

Ars Medica

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D.I.N.O.

by Kate Ziqiu Wang, Leah Komer,
Ramesha Ali, Taylor Carmichael,
Stephanie Siouff, & Talha Khan

D.I.N.O. is an art intervention aimed at provoking a conversation around medical waste generated in clinical spaces through visual representation. This project was inspired by the “Gloves Are Off” campaign created by Infection Prevention Control Nurse Helen Dunn and Practice Educators Amy Leonard and Nicola Wilson at Great Ormond Street Hospital for Children (2019) in the UK. The

goal of this campaign is to encourage healthcare professionals to reflect on the unnecessary use of non-sterile gloves and other single-use items to lessen the medical waste burden that healthcare places on society. Within the first year, their campaign saved 21 tonnes of plastic, which Nicola quantified as, “Three and a half Tyrannosaurus Rex’s worth of plastic.”



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Editorial

Emergence – Brokenness and Creation

I always enjoy the act of gathering an editorial, an opportunity to take hold of the images and ideas that assemble by chance as writers and artists—often also patients or healthcare providers—converge within an issue of *Ars Medica*. They are the witnesses, the recorders, the sense makers of this moment in healthcare and the dreamers and visionaries that offer glimpses of a hoped-for future.

We seem to be at a moment of demarcation—a wilful, collective separation from the pandemic that has defined the last three years of healthcare and social experience. It has become strategic in academic journals, for example, to remove references to the Covid-19 pandemic as we attempt to move past it into a post-pandemic world. Journal editors erase the framing of the pandemic, putting red lines through phrases such as “the onset of Covid-19 highlighted,” “this pivot was the result of Covid-19,” and “the Covid-19 pandemic revealed.” Covid-19 theme issues are archived.

The writers and artists in this issue of *Ars Medica* are not ready to let the pandemic slip into forgetting. Instead, they continue to grapple with human and social experiences and losses, and the impact of the pandemic on citizens, patients, and healthcare providers, even as we struggle to emerge from this period. In “Do Not Call Me a Hero,” Hannah Opp turns an unflinching gaze on her own experience as a Community Liaison in a

senior living community during the pandemic that eroded her sense of herself as an advocate. Weathering frustrated insults that referred to her as a “jailer,” “Nazi,” and “murderer,” she flees from healthcare as a “refugee,” not simply burnt out, but “deeply broken” and still carrying “an insurmountable weight of mourning and guilt that I cannot seem to shake.”

The photo essay “D.I.N.O.,” on the front cover of the issue, by an international collective that includes Kate Ziqiu Wang (University of British Columbia), Leah Komer (University of Toronto), Ramesh Ali (Mayo Clinic), Taylor Carmichael (Western University), Stephanie Sioufi (Russell’s Hall Hospital, NHS), and Talha Khan (University of the West of England), also deals with an often-hidden aftermath of the pandemic. Through a sculpture made from discarded single-use gloves, they call attention to the burden of medical waste on the environment. The apparently whimsical figure of D.I.N.O—an apt reminder of climate change and extinction—belies the seriousness of this waste as it prompts the viewer to critically reconsider, “Did I Need One?”

Creation is how every contributor manages the weight of the experiences of transformation, loss, and uncertainty that they describe. Zed Zha, in “A Delivery Note,” feels the need to step outside of medical documentation that “reduce[s] all of this into the driest medical language,” and to approach it anew through creative writing. In “Touching at Depth During the Covid-19 Pandemic,” Kathleen Rice is moved as she learns something unexpected

through the words of research subjects. Zoe Kaplan uses her practice of “making up stories” to inhabit the embodied experience of amnesia. And in “A Grief in the Night,” Tom Boyce creates a poignant moment that vivifies existential questions about “the stinging sadness of life.”

Poets Telaina Eriksen, Deb O’Rourke, Dixie L. Partridge, and Hollis Roth all utilize the language and rhythms of poetry to make sense of loss, and to look beyond what Liana K. Meffert, in “Wednesday Night,” describes as “the body/ can’t hold it’s just/ a skin with four walls/ holding back blood, red water.” In a series of poems by Mary Frances Carney, the poet can grasp “the eternal appearance of life through what is changed and changing, and what has never changed at all.”

In “The Gold Earring: New York City on April 3, 2020, between 2:05 and 2:07 pm,” Lara Marcuse and Madeline Fields explicitly turn to fictional writing to counter the feeling of being “surrounded by death.” Through the voice of an unnamed dying woman, they give us a startling image:

Years ago, while walking in Inwood Hill Park, I saw countless small birds fly, at once and with no pause, through multiple holes in a chain link fence. It surprised me, I didn’t know it was possible. And at this moment, the moment of my own death, I feel as if the countless small birds of my mind fly, at once and without pause, out of my now lifeless body.

In this act of creation, at a moment in which we are all attempting to leave behind the strictures of the pandemic, this impossible flight is also one of imagination.

Paula Heister, in her poem “Kintsugi,” also allows for the sometimes ambivalent nature of this creative act. Kintsugi, the Japanese art of repairing broken pottery in a way that retains the sutures with precious metals and lacquer, is recalled explicitly only in the title. The roster of “discarded lives,” patients seen in the unnatural overnight light of an emergency room, are likened to “broken porcelain.” While in fragments, one sees in their “fractured edges/ their creator, indifferent.” Yet through the imaginative acts of both writer and reader, we can take on the role of a heedful creator that repairs—retaining brokenness in the emergence of something newly rendered as precious and beautiful.

Allison Crawford
Editor-in-Chief, *Ars Medica*



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A Delivery Note

Zed Zha

After delivering the baby, I sat down to chart. Adrenaline still rushed through me. We had just witnessed and performed a heroic act: A patient, in my care for nine months had pushed out a brand-new human being. Every birth is a perfect explosion of pain, power, and pride. Each delivery reminds me of why I do what I do. Now, I had to reduce all of that into the driest medical language. I stared at the paragraph I had typed up and felt ridiculous. What had just happened in the room deserved a lot more than this:

Called by nursing staff at 6:15 a.m. about pt being complete. Arrived at bedside 6:17 a.m., and pt expressed ready to push. She then pushed with excellent maternal effort for about 10 minutes, and the head of the baby delivered spontaneously. Nuchal cord was checked and absent. The shoulder then delivered spontaneously. Baby was placed on the abdomen of the mother per her request to perform skin to skin. Time of Birth 6:32 a.m.

I went home and kept writing.

“Dr. Zha, please come.” It was 6:15 a.m. when the charge nurse called, the tone of her voice as brief and certain as the gallop of a baby’s heart-

beat. This was my cue to book it. I jumped out of bed, put on scrubs, and hopped into my car.

I arrived at the hospital at 6:17. Without wasting time, I put on a sterile gown and gloves. Only then did I direct my full attention to the anticipating faces of Thalia (name changed for confidentiality), her partner, and the bedside nurse. “Are we ready to push?” I asked.

I always rush to the bedside after receiving a “your patient is dilated to 10 cm” call, even when the nurse’s tone indicates there isn’t a rush. It’s a habit I’ve formed over the years, especially after missing a few precipitous deliveries. Plus, I think it amuses people to see their doctor hurry into the room, hair uncombed and short of breath. One time, after just putting on my Wonder Woman Halloween costume, I received such a duty call. When I flew into the patient’s room in a cape, all the shocked mother could do was laugh. Naturally, I did the baby’s 12-month wellness visit in the same outfit.

Thalia smiled to indicate that she was glad to see me. Within a second, the smile turned into that maternal determination I had come to know so well over the years. I offered none of the advice I would usually give a first-time mother: how to hold her epidural-heavy legs with her hands, or how to tuck her chin into her chest while holding her breath to push. This was Thalia’s third baby. She had done this before. She was ready to do it again. If my delivery note came close to doing anyone justice that morning, it was the “excellent maternal effort” part.

Thalia rode the wave of each contraction until it reached the zenith, then sharply inhaled before channeling all her force into the pelvic floor as the waves crashed down. Then, when the water was calm again, Thalia instinctively relaxed her whole body, letting her limbs fall onto the bed, and her eyelids give in to gravity. The room slipped into silence as Thalia enjoyed the deep, still water. Every time she reopened her eyes, she would give me a slight nod, as if to say, “Hold on tight, here comes a rocky one.”

I would nod back. “Alright captain, ready when you are.”

At this point, Thalia had made enough progress that with each push, I could see more of the baby’s head. “Oh wow, he has lots of hair!” I teased. People love to imagine their babies’ hair—or the lack thereof, in some cases. Thalia giggled, which engaged her abdominal muscles and pushed the baby’s head out even more. Laughter always helps.

When the top part of the head became visible just outside of the birth canal, Thalia moaned for the first time. The epidural couldn’t numb the burning sensation of the skin. Panicked by the pain, she looked to me for guidance. “Thalia, you are almost there.” I said. “Don’t be afraid of the burning. Push through it.”

I put my hand on the top part of the baby’s head to prevent tearing and locked eyes with Thalia again. “You got this, mama.” I whispered. She nodded, her unstoppable maternal determination resurfacing. Thalia transformed her moaning into another deep breath. She grabbed her legs

from behind and let the forceful wave plunge down and through her body, engulfing everything in its wake. Just like that, I found myself holding the head of the baby between my hands.

“Thalia, stop, stop!” I shouted at the almost-new-mother who was now nearly sitting up from the bed, recruiting all her working muscles to squeeze out a new life.

She stopped. I fitted my fingers between the baby’s head and Thalia’s vagina, to feel for any umbilical cord around the baby’s neck, which, if present, I would need to unwrap so that it didn’t choke the baby. I found none. I docked my fingers in a position that allowed me to cup the baby’s head between my palms and widened my stance for the tidal wave.

The most critical moment during a delivery is when the head is out and it’s time to deliver the widest part of a baby: the shoulders. If the shoulders get stuck, it becomes life-threatening to both the baby and the mother. In other words, this next push was critical.

I looked up at Thalia again, whose eager eyes met mine. “Okay,” I said. “Give me the biggest push you’ve got. Now!”

Then came the moment of truth: not “Can she do it?”, but “Is the world ready?”

The monstrous wave was coming to a head. Thalia filled her lungs and bore down to become one with it. I provided downward traction on the baby’s head to help him exit the final wave without crashing into shore. When the shoulders delivered, I was certain that everybody in the room

could hear the ocean rushing out, sweeping their breath away with it.

I moved my hands under the slippery newborn's armpits and transferred him to Thalia's belly. She cried as she took her son in her arms for the first time. Then I used a clean towel to rub his little back, in an effort to stimulate his cry. I whispered my mantra for these long few seconds, "Cry, baby, cry," until that first wail burst from his lungs—his own little wave. This marked the initial breath of the newborn, and the return of mine.

Thalia's whole body shook as she let out her tears of happiness. "You did it, Thalia!" I smiled under my mask. For the first time, Thalia didn't look to me for reassurance or direction. She didn't need it anymore. She couldn't take her eyes off this little human she was holding: her new son.

The room was quiet again, except for the rhythmic breathing of the baby. Thalia held the baby onto her chest, warming his little body with her embrace. She rocked him gently, like tides caressing the beach. Then she kissed him on the forehead. I have seen that first kiss many times by now. It's a mother's promise that from this moment on, no matter how far away her child drifts away in the ocean of life, he can always turn to her, and see the shore.

About the Author

Mengyi "Zed" Zha is a family physician and an agented nonfiction writer. She graduated from the Geisel School of Medicine at Dartmouth, and finished her residency at Mayo Clinic Health Systems. She is currently completing a dermatology fellowship in San Antonio, Texas. Email: drzedzha@gmail.com Website: www.zedzha.com Twitter: @DrZedZha

Did I Need One? (D.I.N.O.)

Kate Ziqiu Wang, Leah Komer, Ramesha Ali, Taylor Carmichael, Stephanie Sioufi, & Talha Khan

As we emerge from the COVID-19 pandemic, single-use medical waste has reached all-time high levels. In an attempt to prevent the spread of the pandemic, institutions rallied around the widespread use of PPE with little regard to the resulting environmental impact of this change. As healthcare professionals, we not only have a duty to treat and protect our patients, but also a responsibility to recognize and react to our contributions to climate change.

D.I.N.O. is an art intervention aimed at provoking a conversation around medical waste generated in clinical spaces through visual representation. This project was inspired by the “Gloves Are Off” campaign created by Infection Prevention Control Nurse Helen Dunn and Practice Educators Amy Leonard and Nicola Wilson at Great Ormond Street Hospital for Children (2019) in the UK. The goal of this campaign is to encourage healthcare professionals to reflect on the unnecessary use of non-sterile gloves and other single-use items to lessen the medical waste burden that healthcare places on society. Within the first year, their campaign saved 21 tonnes of plastic, which Nicola quantified as, “Three and a half Tyrannosaurus Rex’s worth of plastic.”

To continue in the steps of this campaign and with consideration of the increased use of medical supplies during the COVID-19 pandemic, we hope D.I.N.O. will enlighten healthcare professionals and the public on this important topic. We would like to challenge readers to reflect on their establishments and personal application of single-use items.

So, the next time you grab a pair of gloves, ask yourself, “Did I Need One?”







Reference

Great Ormond Street Hospital for Children. (2019). *The gloves are off*. URL: <https://www.gosh.nhs.uk/news/gloves-are-off/>

About the Artists

Kate Ziqiu Wang is resident doctor in family medicine at the University of British Columbia. Email: kzqwang@student.ubc.ca

Leah Komer is resident doctor in psychiatry at the University of Toronto. Email: leah.komer@mail.utoronto.ca

Ramesha Ali is resident doctor in family medicine at Mayo Clinic. Email: ali.ramesha@mayo.edu

Taylor Carmichael is resident doctor in internal medicine at Western University. Email: tcarmic2@uwo.ca

Stephanie Sioufi is foundation year 2 doctor at Russell's Hall Hospital. Email: stephanie.sioufi@nhs.net

Talha Khan is a student at University of the West of England. Email: talha808@gmail.com



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Do Not Call Me a Hero

Hannah Opp

The way she held my hand when we spoke—so delicate, yet so strong—always communicated an understanding of what was left unsaid, an act of emotional solidarity, somehow seeing beyond my professional smile. For four years, I was the only full-time staff member designated to 49 independent living apartments forming one wing of a larger senior living community. I formed close connections with many of my residents, but there was something particularly remarkable about resident 408's spirit. She had the kindest smile, the most innocent laugh, and a beautifully empathetic heart. She was a caregiver just as much as any of the staff was, consoling her neighbors after the loss of spouses and eating lunch with the lonely and anxious. She was never meddling or gossiping, but always quietly strong and supportive. At the end of our conversations, she would pat our clasped hands twice and give them a gentle shake—a wordless “I love you.” She was incredibly healthy. Until she wasn't.

“Independent living” is usually the first step leading toward assisted living when true independence seems a bit too precarious. I was my residents' advocate, safe place, and first emergency responder. The trust they had in me and the love I had for them was something I could never have

imagined when I first took the job as a nineteen-year-old in need of a paycheck.

On the morning she had her stroke, she tried to ask me for help, but I did not understand. She came down for breakfast, we smiled a greeting to each other, and I went back to reviewing employee timecards. A few moments later, she returned to the lobby, gave me a blank wordless look, and then got on the elevator. I assumed she was going to get a newspaper article to show a neighbour or fresh berries for her yogurt. I was not concerned until another resident hurried in from the dining room, breathlessly asking for me to send a nurse up to check on her. I did not see resident 408 again for several months.

By the time she was finally able to return, the world had changed, thrust into the dizzying whirlwind of a global pandemic. News stations began reporting a tally of COVID-19 related deaths each night, and our building had become its own micro-world, locked down from any “nonessential” personnel. It became my twice-a-week responsibility to create an emailed list of quarantined, hospitalized, sick, and recently passed residents—each new email filled with more concern, fear, and dread for the residents that had become my family.

I have never liked the idea of superheroes. I could never believe in the dichotomy of good and evil. Yet, throughout the lock-downs, the constant disinfecting, and weekly nasal swab testing, the sign outside our main entrance told me I was a hero. I was given a Spider-Man sticker in exchange for signing a “not mandatory”—but strongly en-

couraged, documented, and tracked—“hero’s pledge,” taking personal responsibility for my actions outside of work: promising to make sacrifices and strictly follow all suggested precautions so as not to endanger the lives of our residents. Meanwhile, my residents, frustrated by my exasperated attempts to remind them to please wear their masks, maintain social distancing, and stay in their apartments when quarantined, began referring to me as a jailer. The concern and fear of their family members often turned to outrage when I had to inform them of the restrictions I was required to enforce regarding non-medical visitors. Some going so far as to call me a Nazi and a murderer. Simply being treated as a human became a rare luxury.

I was taught that the key to working in senior living is to stabilize emotions. That is the expected superpower—not only to stay but to stay unflinching. There is a lot of fear, grief, sorrow, and uncertainty that accompanies aging. My job was to add joy, comfort, security, and peace. The emotions I portrayed had the power to radiate. With such a power, comes a tremendous amount of responsibility—responsibility that grew exponentially during the pandemic and that I did not take lightly.

When I finally saw resident 408 again, she was struggling with the keys to her new assisted living apartment. She was nearly unrecognizable and could no longer form complex sentences. When she saw me, the most beautiful look of recognition swept across her tired face. “Are you ...?” she asked, reaching out her hands in a familiar gesture,

my name erased but the connection still palpable. The relief of seeing her again and the devastating realization of how much damage the stroke had caused crashed into me simultaneously. All I could do was hug her, tell her I was so happy to see her, and hope against all odds she did not see the pain in my eyes. Unflinching. I had to be unflinching.

In the months after her return, she grew increasingly confused and disoriented. She would often wander down to the independent wing of the building, not realizing she no longer lived there and *could* no longer live there due to the extent of her decline. Taking her hand, squeezing it lightly, I would escort her back to her new home in assisted living. Long after she lost her ability to verbalize the question, her eyes still searched mine, asking if she was going to be okay. I could feel her sadness radiating through me as we walked. *Hero*. What if I was her hero? I had to be strong, unafraid, and sure. I had to tell her yes, she would be okay. I had to tell her that I would be with her. After returning her safely to her apartment, I would pat her hand twice, give it a gentle shake—our wordless “I love you”—then stand tall and try my best to portray a confidence I did not feel long enough to walk out of sight and into the nearest storage closet. Doubled over against the wall, tears seeping into the material of my “superhero” N95 mask, I would wonder if the Hulk ever cried like this. Hoping that my eyes didn’t look puffy through the face shield, I would take one more shaky breath before returning to my other 48 scared, depressed, and rapidly aging residents.

Two years into the pandemic and five years into working in healthcare, I am now counting myself among the refugees fleeing from the field. We have replaced “healthcare heroes” with “caregiver burnout” as the new buzzword. In truth, I do not feel “burnt out.” I feel deeply broken. I fear that I do not possess the super-human strength necessary to continue carrying the weight of this responsibility. Ultimately, there is no hero coming to restore my humanity, and I find myself lacking the stamina necessary to care for myself after caring for everyone else for so long. Unflinching has turned into unfeeling. I am distant, absorbed in my own grief. My cape has been replaced by an insurmountable weight of mourning and guilt that I cannot seem to shake.

Even now, years later, I am still haunted by the look on resident 408’s face the moment before she stepped on that elevator. I can see it vividly and almost hear her small, sweet voice asking the words her brain could no longer grasp: “What’s happening to me?” Superman would not have let her casually pass by in her time of need. He wouldn’t have let her experience something so terrifying on her own. Maybe, with his super-human abilities, he could have helped. I do not have super-human abilities. And I did not help. I could not help.

When I gave my notice, my boss told me I was “forfeiting my right to care about these residents.” I am no longer allowed back on the property because my “absence is felt too strongly.” We were called “essential employees,” but we were only ever treated as replaceable parts occupying essen-

tial positions. Abandoning my residents is the most difficult thing I have ever done, and I feel like a failure for not rising to the hero's challenge. I will not know when resident 408 passes. Once again, I will let her down. I will not be there to comfort her, and I will not be able to save her. I cannot be anyone's hero. I am just a human. An exhausted, heartbroken human.

About the Author

Hannah Opp has worked as a Community Liaison and Concierge Director in senior living communities in the Midwest. Email: hannahopp18@gmail.com



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Amnesia

Zoe Kaplan

I don't remember falling, but I can imagine it.

I don't remember how the loose rock shifted under my feet, how I slipped backwards until I couldn't recover my balance. I don't remember the last moment my toes felt for the edge of the bridge and the wind snatched me away. I don't remember the rush of air in my ears or the way the back of my dress blew up between my legs. I don't remember my hair tangling in front of me or my arms trailing behind me like limp comets. I don't remember the roar as I hit the river or the all-encompassing cold of the water. I don't remember the sunlight from below the surface, flickering like white butterflies.

I don't remember my head striking the rock.

But I remember the beep of the machines when I drifted back to consciousness. I remember the worried and unfamiliar faces of my parents hovering over me. I remember asking where I was and getting only evasion: "You fell," "We're here," "You're going to be okay." I remember the look of betrayal on my mother's face when I asked her who she was. I remember how my father cried when they told us my amnesia might be permanent. I remember how he stayed with me through the night anyway. I remember how he held my hand when the pain meds wore off and I could feel my

broken ribs. I remember my mother bringing me what she said were my favorite foods and beaming, tear-choked, when I ate them like I loved them. I remember walking with help, then with crutches, then on my own. I remember going home in a car I had never seen, but whose smell I would recognize anywhere. I remember having to ask where my bedroom was. I remember being half-asleep, in the dark, and finding it again on the first try.

About the Author

Zoe Kaplan (she/her) has been making up stories for as long as she can remember. She has a bachelor's in creative writing from Appalachian State University. You can find her on twitter @the_z_part or on her website, zoekaplanwrites.com. Email: zoesarahkaplan@gmail.com



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The Gold Earring: New York City on April 3,
2020, between 2:05 and 2:07 pm

Lara Marcuse & Madeline Fields

My gold earring is in the blazer's inside pocket. If you are looking at the coat, it's on the left. If you are wearing the coat, it's on the right. I thought you might want to know when you see my body and I only have on one earring. This is all so strange because I was doing quite well—ready for discharge actually. My neighbor was the one who looked like death. Eighty-five, diabetic, overweight. Me, I'm beautiful, sixty-six, chocolate brown hair in a short bob, and I like my nails a deep red. I was initially admitted with shortness of breath after quarantining with my eldest son, my sister, and my husband in our apartment in Hamilton Heights. Covid came into quarantine with us, invisible at first, and infected us all. My husband died just before I arrived at the hospital. Maybe that's why I'm not as strong as I could have been.

As I died I could not breathe, suddenly. They could not get a read from the pulse ox on my finger, so they attached it to my ear. That's where the earring comes in. As this was all happening—the not breathing, the not being able to speak, the not being able to move, I could hear. I could hear when they called my daughter in Minneapolis. I could hear when she said she loved me, she said I was strong. I

could hear when she said goodbye. I could hear while I was dying and fighting and losing.

I lost and gained in an instant, I lost my family, I lost my body, but in an electric moment I got unhooked from the only truth I've known—of being in one place and experiencing one moment. Years ago, while walking in Inwood Hill Park, I saw countless small birds fly, at once and with no pause, through multiple holes in a chain link fence. It surprised me, I didn't know it was possible. And at this moment, the moment of my own death, I feel as if the countless small birds of my mind fly, at once and without pause, out of my now lifeless body. On myself, my old self, I cannot focus.

I see the room next door, a man is on a breathing tube, in a coma. His mind is a stream of saguaro cacti, javelinas, and jumping chollas. I see trees with white bark growing in riverbeds in the valleys of high desert mountains. His thoughts are pulsing to a rhythm that seems to drain and then inject color from the landscape. I look and hear more and see that he is in sync with his ventilator. He is near naked on the bed, his skin paler on his torso than his sun kissed arms and face. Oh, all the things I never noticed before!

There's a woman in the room, she is not in the landscape with saguaro cacti. She is facing another bed. She is in head-to-toe PPE: the hijab, the space suit, the nun's habit, the scuba gear for the modern doctor. Her thoughts are very small, lost in her garb. In fact, her thoughts are less than one inch. A one-inch thought? I dive in and the thought is purple and blue, it's a blister and she's looking at it.

How can one moment, one inch, be so very large and feel near infinite? Her gaze pulls out, and I see she is looking at a man old and near bald who is like me—very, very dead. The blister on his nose is from his oxygen mask, but he doesn't need his mask anymore.

I can't find his thoughts; can the dead speak to the dead? I wipe the inside of the doctor's thoughts for traces of him. He was a carpenter on the Lower East Side for decades and he had planned to move in with his son and grand-son before getting sick with Covid. He had been dipping his toes into death for days now. In the moments before he died, the doctor had held her phone in a zip lock bag to his ear. His mask was still delivering oxygen and his breathing looked so jagged; irregular and gulping. She looked at his face and searched for signs that he was hearing his son's words. She saw only the huge busyness of breathing the last ineffective breaths. We drowned in air, he and I.

I see the floor, with discarded PPE and tubing, like tangles of white seaweed. There are four beds; two are empty, strewn at strange angles. Death has rushed through this room and left it in disarray. There is a single grey Nike sneaker on the floor. It is well worn and the laces are still tied. I can see the imprint of a big toe. The sneaker looks like it was trying to run, but got left behind, like Cinderella's glass slipper.

I know where the second earring is. I can't tell you the story of the second shoe. There's so much loss here, and words fail to describe it. I feel the moments before words, without words that exist

in a soft mist of feeling. Words are too small to contain any of this. I drift, I widen, I step off all the details. Like countless small birds flying at once and without pause—I am gone.

About the Authors

Lara Marcuse and **Madeline Fields** are epileptologists who were deployed to take care of Covid patients during the NYC surge in the Spring of 2020. They felt surrounded by death and wrote this work of fiction with the voice of someone on the other side of the divide. Email: lara.marcuse@mssm.edu; madeline.fields@mssm.edu



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Touching at Depth During the COVID-19 Pandemic: What Not Touching Babies Can Teach Us about How to Improve Healthcare

Kathleen Rice

After maybe three days, my husband's parents came over from Salt Spring Island. We made a mug of coffee, we got muffins, and they brought their own lawn chairs. They sat out on the lawn below our apartment balcony and looked up at their grandson, our baby, and I just bawled the whole time. I just cried and cried because it just seemed impossibly sad that they couldn't properly hold, or smell, or touch their first grandson, their first grandchild Eventually, after about four weeks, we decided that they could actually hold the baby. There were a lot of tears on all sides about that. (Interview extract, July, 22, 2020)

We drove to my parents and let them see the baby through the car, which is not the same. It's really sad, actually. My parents couldn't even hold her or touch her. They had to just look at her through a car window. (Interview extract, August 7, 2020)

The statements above were recounted to me by "Vanessa" and "April," first-time and second-time mothers, respectively, when I interviewed them as

part of a large qualitative research study looking at the impacts of COVID-19 pandemic policies on experiences of pregnancy, birth, and early parenthood in Canada. Theirs were among the first interviews that I carried out for this project, and both conveyed a theme that has since come up frequently in the nearly 70 interviews that I have collected with people who were pregnant and gave birth in Canada during the first pandemic year. Specifically, I refer to repeated expressions of grief and concern expressed by new mothers over the fact that friends and family had not been able to hold their babies. Although most of these mothers introduced their newborns to close friends and family from a safe distance quite soon after giving birth, their narratives suggest that seeing the baby, but not touching it, failed to meet their expectations for how their newborn should be welcomed, and was often emotionally difficult rather than joyful.

I didn't make much of this at first, but as I conducted more and more interviews, I began to wonder why this particular issue came up so often in response to very general questions about what it had been like to give birth to and care for a newborn during the pandemic. I've ruminated long and hard about the significance of this, especially in relation to other data from the study, which shows that many women who gave birth in hospital during the pandemic felt neglected and abandoned by the Canadian healthcare system. In making sense of this, I take you on a journey through my study data, social theories of touch and affect, and my own autoethnographic experience of early parent-

hood during the pandemic, to reflect on two step-wise questions. Firstly, what can reactions to social distancing practices and related policies teach us about the relationship between touch, affect, and intimacy in Canada? And secondly, how can this knowledge help us improve healthcare?

Social norms of interpersonal touch are cultural (Classen, 2020), as are the affective experiences that touch evokes and entails (Classen, 2020; Kinnunen, Taina, and Kolehmainen, 2019). In Western society, physical or “haptic” touch is closely aligned with emotional intimacy—as implied for instance, in expressions like “being touched” by a kind gesture. Philosophers who have addressed physical touch and affect, such as Maurice Merleau-Ponty (2013) and Luce Irigaray (2009), root the connection between touch and affect in the simultaneous reciprocity of touch—these hands are both touching and being touched; I am touching you at the same time as you touch me. I learn that I am a subject through the intimacy of being touched, and in touching-being-touched, subjectivity is necessarily intersubjectivity vis-a-vis the world (Maclaren, 2014). Bringing this closer to my research, for Merleau-Ponty, the mother-infant relationship is the touchstone example of inter-embodiment and intersubjectivity that is illustrated by the hand touching hand (2013). Ample research suggests that mothers of newborns experience their bodies as phenomenologically entwined with those of their babies, a sense that is enhanced by acts of physical intimacy, affection, and care (Lupton, 2013). Although a baby likely does not have the

same affective experience that a grandparent does when the grandparent holds a baby for the first time, being securely held *is* arguably the first affective experience of human life (Walkerdean, 2010). Given all this, having loved ones hold your newborn may be an affective touch experience that exceeds most other forms of indirect touch. The pandemic has obviously placed a barrier between opportunities for this kind of intersubjective intimacy.

Additionally, social researchers interested in touch, affect, and intersubjectivity in Western societies have noted that the degree of intimacy in a relationship is held to be measurable and perceivable to self and others in spatial and temporal terms (Tahhan, 2014). That is, in close relationships and during weighty interpersonal encounters, like goodbyes, long-awaited reunions, or in situations where emotional support is called for, closeness, intimacy, and care are built, sustained, and reproduced through the phenomenon of little space between individuals (e.g., a tight hug) and longer time investment (e.g., a lengthy embrace). Emphasis is placed on showing care and emotions through action that is strongly haptic. The pandemic disrupted this as well.

In my research study, the inability to touch in this way was not only upsetting for many participants. In some cases, it actually *harmed* relationships between new mothers and people who are emotionally close to her. For instance, “Audrey’s” second child was born in Toronto at the beginning of the first wave in Canada, in April 2020, long before anyone was vaccinated and when there was

much fear and little known about the virus' transmissibility and virulence. She had a difficult birth, followed by serious medical complications for both Audrey and her newborn son, which required days of hospitalization. Once she returned home with her baby, she did not receive the attention and support from friends and family that she had expected. She recognized that the pandemic was a factor in keeping people away. Public health guidelines strongly discouraged contact outside immediate households, and people were likely reluctant to come in close contact with individuals who had recently been in hospital. Nevertheless, Audrey viewed their physical distance, particularly their refusal to visit or touch her son, as sad and unnecessary:

I just felt like nobody was acknowledging that he was born, and then nobody came. Or they'd just be like, "Oh, I wish I could hold him," and me and [my husband] would be like, "Oh, you're totally welcome to," and they wouldn't. You know? They just wouldn't, and it would just be so sad that nobody would hold him, even with a blanket, with gloves, with masks, outside, two meters away from me. (Interview extract, August 31, 2020).

As the interview progressed, it became clear that she perceived this as a conscious act of affective distancing from her:

One could say no one was able to help us because of the quarantine, but I perceive it as no one was wanting to help us.

I'm really angry because no one even did the two-meters—apart outside visits with the kid. My parents also, for example, were at home at my house, looking after my toddler while we were at the hospital, but they left two days before we brought the baby home. They could have obviously just maybe stayed two more days and met the baby, but they didn't, they went home two days early, and then they didn't meet him for months. My husband's brother didn't hold him until the last day of June, and he was born March 15. That was really upsetting for me. (Interview extract, August 31, 2020).

Mothers in my study were not always angry in this way. Some experienced and expressed sadness, confusion, or a sense of neglect. These damaged relationships are one outcome of the pandemic that may take some time to mend. However, beyond the ramifications of this for the relationships between study participants and their loved ones, with time I have begun to see connection between these experiences and emotions, and similar emotions of anger, sadness, and neglect expressed by mothers who had difficult experiences in hospital. These women were left alone in hospital to recover from medically complicated births because pandemic policies required their partners to leave shortly after they gave birth or prohibited their partners from being present in hospital altogether:

It was terrifying. I'd never had a baby before, and I had the whole night and then

the whole next day to take care of a newborn by myself after having a hard labour and delivery. I was there alone. I was on pain medication, but I was still in pain. It was not set up to help women at all. It was more helpful for the staff than it was for the parent. I felt—not by my partner, but by our health care system during this time—abandoned and forgotten about (“Amanda,” first-time mother, Interview extract, July 7, 2020).

I was using a wheelchair to move around because the NICU is up several floors. We would try and sneak [my husband] in to just wheel me to the place, but then a nurse recognized us, and we got yelled at and he had to leave, and so I had to start walking to the NICU by myself. Again, this is days after the [emergency cesarian] surgery, to go on these huge walks up to the fourth floor ... I was just breaking. Then I had to go sit in this crazy uncomfortable chair with the baby, and it was just really hard physically, by myself, to do all this stuff. The nurses weren’t allowed to come near me. I’m like, “I need help, I need help with all of these wires, my baby is attached to 7000 wires. I can barely move, the baby is nursing, my water is over there,” and no one could help me. Instead of just being understanding, I was yelled at. I was like “Don’t you understand?! I just

had a surgery, and my baby is sick.” I was pretty depressed. I would cry every day; I was so upset. (Audrey, Interview extract, August 31, 2020)

Many women spoke of being left alone with their babies for hours and hours, in pain, in sterile hospitals rooms with no one checking on them, feeling abandoned and in despair. Some, like Amanda, stated that they had lost trust and confidence in the healthcare system. This is obviously concerning. I’ve written elsewhere some pragmatic recommendations around practical support for women in these and similar situations, but I think there is an opportunity here to think about this on a more affective, relational level as well. To accomplish this, I draw inspiration firstly on my own experience of a situation where I have felt *not* alone despite the maintenance of physical distance—that is, where the pandemic has provided a new opportunity to overcome the physical boundaries that separate us. While we are likely all now familiar with online meetings and Zoom catch-ups with friends that we have not (or at least, until recently) seen in person for months or years, what comes to mind is a new friendship with my two-year-old son’s best friends’ parents. We met them during the pandemic because our sons go to preschool together. I consider these people friends, but until very recently I had never touched them, been in their home, or met any of their other friends. We have, though, felt close and supported by one another through difficult times, via a friendship built around watching our sons play together at

the park; waiting, masked, outdoors in winter for our turn to go in, one at a time, to the preschool to fetch our children; and through frequent messages from the preschool about our sons' friendship via an app. Sharing enjoyment of our sons' joy in each other's company has been the foundation of a friendship cultivated largely at distance.

Such experience leads me to believe that during the pandemic we may, as a society, have become more attuned to fostering closeness and intimacy without haptic contact. In theorizing this form of closeness at distance, I have found it helpful to look at anthropologist Diana Adis Tahhan's concept of "touching at depth," ("The Japanese Family, 2014"; "Touching at Depth," 2013), which she describes as "a thick, inhabited space between people, which enable[s] feelings of intimacy and closeness" (Tahhan, 2014, p. 8) without the need for physical touch. Tahhan developed this concept from the work of Merleau-Ponty—specifically, his concept of "flesh," that is, the body in its wholeness that is meaningful in its participation with the world—and from Japanese philosopher Hiroshi Ichikawa's concept of *mi*. *Mi* is a concept of the body as an all-encompassing whole that includes physical body, mind, heart, self, and relationality, with all its interconnection to the environment. Both philosophers offer a theory of embodiment and affect that breaks down the binary opposition of subject/object and reveals a different ontology of personhood that is *both* subject and object at once (Tahhan, 2014).

For Tahhan, touching at depth is an analytic tool that first helped her understand a phenomenon that she experienced during long-term ethnographic fieldwork in Japan, where “physical touch is uncommon and relationships usually rely on more indirect and subtle forms of communication” (Tahhan, 2014, p. 16). She describes touching at depth as a “relational quality” (Tahhan, 2013, p. 46) that is not “locatable in a particular body part or particular sense” but rather “finds meaning through an embodied, felt relation and deep sense of connection” (Tahhan, 2013, p. 46). I want to turn your attention to her description of touching at depth as depicted in her memories of watching TV sitcoms with her family in childhood:

There is a sensuous quality to this experience that connects the family at the deeper level, one where sight and sound connect them in the depths of touch Touch simply happens through this connection, via the TV and the laughter, but this is not comprised of separate subjects or bodies (mother, father, children). Instead, there is a new, mixed, inclusive body that emerges through relation There is an ‘everywhere-ness’ to this experience where everyone is in relation, implicated, touching, and laughing. The relaxed tone of this experience ... emerges between the family (p. 49).

To conclude, I wonder how can we foster this sense of community and closeness at distance and

in healthcare settings—places that are not known for warmth, and where physical distancing has been most stringently enforced? To answer this question, I have read Tahhan’s work closely, to determine the mechanisms that she identifies for how touching at depth is cultivated in Japan; I summarize this briefly as follows. Tahhan describes the warm feeling of an “inhabited” space (2014, p. 95). My study participants’ grim descriptions of their hospital stays describe the antithesis of this, but surely a hospital room with a new baby *could* feel warm and inhabited. She describes touching at depth as being grounded in greetings or daily rituals that highlight care (Tahhan, 2013, p. 46); achievable, and markedly absent in hospitals during the pandemic. She states that touching at depth entails actively cultivating interpersonal empathy. Again, statements about feeling “abandoned and forgotten about” (Amanda, July 7, 2020), or as Audrey (August 31, 2020) put it, “Hospital rules, the government’s rules, they should have room for compassion. That was lacking in our experience.” These statements suggest that such compassion has been markedly absent in some hospital-based perinatal care contexts during the pandemic. Empathy and compassion are widely acknowledged as crucial for good medical care, but have been known to diminish over the course of medical training (Rice, Ryu, Whitehead, Katz, & Webster, 2018). Touching at depth is most easily cultivated in spaces that are comfortable—particularly spaces that are physically comfortable for a body to be in. This is something that alternative spaces for birth, such as birth centres, promise to offer, and some-

thing that labour and delivery wards in Canadian hospitals have, in general, scaled back on during the pandemic. My interviews suggest that many people were not even permitted to bring in necessities like extra underwear or food, let alone pillows or other comfort items. Finally, touching at depth requires a feeling of security. My research shows that this, too, has greatly diminished in healthcare settings during the pandemic.

With pandemic restrictions finally easing, we are now reaching an opportune point to address the many questions that are being raised about the longer-term impacts of COVID-19 on societies—economically, politically, and socially. While we would all like to return to normal, the weak points of our current healthcare system that have been laid bare by the pandemic offer an invaluable opportunity to improve on the old normal. Fostering healthcare settings that are conducive to touching at depth would align with what is already known to be important for good care, while also setting the stage for a better response to future emergencies.

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About the Author

Kathleen Rice is Assistant Professor in Family Medicine at McGill University. She is the Canada Research Chair in the Medical Anthropology of Primary Care. Email: kathleen.rice@mcgill.ca

A Grief in the Night

William Thomas Boyce

The fish tank burbled musically in the corner of the dimly lit room. Will surveyed the space furtively. He was a sturdy fellow, a natty dresser with an eye for the fashionable. All members of the club were present, the usual brigade of brokenness, each hiding, to some degree, a sad secret in some dark carnal corner. His wife, Anne, bearing her own seed of premature mortality, took her usual seat along one wall, nodding cordially to the familiar, troubled assembly. She was a handsome, gregarious woman, pleasant to behold if you could ignore the usual stigmata of her disease. Her countenance was sallow, sunken, with eyes that searched for revelations of hope. Adult coloring books and simple cross-word puzzles were displayed invitingly, if condescendingly, on an adjacent wall, along with a small library of self-help checklists, naturopathic diets, exercises for the afflicted, and obscure Vedantic healing protocols. An atmosphere of dark anticipation sucked the very life from the room.

Even an accidental observer, wandering mistakenly into this dark corner on the hospital's map, would have inferred that this was the cancer wing, the last, best place of refuge for the oncologically imperiled. Patients sat in angular and awkward positions—mostly frail, thin bodies awaiting radia-

tion and draped in the shameless couture of open-air hospital gowns, with disposable socks bearing printed rubber soles. The fetid air was laced with the exaggerated fragrance of those cardboard trees that hang from smokers' rearview mirrors. Some of the women wore garish biker bonnets, with tufts of exfoliating hair sticking out, here and there, from under bright, taut edges. Both men and women were visibly ravaged by treatments constituted of both desperation and expectancy, each with its hallmark distortion and deformity. Some wore thick, brown tubes that descended from their noses like nocturnal roundworms protruding from the nostrils of sleeping waifs. The eyes of the waiting, shadowed in harsh overhead fluorescence, had a look not generally seen on the street. Ordinary eyes are ignited by an untethered luminosity, while these searched dully for moments of parity, of destiny, and kindness.

Here, there were no politics or social classes, no visible trappings of racial or religious alignment. There was only the dim, monotonous hum of oncological combat and survival. Anne had remarked to Will on how great a leveler cancer seemed to be and what bonds, irrespective of identity, knit together this cohort of the aggrieved. Though the poor and lowly bore, as always, far more of the disease than the more fortunate, here there were no black or white, brown or yellow tumors. No Christian, Jewish or Islamic pestilence. There was only the raw, human reality of a threat to one's singular being and the prospects of pain, diminishment, and an early parting from a treasured life.

Both Anne and Will had quietly contemplated the ways tragedy had occurred in the lives of their friends and family. Certainly, there was no paucity of tragedies to tally. Though some lives seemed almost untouched by woe, others were suffused with misfortune. One, whom they privately nicknamed “Job,” whose wife had abandoned their marriage, received a diagnosis of metastatic prostate cancer, was involved in a bad car accident, and lost his job, all in the space of a single year. Calamity did not seem randomly distributed, either in populations or in time. Anne and Will had diverging explanations for the old saw that “everything happens for a reason.” Anne held to the position, attributed to her Sunday school upbringing, that all of God’s creation, and the events therein, are reasoned and purposed if viewed through the lens of faith. In the words of the old hymn, “When through the deep water I call thee to go/ the rivers of woe shall not thee overflow/ For I will be with thee, thy troubles to bless/ and sanctify to thee thy deepest distress.” Will was not so sure that Anne’s cancer would be sanctified. His version of “happens for a reason” came closer to a kind of metaphysical affirmation of causation and the role of chance in the allocations of good fortune and plague. Surely, Will thought, there was some vile, unreasoned jumble of antecedents that accounted for Anne’s illness. And nothing could persuade him that there was anything redemptive about it.

Was there ever a death deemed timely or propitious? There could be welcome deaths, Anne supposed, but the one she faced was not that. Even

her dad, who had wrung 94 long years out of a largely felicitous life, had lamented at the end about being refused just “one more good summer.” But for Anne, this moment of crisis was coming many years before her time; it was an unjust and unforeseen advance into the enemy territory of mortal ends. And though her mind had permitted periodic excursions into rumors of afterlife, she had no real vision of what that might be. She had decided that she was no more mortal than anyone else and that, as Kevin Kline had asserted in *Life as a House* (Winkler, 2001), “we’re all standing in the same line.” However, she reasoned that she had no more sense of what lay beyond her death than a 38-week-old fetus has for the bright, breathing world into which it is finally expelled. Does that fetus fear, as its mother’s contractions close in around it, an imminent descent into God-knows-what? What hushed intimations of life beyond that warm amniotic bath does a waiting baby have?

To be sure, this journey hadn’t all been dark and depressing. Anne and Will had regularly tittered at the sight of ancient, wizened butts gone south on the curtained, posterior stages of patient gowns, as they sashayed smartly down hospital hallways. They laughed together as Anne had tried on wigs and mimed the personalities they summoned: the champagne blond temptress, the coy student pixie, the purple streaked hippie girl, the pig-tailed *fräulein*, and the puffy, blue-headed grandma. In the oncology men’s room, Will had stood in the bank of urinals listening to a prostate-irradiated octogenarian, head bowed and com-

manding under his breath, “Pee, dammit, pee.” And who could not be amused by the old guys who emerged from the stalls trailing a two-foot tail of toilet paper?

Anne had certainly speculated about what might have caused one of her ovaries, in only its seventh decade of service, to break out into an uncontrolled stampede of growth, multiplying without constraint, and moving into distant histological neighborhoods where no ovarian cells belong. She had read somewhere that fetal ovaries develop in the second trimester of pregnancy, so she had searched her fading memory for indiscretions her mom might have committed sixty-three years ago, in the throes of a third and final pregnancy. There were none that Anne could recall. Anne herself had dabbled in the exuberances of the 1960s, in a possibly regrettable emancipation of youthful sexuality. There had been a bunch of boys before she gladly settled on Will. A surgeon had freed her, ten years ago, from a bleeding womb, but said nothing about any anticipated further trouble. Her mom had died of breast cancer but, as far as Anne knew, breasts and ovaries were unconnected, existing as they do in distant locales, and only vaguely linked by their mutual entanglement in mammalian reproduction. She drank wine, but almost never to any excess, and she had never smoked, except perhaps as the young child of two inveterate puffers who filled their cars and kids with a dense gray fog. Admittedly, she did love donuts, especially the frosted, coconut ones, but surely these hadn’t thrown her ovaries into frenzied cell division. Maybe she had bad genes, or

maybe there had been some conspiracy of DNA and coconut pastries?

In her darker, more contemplative moments, Anne had pondered the essential tragedy of it all, the stinging sadness of life: how we are brought on to this earth, allocated some number of years, and in the end lose all we have managed to procure and build—family, dear friends, money, possessions. All gone in a sliver of time. Might it be true that all events, both crushing and sublime, occur for some reason, be it self-evident or obscure? Some shadowy cause, perhaps indiscernible to terrestrial minds? While some managed lives of enduring good fortune, others seemed to bear dreadful waves of affliction, moving for decades from hardship to setback, troubles to tribulation.

Will had somewhat reluctantly joined Anne in these long, dark conversations about her cancer's origins, about the injustice of its arrival, about what death might finally be. Despite the occasional skirmish with viruses and aging joints, Will had only encountered intermittently elevated blood pressure, a seemingly inexorable ascent of so-called "bad" cholesterol, and, as he sometimes reported to friends with a kind of comic pride, "a prostate the size of a cantaloupe." His body could decidedly no longer replicate the physical feats of his youth, but his journey into the valley of seniority had left him largely untouched by the afflictions with which others had contended. Consequently, Will had thought little about death until Anne's future became uncertain. As some remnant of his Catholic upbringing, he had this

dim, wholly unbiblical notion of dead people becoming angels—some sort of winged, disembodied acolytes of God. Like cherubim and seraphim. On the whole, however, he regarded this angelic vision as improbable and death likely a final, dark oblivion. He honored and allied himself, when he could, with Anne's reassuring intimations of a life beyond her eventual, certain departure from the earth.

Will was agnostic regarding the source of Anne's cancer. He presumed these things just happen: bad things happen, as they say, to good people like his sweet wife. He had loved Anne earnestly for thirty-five years, and he had dutifully and lovingly accompanied her to all the doctor visits and to all the imaging machine appointments that her illness mandated. Though he claimed to wish he could substitute his body to be the target for this disease, he was thankful, deep inside, that the menace had somehow not chosen him. He didn't want it to have chosen Anne, and he agonized over the medieval treatments the disease required, but he was secretly grateful it wasn't him. Besides, he had no ovaries, though he supposed a guy could also get cancer in his gonads. He just wanted Anne to get better, to be cured, to be able to carry on, to enjoy their three good kids and, he had hoped, their eventual grandkids. He wanted to relieve her of the shiny, bald head and the pains in her belly. He wanted her free of colostomy bags, itchy skin, and the wholesale exhaustion. He wanted her to be able to sleep again.

They had also remarked, more than once, about how little direct, personal experience most of her doctors had actually had with existential uncertainty or cancer. The team of physicians who directed her care—every one of them—were compassionate, caring human beings with great skill and empathy. They all lamented with her the advent of Anne's cancer, but they were young and shiny, full of life and unbridled health. Each one was an astute, even gifted, physician, but each one lived far from the land of death and will-writing, of wakes and farewells. There was, therefore, a kind of sterile, distant glaze that covered the space between Anne and her doctors. There are experiences in life, both sides conceded, that simply cannot be abstracted or summarized in words: the birth of a child, falling in love, getting cancer.

Anne and Will now exited the hospital into a cool, vivid evening. The air was fresh, almost floral, and the clear night sky had unleashed a dazzling expanse of distant heavens. Anne's energy was depleted, as always, in the aftermath of her treatment. No pain, *per se*; just the conscious feeling of being ill, not right. A cloud of infirmity surrounded her, moving with her like a lens through which she saw and experienced the world. Soon they would be home though, in the comfort of their kitchen, with an evening ahead that would last as long as Anne's strength. The couple walked slowly, arm in arm, toward the parking garage down the block from the hospital. As the traffic light turned red and their crosswalk sign illuminated, Will took a first, steep step into the street,

preparing to turn and steady Anne as she began her slow, awkward crossing.

But a sudden cacophony of shrieking brakes and tires flooded their awareness, and from a sliver of his left field of vision, Will caught a momentary glimpse of perilous motion, as a speeding car careened around the corner. Even before a precognition of the coming pain, the car's right front fender struck Will's side with lethal force, shattering pelvis and femur, transecting his spinal cord with knife-like fragments of his L3/L4 vertebrae, and lifting him vertically skyward, severing his grip on Anne's small hand. His legs ascended in a slow, terrible arc of flight, his torso tumbling through space and his head and neck exploding as they hit the street like an unripe melon dropped from a second-floor window. The awful, unambiguous sound of the car's impact receded now into a fading wail. A collective, choral cry of horror arose from the sidewalks, and from every direction people rushed to help and to watch. Doctors on their way to work knelt beside him in their scrubs, searching for signs of redeemable life. Others dashed into the nearby emergency room to find stretchers and wound packs and bags of IV fluids. But Will's last, fleeting glimpse of earthly life had been like a pinwheeling amusement park ride bathed in unbearable pain. Anne knelt beside him, watching his strong, good life seep longingly and lovingly away.

In that moment, Will, who had always thought dying to be the final end—an expunging of all life, laughter, and love, of the earth and its light, of his dear wife and their precious children, of all the

times and places and people that had known him and he had known—was astonished now to encounter instead a new, brightly luminous, and wholly unexpected, beginning.

About the Author

William Thomas Boyce is Professor Emeritus of Pediatrics and Psychiatry at the University of California, San Francisco and a Distinguished Fellow of the Canadian Institute for Advanced Research. Email: tom.boyce@ucsf.edu



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This Is Its Own Kind of Love

Telaina Eriksen

Someone is in the walls,
crawling around.
My daughter hears cracking, and
they come out,
bend close to her, whistle
and whisper in her ear. They won't stop.
She texts me at 8:20 pm. *Mom, the voices
are telling me to hurt Dad again,*
and I see her, four years old,
I'm carrying her
younger brother on my hip
as my careful husband (he's always so careful)
picks her up and puts her on his lap
on the riding lawn mower.
She is wearing a
pink fleece hat and her braids trail out,
catching the wind,
her favorite stuffed rabbit
tucked in the crook of her elbow.
Her baby brother reaches for her,
You're not old enough yet,
she calls to him and
laughs as her father drives faster
across the bumpy yard.

Our taxidermied grief sits
on the mantle of our empty nest.
My husband's hair is gray.
Well-meaning friends
tell us to watch *A Beautiful Mind*.
She sits in the emergency room.

There are no psychiatric beds
anywhere in Michigan.
I sit cross-legged on the floor of our home.

In second grade,
her friends came for her birthday.
They played musical chairs,
my husband removing chairs one by one as the
upbeat remix of Cotton Eye Joe
played in an endless loop.

Now her head is shaved.
Now she tilts her head, listening.

I text her aunts, her uncle, her brother,
This is a voluntary hospitalization.
We have to be thankful for that.
She tells me there's not a bed for her to sleep in,
there isn't any hot water to shower.
I doze, my phone wrapped in my hand, waiting.

Thirty hours later, the hospital that can take her
has a 1.9 rating on Google,
ohpleasegodletherbesafe.

I see her graduating from high school,
a silver cord draped around her neck—*magna cum laude!*
She's going to college. She has a scholarship.
Maybe she will meet her partner there, or study abroad.
My husband and I look at each other with such pride.
We did it. We did it. We raised her.

About the Poet

Telaina Morse Eriksen is the author of the Amazon bestseller and winner of the 2017 Bisexual Book Award, *Unconditional: A Guide to Loving and Supporting Your LGBTQ Child*. You can learn more about *Unconditional* and Eriksen's other work at www.telaina.com. Email: telainae@gmail.com



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Slow in Translation / Winter At Last /
Learning to Live Alone

Dixie Partridge

Slow in Translation

After an Eight Year Loss, to Alzheimer's

“... the dark, too, blooms and sings.”
—Wendell Berry (year?)

You wake to what oddly seems a fertile soil
of darkness, the past aching decade like lunar ground.
Dreams have had you living vividly
some other truth.
Before an open window—you find moonlight's
cool anointing almost painful,
reminding of what might be left to lose.

After so long a silence, all that's unspoken
seems immense, like the coming
green heaviness of summer.

Now, in this darkness, you imagine
wide acres stretching, growing all the absences
from past life to this, and again that perception
of what memory can weigh.
With staccato cries of night birds,
all your failures begin to feel ... tattered.
You sense spring leaves shudder in the yard.
Vagrant memory pokes for somewhere else to go.

Like grace notes: *four chimes*
from the mantle clock in the next room.
Perhaps the hour is near
for turning once more

to the solace of Wyeth, the exquisite
translations of Schubert and Seurat,
or to Berry, and a long, simple view

of black and white cattle
bowing their heads
over new greening pasture.

Winter at Last

After Long Decline, a Death in April

The summer greens, then fall-leaf brightness,
added only heaviness, so at last you choose
a welcome way—the winter forest.

No bickering of birds or green leaves
murmuring hearsay, no coyotes exerting answers,

you walk out—only footfall sounding
with faint pulse in your ears.
You taste the metallic cold of the season
this far north, welcome the frost biting you back.

You sense the wilderness knowing more
than you can ever say, try to enter
the kind of silence that can be consolation.
Streams are slowed to ice for winter.
Gothic arms of corkscrew pines reach toward you
among empty aspen, their black and white trunks
a beauty unremarked.

You don't want to talk for weeks,
even to yourself—too much that can't be named.
A life habit of writing things down, that sometime
solace of words, vanished months back.

But frozen landscape—a kind of pain relief—
stays reliable, its closed coldness
open to certain refugees.
And your breath ... your breath ...
it still blooms upward
like the fragment of a prayer.

Learning to Live Alone

At High Elevations

After a near half century, returning
is like entering rooms you once
called your own, but had forgotten.
Too early autumn, the leaves knowing
better than you how to let go. The sun
a thin, white wafer, not the bronze gong
of years lived in shrub-steppe not far above sea.
Then, winter's silver flute of moonlight
over new snow, generating the hope
of riding out any weather, even loneliness.

After a week's cold comes a night of sleet
pulsing in wind, beating back time,
and memory returns to partings that left you
bereft: that first love, dark-haired and gentle,
moved elsewhere; long winter following.
Your father's enduring care of the place he was born,
then short-season fields growing his absence.
One by one the children gone, distances
too far. And blackly bewildering,

your spouse displaced through years
by the slow scythe of Alzheimer's.

~~

Some nights, there is no defining
your moods: an unease of sleeping
or of waking? Fear of all that is beyond
any words you can form?
The unanswered hangs like a scent ...
metallic air below zero.

Yet remembrance of what to love
about high winters comes back: frost
re-forming when wiped away on cold glass;
your father's whistling through his teeth
as his breath bloomed upward in the icy air.
The early darkness, more accommodating
than long summer light.

~~

There are all those endings that begin before
we can know—so much streaming in the senses,
so much moving on to the next thing,
we lose the moments departure begins.

Maybe if we could choose some other life,
we would still choose our own,
however harrowing the leavings or returns,
the recurrent nights needing it all to come clear,
to be worth all displacements,
to at last emerge from some chill secrecy
into clarity at last.

About the Poet

Dixie Partridge's work appears widely in anthologies and journals. Her first book, *Deer in the Haystacks*, is part of the book series Poetry of the West, Ahsahta Press. Her second, *Watermark*, won the U.S. national Eileen Barnes award. Email: pearanttree@gmail.com



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Wednesday Night

Liana K. Meffert

Her daughter was elbow deep in
 bathtub suds or dish soap bubbles
the evening grandma took a tight
 angle with her walker,
one grandpa couldn't catch,
 you can tell
he's sad he couldn't catch
 her, couldn't even drive her
to the hospital (can't see
 at night with cataracts)
the moon beaming its waning grin
 on the dashboard
oh, mother/lover, CT scanner, yes,
 to the consents, the procedure,
what procedure, please, call us in the morning
 mom, they'll take good care of you,
the things we tell ourselves.

It's harder to stay,
 no, it's hardest to leave.

A list of bones not broken:
you don't need to know much
 to know pain, dedicated bedmate when
what's left is a dream the body
 can't hold, it's just
a skin with four walls
 holding back blood, red water
so fine it blooms a field of flowers
 netted by fine veins,
her maw mimics a hungry infant's

suckle as the morphine drips:
she closes her eyes when
the pain stops.

About the Poet

Liana K. Meffert is an emergency medicine physician-resident at Medstar Georgetown/Washington Hospital Center. Her awards include Stanford's Irvin David Yalom Literary Award, University of Iowa's Carol A. Bowman Creative Writing Award, the F. Sean Hodge Prize for Poetry in Medicine, and the Robert D. Sparks Essay Contest. Her writing has been featured in U.S. News & World Report, Medscape, The Examined Life, JAMA, The Healing Muse, and SWWIM, among others. All views expressed are her own. Website: Lianameffert.com . Email: liana-meffert@uiowa.edu



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Hunger

Hollis Roth

You regale me
with stories
of meals past
seared scallops
fresh snap peas from your garden
— not the peas of my youth
which I shamefully admit
I still cannot tolerate —
more and more your mind wanders
outside the confines of these walls
remember that last
chicken masala?
you don't trust them anymore
those ghost flavours on your tongue
taunting you
almost bruising your wanting taste buds
You would rather
mine the pure pleasures of food
as you perch on the edge
of your hospital bed
than acknowledge the tube
in your nose
and your rising lipase levels
You're afraid to eat now
so instead
you ask me to indulge
in some steak salad
and wine
and report back
tomorrow

About the Poet

Hollis Roth is a palliative care physician, graduate student, and writer. She uses narrative medicine and poetry to explore themes of grief, loss, and hope. Hollis lives in Lethbridge, Alberta, with her two beloved cats Iggy and Roy. Email: hollis.roth@dfm.queensu.ca



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Kintsugi

Paula Heister

Discarded lives, like broken
porcelain, always look pristine
along the fracture lines—
they glitter in the morning sun:

It's always morning when we spot them,
neglecting the dawn
spilt in the streets, collecting
in pools on the pavement.

We, in our sleepless catacombs,
where at 500 lux, it's day
at night, or night, or day, re-
view the fragment catalogue:

18, F – cuts to wrist,
40, M – fall from height,
16, M – gunshot wound,
20, F – overdose.

Turning the nightshift's treasures
in neoprene hands, suspecting
in the flawless, fractured edges
their creator, indifferent.

About the Author

Paula Heister is Bye-Fellow in Medicine at Downing College, Cambridge, and an author-illustrator. She studied at Oxford, Munich, London, and the Cambridge School of Art. Email: info@paulaheister.com



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Sundowning

(Excerpt from the long poem Into the Bardo)

Deb O'Rourke

In the afternoon, Mom's still
with us, still painfully awake.
When I arrive, she hugs me,
exhausted, contrite.

Then, again, we face the fight.
For, as sunset's rosy window
darkens to black, Mom's tender
ways morph again into rage.

Nurses call this *sundowning*,
the onset of night madness in the
deeply sick—their grace
receding with the light: comfort
and sanity swept away
like flotsam
on the retreating tide of day.

Medication is conveyed in a clear acrylic
pipe. A devout smoker, she expertly
surrounds us with mist—my
Mad Queen morphed into peevish
caterpillar, huffing
contemptuous vapour as
again we trail that
white rabbit, tumbling
into the deep
pall
of the Night.

As the ward supplies the sound effects,
Mom's tattered retinas are screens
for hallucination to project. Quick
figures clatter, flit from view.
Disembodied yelps, whispers, pings,
squalls, code blue calls don't help.
Even to me, my explanations ring
of obfuscation. I, too, begin to
see malignant life in gently stirring
bedside curtains, in shadows
flicking over dingy walls.

About the Poet

Deb O'Rourke is a writer, artist and educator of settler descent, born in Calgary and living in Toronto, Canada. Her work is influenced by adventures in hitchhiking and motherhood, and employment in factories, schools, and long-term care. Her prose appears in various news and cultural publications. Email: deborourke@milkweedpatch.com



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**Sliding Toward Light / Dying is Fine My Friend /
Bone, Like Snow or Starfish**

Mary Frances Carney

Sliding Toward Light

No one to catch the weight
falling from the height of the table,
falling from the dark womb
of the lady with no eyes.
It was a white table, a black floor,
a green room, an envious day to be born
if one were to be born at all.
If one were to know the texture of breath,
how bones feel in a cloak of skin.
It might be that one could not
be born at all except by falling, except
by the weight of one's own body
sliding toward light, the squeeze,
the shuttle of rocking daylight
at the far end of a tunnel.
How else could one know to sing the scream
of descent, the urge to fly in midstream,
sheer cunning of the draw to life
without promise of a catch.

Dying is Fine, My Friend

dying is fine, but oh baby
i wouldn't like death if death
were good e e cummings

So, you live one more day
coming out of your coma to
sing, "*Skinnymarinka-dinky-dink-
skinny-marinka-doo-I-love-you.*"

All the work of dying still to be
done in each labored breath, you
suddenly laugh out loud at
the failed memories of the living

standing around forgetting the words.
But you don't forget, not at this point.
It's hard to imagine the movement
will stop and at last you'll lie

motionless in peace, your
countenance open to your teacher.
And your eyes at the last, when
nothing is left to be done,

how they rest in your face like
pure glistening marbles
like a sculpture, really,
utterly present and still.

How the bones that slowly eroded
yet look sharp and content to hold
you up as well as they could
as long as you made them do so.

Six years back, when you rose up
it seemed then from death,
you said to the doctors when
they gave you six months to live,

“You don’t know who you’re dealing with.”
You were right. They didn’t know.
Nor did they know this time, when the holy
oils touched your forehead and lips,

a single tear fled down your temple
onto the pillow while the family
held your hands and your
friends held your feet, chanting

or was it moaning at the thought of
tomorrow and tomorrow.
No, we didn’t know until you died
what dying truly means,

but it seems to me now on
the 49th day that you’re on duty
24/7, running hither and thither
in a gossamer gown.

Numerous times I’ve called on you
and you’re there at a single
blink. I take you as guide,
ancestor, healer, a being beyond

what I can grasp. I drink down
the tear, swallow your eyes, go where
I have to go and stumble around in this
fine dying and slow, steady drizzle.

Bone, Like Snow or Starfish

I.

First there were the bones of my father,
the bones of my mother, and myriad
bones before them coming forth
like white starfish out of the flowing tides.
There were bones of my grandfather stacked
atop three babes in their premature grave.
Soil eroding, always eroding, revealing
clean, white curvatures of rib, ankle, hip, jaw.

II.

The skeleton emerges slowly in the body,
year by year wearing away flesh from
the inside out, bones pushing through
skin, pressing to separate from
their tentative assembly.

III.

Clean, white shapes of human and animal
protrude through temporary skin long before
they settle into stillness. Watery floating
of skullcap squeezing through the long tunnel,
arms and legs in impossible shapes moving
in phenomenal rhythm.

IV.

Red ants pull bones of mice and birds
up on their hills, mounting one by one
the bits of spongy rib or tiny fused
vertebrae and spine to hold their forts.
Hauling sun bleached bits of tibia,
ants roof their quarters, fortify
the mounds across the desert floor.

Everywhere, the ground is coated
with bits of skeleton, rows and layers of
prehistoric shedding as we drop our spindly
coats and join the sheeted
fragments of blanketed earth.

V.

I am sister to the bones of the world
lying in bloodied killing fields on every
continent or those left behind
by wandering tribes or pioneers. I claim
the same dust of downtrodden beggars,
queens, and kings alike, nameless and
unremembered in their brief passage.

VI.

Like snow that melts in time,
the skeleton too breaks down,
takes longer in its turn to raggy dust.
I bow to the ground mixing with
silt of herds and tribes. I walk on
the bones of trees that weave
through ribs and feet. I ride
the tides of starfish in the eternal
appearance of life through what
is changed and changing, and what
has never changed at all.

About the Poet

Mary Frances Carney is from Brooklyn, NY and is a poet, exhibited painter/calligrapher, writer of fiction and creative nonfiction. She has lived in Florida, Pennsylvania, California, Japan, and Washington State. The first woman and foreigner to train at a renowned thirteenth century training temple in Japan, she is a certified Soto Zen priest named Eidō, is teacher and founder of Olympia Zen Center, and currently lives in Olympia, WA. Email: eidosan@comcast.net