therapist were \$150. The IQ test was going to take multiple sessions and, in the end, cost over a thousand dollars. I didn't have the money. My mother, who had been supportive throughout, footed the bill.

When the IQ specialist presented me with two exams of more than 700 questions, I told her I'd do them if I could take them home. I took them home, but never did them. I found the whole experience ludicrous.

A few weeks later, I came in for my official score and her opinion. She looked forlorn when she gave me the news—a very high score. I of course was ecstatic. My ego was being boosted, and I immediately had the thought that the experience hadn't been so bad after all. But she didn't reciprocate with a smile to match my own. I could have sworn she was trying to console me.

When my therapist and I met to discuss what came next, he presented me with a diagnosis: Manic-Depressive Illness. What the IQ test gave him that he didn't have before, I could only guess. I never asked, and he never brought it up.

Oddly, I was relieved to have my diagnosis. When you hit rock bottom, you are too broken up to think, "This is weird." I couldn't muster up the courage to ask why I had been diagnosed with manic-depressive illness. I just sat there, stunned, yet strangely content.

Giving a patient with an unknown ailment a label is an act of comfort. The patient finally has something to grasp. My label made me happy to have something to treat. It was empowering. It made my therapist happy because he felt like he had done his job. It made my friends happy because their friend was in need of their empathy and understanding. It was a comfort to my mother because she felt that she had done something right on behalf of her son—she had found someone to diagnose the problem, and she spent money she didn't have getting it.

Yet after I was diagnosed with this mental disease, my sense of self started eroding. Initially there was a feeling of loss: I was gone, as if I had never been.

As children, my friends were identified by their hair, how tall they were, and whether their lunch had anything worth trading. What made them David, Joel, or Isaac was a combination of superficial features sewn together during recess and birthdays. As they grew older, Joel stopped being the short, sloppy kid and became the tall, mature adult, with a passion for cooking. The change can appear strange, but one accepts it. In no time it becomes normal.

I was suffering from manic-depressive illness—it became normal. The I who had been free from mental illness stopped existing. I was now diseased—same friends, new role, different lunch.

Looking for clarity, I found Dr. Kay Redfield Jamison, a renowned manic-depressive illness specialist who also suffers from the disease. Her work includes *An Unquiet Mind*, a personal look at her own life and her coming to terms with the disease. She has also co-authored *Manic-Depressive Illness*, a text for psychiatrists. I was in need of someone who could guide me. I was in need of someone who had made it.

She describes manic-depressive illness as a shifting of moods. The shifting is predictable. There is mild euphoria. A jump of ideas. Emotions are tidal, and during mania they swell. Nights shorten. Deep thoughts are in everything. Every scrap of paper will be written on—both sides, in erratic script. The house becomes cluttered, as chores stop being done, and purchases stack up. Stuffed foxes, a horse and a newly rented stall, hundreds of plants, books, magazines, cookware.

Either the mania continues, and a sort of panic fills the void; the mind creates illusions that encompass all the senses and buttress your life, replacing everything that you knew . . .

Or you begin the long fall. In days, you go from the highest highs to the deepest chasm. The world darkens. Getting out of bed is a trial. Work can wait, the flood of writing stops, the bills aren't being paid, many of which you don't even know you have.

Manic-depressive illness comes and goes, but it does so regularly. The cycle is different for each person. Manic episodes can last weeks, and sometimes months. Depression typically comes immediately after, though it can lay dormant in people for years. The pattern—mania, depression, equilibrium—is necessary for a person to be diagnosed with manic-depressive illness.

The most traumatic time is when the cycle comes back to equilibrium, and the patient first surveys the damage. The debt can be enormous. Friends are gone, and family is in hiding. This is when a person suffering from manic-depressive illness is most likely to commit suicide. Not when the world is a strange illusory place, but when one is sane and settled, and can honestly say, "never again."

Reading Jamison's work, I was afraid. The behavior seemed extreme. I didn't have the debt, the stuffed animals, the writing on the walls. I slept more than she did during her episodes, I drank very little, and the worst

purchase I'd made in years had been a pair of suede-jean pants that were worn only in select venues. I wasn't sure if I really had manic-depressive illness, but I had nothing else, so I convinced myself that I'd give being manic-depressive a try.

A therapist can't prescribe drugs, so my therapist sent me to a psychiatrist, who was qualified to prescribe medication for my illness.

I was too young at the time to question why my therapist could diagnose me but needed someone else to give the "cure." It's only now, years later, that I see the problem with such an arrangement. If therapists can't prescribe drugs, what else can't they do? Therein lies a huge issue. The physiology behind behavioral issues is outside their purview. The advantage of teaming up with a psychiatrist is lost when the psychiatrist isn't prescribing tests, or diagnosing at all, but is instead acting only as a vendor. Their partnership was only one of convenience. Convenience for them, not for me.

I met briefly with my psychiatrist, and he recommended that we meet every couple of months for fifteen-minute checkups. That was it, along with my prescription of Zyprexa.

Zyprexa was relatively new at the time. It is a powerful antipsychotic. Antipsychotic is a catchall for a multitude of therapies this drug can give. It helps with depression, schizophrenia, anxiety, and other maladies of the brain. The first wonder drug of the 21st century, its usage was immediate, and widespread, before any long term studies had been done. In 2005, Eli Lilly Corporation, the manufacturer of Zyprexa, settled with approximately 8,000 plaintiffs for nearly 700 million dollars because the drug induces hyperglycemia. As early as 2001, the FDA had been investigating serious side effects of the drug, which also included tardive dyskinesia, apathy, permanent feelings of hunger, and weight gain. On December 17, 2006, *The New York Times* published an article showing that Lilly had been suppressing knowledge of severe health risks associated with Zyprexa for over a decade. Neither Lilly nor my psychiatrist had informed me of any potential harm.

For comparison, Lithium, the first drug to effectively treat manic-depressive illness, has been around for decades, has been studied at length, and is well-understood. My psychiatrist never mentioned it as a real possibility.

I still wasn't sure how I had been diagnosed with manic-depressive illness, but I knew that everyone thought that Zyprexa would somehow

make things better. They hoped that with enough medication I might live up to the potential indicated by my IQ test. My apparent lack of direction or intention to expand my horizons and my general complacency were all seen as symptoms of my illness.

I knew from reading Dr. Jamison's *Touched by Fire* that many great minds had been shaped by the disease I now possessed. With the announcement of the diagnosis, I entered into the company of Van Gogh, the Tennysons, and Lord Byron. That I would have to be medicated struck me as a sign of my ability—a crown, crooked and teetering.

As soon as I could, I took my first pill and settled in. I was hoping for quick relief, but prescription drugs for mental illnesses don't work that way. After two weeks the Zyprexa started doing something, but nothing like I had hoped: Light broke up into dim shades, no swirls, no intensity. Outside was a rainbow of grays.

Panic would sometimes well up. Am I still me? Keeping it together felt like crawling up a greased pole. At the top was safety, but holding on was a slippery mess.

My shoulders slumped further forward, and my eyes felt sticky and slow. Memories began fading, and life became a dramatized slow-motion picture with few words or sounds. I took the loss of life's luster as a badge of honor. I had accepted my diagnosis, so I embraced my potential as well.

The fading of my memories was especially bad. Emotion connects all the important events of life, organizing them in memory. The longer I was on Zyprexa, the more pronounced the loss of connection I felt with my past, and slowly, the emotion of my life seemed to dissolve away.

Something else was lost too. I'm a monologist. Every answer is a long one. Every conversation is a meal. There is a starter, the main course, dessert, and coffee. My words are rapid, my diction grand, wide, wild, depth, daunting, and delirious, and if it were transcribed to a page, you would see no periods, just an endless supply of commas, semicolons, and exclamation marks. After being medicated, my effusion became a tidy stream, with periods of little to no flow.

People thought I was better. I slept more, and talked less. My argumentative streak was no streak at all. I wasn't interrupting anyone. I was docile, I was desirable for my complacency.

Somehow my disease, like a black hole, sucked in surrounding character traits that people found less than desirable. I'm opinionated,

strong-willed, aggressive, and ornery. Those traits were lumped in with my disease and had to be treated in much the same manner. They had to be cured.

On Zyprexa, I stopped doing the things I had always done, the things that made me ME. I became someone else, and no one came looking for the young man who had disappeared.

When I had my first (and only) psychotic break on the drug, I was lying down. My hands gripped the bedpost hard enough to make my joints hurt. My body was shivering violently, sending my rattling bed against the wall. Bang!...Bang...Bang!...Bang...

A psychotic break is a lucid act. You know what is wrong. Everything. Everything is wrong, everything is connected in its wrongness.

I don't remember the day, but it was dark out. I was in my old room at my mother's, and I was sweating profusely. My heart was in my ears, and my feet were clammy and cramped. I was losing my mind, and within the maelstrom of panic, a piece of me felt calm at its coming, wondering what had taken so long.

At my next session, I told my therapist what had happened. He said that was normal for someone in my position. He explained that the cause of the break was either the disease or the cure. We were going to have to wait and see.

"Why?"

"Why what?"

"Why do we have to wait and see? It already happened. If we want to know what happened, we have to either take me off the drugs or assume it has to be the disease."

Why was I telling the therapist what he should already know?

The conversation was making me angry, and without letting him answer, I began asking him questions in an accusatory manner.

"How can you be sure I even have manic-depressive illness? I want to know what I've done to get this diagnosis!?"

With a straight face and calm voice, he told me that people of uncommon intelligence are more likely to suffer from manic-depressive illness.

So that explained the IQ test.

"But that isn't the only thing, I hope . . .?"

"Certainly not . . ."

"Then certainly what?"

“Well Problematically, you never exhibited the normal signs of depression, which complicated things.”

“Normal? You mean I wasn’t showing signs for it?”

“You were depressed. But not clinically.”

Which meant I was having a normal response to a bad situation. Clinical depression is an extreme form of depression, and only therapy and medication can halt its progress.

“Was I ever manic?”

“You had erratic behavior, which we thought might be a precursor to bigger things.”

“So I was never manic. I was never severely depressed, only. . . .”

Normal.

That was my watershed. Hackneyed and withered, but there it was. Even though it seemed obvious that something had gone wrong with my diagnosis, I wasn’t quick to let go of it. I had grown attached to the new normalcy.

I had been seduced by the genius associated with manic-depressive illness. History’s troubled artists are an intriguing lot. Their art is profound, their ability to communicate the world in unique ways is powerful and inspiring. The prospect that I might somehow be like them was something I wasn’t sure I wanted to give up.

I had to make a decision. Did I want the disease? Or did I want the truth? For weeks I had flip-flopped from thinking that I was suffering from manic-depressive illness to thinking I was suffering from inept healthcare. I needed to choose a course and stick to it.

My analysis was short:

- 1) My therapist had a Ph.D. in speech.
- 2) My psychiatrist had done nothing more than distribute drugs. He played only a minor role in evaluating my condition, or questioning my diagnosis.
- 3) I never exhibited the necessary symptoms to be diagnosed as manic-depressive.

I had given three months to being manic-depressive. I was terrible at it. I never was manic, I was never very depressed, and my supposed extreme behavior was having a hard time competing with Van Gogh’s ear removal, or Lord Byron’s miniature armadas, with hundreds of little boats acting out the great oceanic battles, his servants rushing to make history, splashing about in his lake.

Moving away from acceptance of my diagnosis was like getting off the couch after watching weeks of reruns. My muscles were sore, my clothes were dirty, and my mind ached with questions.

Why was a therapist with a Ph.D. in speech diagnosing a mental disorder—at all? Why wasn't the psychiatrist taking more time to evaluate me? What did the IQ test say about me other than that I had potential? Why couldn't anyone explain these things to me?

In retrospect, I think I could have found help with my old therapist if I'd brought our sessions back to what mattered—family, school, and the ever-present “potential.” I had an unhappy family life. I never applied to college, and I felt like I was wasting away in a podunk town, working at an upscale Chuck E. Cheese.

But a bad diagnosis begs for accountability. To this day, I have no idea what the therapist must have seen to make the decisions he did.

Without consulting him, I went off the medication. There was no flush of drugs, no quick and triumphant end. Going off prescription drugs takes time. If it's done too quickly, withdrawal symptoms can set in and make you miserable. I cut the dose down by halves every two weeks for a total of six weeks.

At my last meeting with my psychiatrist, I told him that I was going off Zyprexa. He said, “Oh.” There was no warning, no discussion about what was good for me.

I told him that he reminded me of a vending machine. All I had to do was show up, pay, and walk away with my product. He gave me drugs with little understanding of who I was and where I was going. If he had felt that my therapist's diagnosis was right, he should have at least discussed that much with me.

He wished me luck instead.

It's been more than half a decade since this all transpired. I'm graduating with a degree in Neurobiology, Physiology, and Behavior from the University of California, Davis. Why I chose the major seems self-evident now. I wanted control, and I needed answers.

I'm happy to say that within months of going off of Zyprexa the rainbow of grays was replaced with another, more vibrant one.

Burned

KARYN GIBBS

WRITER'S COMMENT: In Jayne Walker's English 18 class, I discovered my own voice and wrote essays in the first person for the first time. The range and limitations of my own abilities became clear to me, and I improved on them during the quarter.

When we were asked to read Richard Rodriguez's essay "The Achievement of Desire," I did not expect to relate to the author so strongly. The distance he had created between himself and his previous life was striking. And the question so frequently asked of Rodriguez, "How did you manage your success," infuriated me. I believe that the question of how one rises from the working class is not as significant as the question of why. Writing this essay, I realized something I had not considered when I read "The Achievement of Desire"—it's hard to write about these things.

INSTRUCTOR'S COMMENT: English 18, a sophomore-level course on style, was an exciting class for all of us. Reading and writing assignments encouraged the students to reflect on their educations and their membership in various discourse communities. The essays they produced were as intellectually adventurous as they were ruthlessly honest.

Karyn Gibbs's work astonished me. She worked hard on rewriting her first essay, describing her circle of working-class friends in Pittsburgh, gradually transmuting a rich body of raw material into refined literary form. The first draft I saw of "Burned," her next essay, was already almost perfect. Grappling with Richard Rodriguez's essay helped her to discover a style that honors her past "simply" (as Wil-

liam Zinsser would say), consciously avoiding the formal diction and syntax that Rodriguez deployed, in his essay, to distance his past. This style, which may seem transparent until you read it aloud and hear its rhythms, creates a sense of immediacy so powerful that you can almost feel the physical pain of Karyn's burns, the psychic pain of "breaking rank" and losing her old friends.

—Karen Schaafsma, *English Department*

The hot steam from the presses fills the room. By ten o'clock in the morning, it is stifflingly hot, and the back doors are open. Snow blows into the building and melts into rivulets that bleed back out through the doors. The cold air is choked off before it can touch my skin. I am stripped down to a tank top and shorts and sweating, a water bottle at my feet. The first machine thumps down over the collar and cuffs of the shirt. After fifteen seconds it hisses and ratchets itself open. I lift the shirt and turn to my left to slip the arms of the shirt over the sleeve press, which hisses and expands inside the shirtsleeves. Steam pours off the shirt. This is where I usually burn myself, plucking the hot shirt from the hot metal. I turn another ninety degrees to my left and drape the shirt over a padded cutout of a man, clamping it down so it will press smoothly, and pull a lever. The shirt slides into a casing and hot irons close over it. Steam billows from the machine. I arrange the still-hot shirt on a wire hanger, turning down the collar and buttoning the top button before I slide it down the rack and turn again to my left to pull a wet shirt from the basket and lay it on the first machine.

I am the fastest worker, and the entire process takes me sixty seconds. If I work all the machines at once, I can press 600 shirts in one shift. And earn \$42 doing it. By the end of the day, I have a number of small burns on my fingers and am picking up the shirts between the fingers that are less burned. One day, though, my forearm brushes against the copper pipes that surround the machines, and I burn myself badly. The steam from the machines aggravates the injury for the next four hours. When I finally sit outside and pull away the reddened and blistered skin that has already lost feeling, the cold air against the damp, newly exposed flesh makes my eyes water. At this point I make the decision that I will someday go to college. I will separate myself from this life the only way that I know how. And the scar from this accident will serve as my motivation for the

three remaining years of high school.

This sort of rise from the working class isn't common. As Richard Rodriguez points out in his essay "The Achievement of Desire," it is marked by consciously choosing to be educated. He, even before he became a "scholarship boy," chose education to separate himself from his previous life. As did I. And Rodriguez admits that eventually, towards the end of his schooling, he found a desire to recover something of the past he had rejected in order to become a scholarship boy. So he returned home and found some bits of comfort in being with his family, while accepting the ways that things had changed. Things were different for me.

While Rodriguez fits Richard Hoggart's profile of the scholarship boy in many ways, I do not. My family background couldn't be more opposite. Although I spent my high school years living below the poverty level and working full time to take care of myself, I had grown up in an educated household. Rodriguez's parents seem to value education, but hadn't been able to attain it themselves. My parents valued their degrees above all; a degree was proof of intelligence. A person without a college degree was shiftless or dim-witted. My parents uttered the word "intellectual" with the reverence many people save for naming deities. If things had been different, I might have continued to grow up with this. But shortly after my fourteenth birthday, my parents divorced and our family crumbled. I found myself living alone in an abandoned house. And then I found my friends.

My group of friends carried the sense of home that I had lost when my family fell apart. Every waking hour that I didn't spend at work or school, I spent with them. Although I occasionally attempted to live with one or the other of my parents, they were in no condition to take care of me. My stays with them were always short, and always ended with my friends coming to rescue me. My friends understood all of this; these sorts of things were common threads in all of our lives, and as a result, we were extremely close. Adding to this closeness was the fact that we were all working class, although they were mostly high school dropouts. When I chose to separate myself from the working class through my education, it never dawned on me that I would be separating myself from them as well. Rodriguez, on the other hand, knew exactly what he was doing, exactly what he was leaving. He felt embarrassed by his parents because they were what ignorant people might think of as common.

A high school diploma didn't separate me from my friends. It didn't separate me from the thump and hiss of the laundry either. Enrolling in a university wasn't enough to cut me off from them; they even seemed proud of me. But the first few weeks of college created a distance between us, and now I cannot go back. I didn't understand this until I went home to see them for a weekend. I drove up in a borrowed car, and when I got out they were all there. There was a pause. And then someone said, "Well, College Girl is back." And nothing could make any of us recover from that. It no longer mattered that three weeks earlier we had been like siblings. The group was reordering itself according to what they perceived as my new social status. They dropped my old nickname and called me by my real name. They spoke more carefully around me, as if I might correct their grammar. The guys stopped asking me to help work on their cars, and the girls stopped asking me to sit in the waiting room at Planned Parenthood with them. Instead, they started asking me for my opinions, thinking that I would have the correct point of view on everything of importance. They even asked me who they should vote for. It took only a few more visits home to realize that this was the new order of things.

In a way, my return had insulted them. They were glad to see me, but I made them feel looked down upon. It didn't matter that several of them were smarter than I could ever hope to be. It mattered that I had moved on to a realm they associated with nice cars and savings accounts. I was no longer the girl working the presses; I was on my way to being the girl who was too important to do her own laundry, much less wash the shirts of strange men. I had broken out of my rank in their eyes. Better to have simply abandoned them, as I eventually did, with no small measure of guilt.

Rodriguez clearly felt something akin to the isolation I experienced (and it is truly hard to find other people at my university with working class backgrounds). But any such feelings were certainly tempered by the pride his family took in his accomplishments. A few of my friends did feel proud of me and continued to treat me as they had before, but neither they nor I could endure the behavior my presence was beginning to elicit from the others. And while Rodriguez returned home to his family and still had some sort of place, I don't go home at all anymore. My education has completely and irreparably divided me from the life I knew. And while I am getting a good education in a major I love and already earn enough money to live more comfortably than I did, a part of me wishes I had never burned myself and never left.

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[We hope] it's all Part of the Plan...

SARAH SUMPTER

WRITER'S COMMENT: The final essay assigned in my UWP 101 (Advanced Composition) course required a short but thoughtful analysis of a recent life event "from which [the individual student] learned something." It was a simple prompt with an overwhelming vista of experiences to choose from, but my run-in with cancer in 2010 stood out as an event with a message relevant to a perspective of life shared by myself and an audience of my peers. As I explained in my write-up of the essay, I chose my diagnosis of a large Anaplastic Astrocytoma of the brain, and my subsequent grappling with mortality "because I felt that it addressed an illusion that the typical college student often approaches their future with (at least initially): that following a set of 'steps to success' is all one needs to do to transition smoothly to life post-college, and that our youth makes us immune to the shortcomings or fragilities of 'other (older, less-rigidly prepared, etc.)' people."

INSTRUCTOR'S COMMENT: Because many students take UWP 101 near the end of their time at UC Davis, I ask them to use the final writing assignment in the class to reflect on their educational experience by discussing key moments that have shaped them in important ways as thinkers or as people. Sarah's essay takes us to a surprising place that few of us would like to imagine going to, but her intelligence, clarity, and wit draw us in and return us to our own lives altered somehow, granted real perspective. It feels wrong to say that you enjoy reading about someone going through as traumatic an experience as Sarah describes, but Sarah's essay, like all of the work she submitted to UWP 101, is a true pleasure to read.

—Sean McDonnell, University Writing Program

For young adults scaling the precipitous bridge between higher education and The Real World™, an ever-increasing pressure exists to have, to know, and to be prepared for a clearly defined socioeconomic future. “The Plan” that parents, academia, and contemporary social mores insist that we must have if we wish to achieve any shred of success in life is so impassively formulaic that it runs like a battle plan from a cheap medieval-period film. “We raise an army, we storm the castle, and we take the crown.” We endure four or more years of tedious lectures, academic bureaucracy, and term papers that make dragon-slaying sound like child’s play by comparison, we burst out into the job market, waving our degrees expectantly in the faces of corporate CEOs, who must be awaiting us with open arms for us to grace them with our fabulous abilities and intellect, and we get everything the American Dream has taught us to strive for: family, penthouse, big bucks, and a smartphone with applications to walk your dog and sing to you in Russian. Follow the steps and results guaranteed, or your money back. Right? Wrong. Ironically, what “The Plan” for the so-called “Real World” fails to prepare us for are those innumerable variables of actual human existence that a simple 1, 2, 3, GO! can neither predict nor assess.

Two years ago I walked into the lobby of the imaging center at Sutter Davis for what an endocrinologist at the UC Davis Health Center called a “precautionary MRI.” Long story short, I was a high-performance cross-country and track athlete with a history of anorexia and hadn’t experienced “that time of the month” for several years. That aside, I was in excellent health and performing in my sport better than ever, so when the good doctor arranged the appointment to rule out a blocked hormonal gland as a possible cause, she walked me out of her office with a pleasant smile and a reassuring “Don’t worry, it’s pretty unlikely they’ll find a tumor. I just want to make sure.”

Fast forward a week or so, and I am in that same imaging center, fresh out of the MRI machine and fiddling with my fingers in a backroom where the lab techs are preparing scans of my brain to be reviewed by a specialist. The techs are gossiping nonchalantly and complaining about their boss’s apparent habit of yakking away on his cell phone with his wife while he should be working. It’s a bit of a long wait, but my mind is more preoccupied with prepping for an early season cross-country race I’ll be running the next day. “Get this done, call one of my housemates to give me a ride home from the hospital, and I’ll enjoy a nice pre-race meal before I call it a day...” is what I’m thinking.

When what I was told was supposed to be a fifteen- to twenty-minute wait for scan results turns into roughly an hour, a suspicion that something is not quite right begins to intensify. Why are the techs, who not long ago were so bubbly, suddenly mumbling to each other and avoiding eye contact with me? Why does one of them, a pretty young girl with a blonde ponytail, get up and ask me, almost persistently, if I need anything to eat or drink? And where the heck is this specialist?

As if in response, a mousy dark-haired man in a lab coat and glasses emerges from behind a door adjacent to the tech room and asks me to step into his office. Everything about him is slightly hesitant, from his weak handshake to the great care he takes in closing his office door behind us. The room is dark except for the glow of the doctor's computer monitors in the corner and a dim overhead lamp. Without thinking, I look directly at him and say, "You're not going to tell me anything good, are you?"

As tough as you think you are, nothing prepares you for the moment when you are made to face the immediacy of your mortality. It's more than a wake-up call; it's a cathedral of two-ton liberty bells drowning out everything but the frenetic questions you begin to ask yourself: "Is this it? Is this really all the time I get?" You shake. The room spins. You call your parents and whoever else comes to mind, trying to coherently communicate to them between hysterical sobs a situation that you yourself have not yet completely processed. Here you were basking in that vigor of youth that humors you with the illusion that the inevitable is far, far away, and now you're drowning in the unknown. Suffice it to say, The Plan was the furthest thing from my mind.

I should hope that no one factors in a slot for the diagnosis, surgery, and treatment of a large brain tumor when contemplating the series of events likely or expected to take place in their immediate future, as I had to. Becoming a potential chemo dunk tank, or dying, for that matter, did not fit in between my plans of studying to become a counselor for victims of eating disorders or leading my cross country team to their first conference championship title. Heck, it didn't even fit my own sense of self as a living body—how the hell does someone who has no noticeable symptoms (aside from an absent menses, which is common in female endurance athletes) and is told she has near-perfect health wind up with a defective mass the size of a gerbil lodged in her skull, under which conditions she shouldn't even be able to walk or talk, let alone run?

Happily, the majority of the mass removed from my brain via craniotomy was benign, and I handled various rounds of chemo (which I was able to take orally) and radiation fairly well. But that didn't mean there weren't struggles or moments of weakness—in the weeks directly following surgery, I felt an almost total disconnect from my body (a nexus of identity and self-expression for any athlete) in its weakened and heavily medicated state, and my overall sense of autonomy all but shriveled in the presence of so many unknowns: would I ever “feel” normal again? Would friends distance themselves from me for fear of potentially having to watch me physically crumble or die if treatment was not successful? At some point in the midst of all thi—call it epiphany or a stubborn will to live, I don't know what it was exactly that drew me out of my own gloom—I realized that I had to make a decision: I could wallow in self-pity and the “what ifs” and isolate myself from the world and the goals I had worked toward thus far, or I could accept my situation and learn how to incorporate those goals into my path to recovery.

I could choose to take ownership of my cancer or be owned by it.

I opted for the former. When I was well enough after recovering from surgery to walk for three hours a day to preserve some iota of my running fitness, I did it. When I was allowed to graduate from walking to pool workouts and fifteen- to thirty-minute runs, and then given leave to finally resume training with my team, I did it. I returned to Davis, dove back into school, and picked up where I left off. My Plan had failed me, but that in no way meant that I was the failure.

My intention here is not to scare my peers into believing that they should be checking every nook and cranny for the Grim Reaper when they leave the house (or the doctor's office), and I certainly don't mean to imply that having a rational, well-organized plan of action (school-oriented or otherwise) is useless in many situations—prudence is more often than not a helpful thing. I simply mean to emphasize that The Plan cannot account for everything. Even if by some stretch of the imagination human beings had access to some righteous crystal-ball juju, having foresight that certain events were/are going to happen to us would not fully prepare us for the emotional upheaval that accompanies them in the moment those events become real. Be smart, and be careful, but be at peace with the fact that you cannot control everything that the universe throws at you.

At the least, remember that the only outcomes set in stone are the ones you'll find in your local cemetery—and I don't know about you, but I'm not quite ready to set up camp there just yet.