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**Erased:
Representations of Women's Bodies in Chronic
Invisible Pain**

A thesis
submitted in fulfilment
of the requirements for the degree
of
Doctor of Philosophy in English
at
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Abstract

Stories of pain stretch metaphors and similes. They infuse verbs into the narrative—it stabs, it burns, it aches—in a desperate attempt to describe what the pain is doing in the body. There is a critical need for accurate communication, either to family and friends, or more importantly, to healthcare professionals. Yet often this crucial connection fails. Honesty about chronic illness and related invisible disability is repeatedly met with confusion, dismissal, or even disdain. So where is the problem? Where is the disconnection occurring? Elaine Scarry argues that pain’s personal and life-destroying nature is nearly impossible to communicate, because its very existence within the body destroys the language needed to express it. This is true. Often pain dismantles our whole world.¹ We are left only with a guttural scream or the expletive. However, Joanna Bourke argues, ‘people in pain are often highly creative in expressing their suffering’.² We use all the words we need to clearly communicate. This word communicate is important. It has three elements: a sufferer, a witness, and a gap between them. A strange distortion often occurs within this gap; it is polluted with static. While I will be considering the difficulty sometimes experienced in expressing the reality of pain in our bodies, much of this thesis interrogates the gap.

My research focuses on women in chronic pain because women are four times more likely to have a chronic illness and seven times more likely to have their symptoms misdiagnosed or dismissed as emotional and therefore unreal. This bias is pervasive and needs interrogation. Storytellers are uniquely positioned to provide a voice for the voiceless while simultaneously challenging what is considered normal or ideal. I am concerned with the ideals that create expectations about what “healthy” and “ill” mean and even what it means to be a “normal” woman. These expectations all converge on the body and the lived experience of the chronically ill woman, labelling her at best a failure and at worst a liar.

¹ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, Inc., 1985), p. 25.

² Joanna Bourke, ‘Languages of pain’, *The Lancet*, 379.9835 (2012), 2420-2421, <[http://dx.doi.org/10.1016/S0140-6736\(12\)61055-1](http://dx.doi.org/10.1016/S0140-6736(12)61055-1)> [accessed 25 March 2022] (p. 2421).

The questions I am asking, then, are: How can we communicate chronic pain? How can we help others to listen to what we are communicating? What needs to change within our cultural belief systems in order to understand women with chronic pain? What within our social structures is excluding these women? How is this isolation compounding the suffering of women in chronic pain? And, finally, how can storytelling help address these issues?

My research is specifically focused on contemporary narratives of chronic pain. This is because I am interested in representations that reflect current attitudes and social structures. I examine these texts not only for evidence of authentic representation of the lived experience of pain but also for ways in which the suffering of these women can be alleviated. While I cannot cure chronic illness, I can offer insight into the constructed cultural beliefs that can be dismantled to make a more inclusive world. I believe art has the power to do this, and I believe we need more authentic stories to represent women suffering from chronic illness.

However, stories of chronic pain and disability are often chaotic. Unlike the familiar cure-or-death endings of traditional disease narratives, these stories have no resolution, and audiences often reject them. When research participants are told a chaotic story of pain and disability, they rewrite it, so desperate is their need to erase the suffering. They long for a hero who overcomes all adversity. This means that illness stories often set impossible standards, isolating women in pain even further.

Therefore, my research includes a creative component. I have written a novel that embeds the chaos of chronic pain within a quest narrative, to anchor readers to familiar structure, and yet offers an authentic voice for those who need representation. There are two separate narratives. The first belongs to Amanda, who has been summoned by the universe (or her cell-phone, she isn't sure) to find Kelly Wisely and wish her a happy birthday. The second belongs to Kelly Wisely herself, whose pain has thrown her narrative and her life into chaos—her narrative no longer obeys time, nor can it hold any real structure. Her life is in fragments.

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Introduction

Certain abstract nouns give scope to the writer's ability to create an image. Fear, for instance, has every sense in the body at its disposal, from the way blood hits so hard against artery walls you can hear it, to the way the smell in the air turns metallic and bitter all at once. A reader has felt her tongue stick to the roof of her mouth as she reads about or watches a character experiencing fear; she is there, transported into the story. She remembers running down the dark street of her neighbourhood when the trees, that she had played hide and seek behind earlier that day, became personified and started running after her. Another such abstract noun, love, is one that writing students find so visceral they don't consider it abstract. Mention love, and smells of mother's baking and images of first kisses are immediately available. But according to many theorists, there is one abstract noun too diffuse ever to be grasped in sentences: pain. Yet, those of us in pain continue to try and tell our stories. We stretch metaphors and similes. We infuse verbs into the narrative: stab, pulse, and ache. However, when there is no evidence—no bleeding, gaping, wound to strike a visual connection—the storyteller is often left alone, still holding her story. Her doctors are dismissive; her family and friends are confused by the duration and severity of the pain; new acquaintances are eager to offer platitudes and miracle cures before carrying on with their busy lives. So, what went wrong? Did a sufferer use the wrong verb? Should she have said pierce instead of stab? Would that have been a better clue, allowing more attentive care from a physician? Should she have used fever instead of ache? Would that have made the boss understand the need for a sick day?

Is this problem to do with the ability to communicate pain, or the ability to listen and bear witness to pain? One of the foundational scholars of writing about pain is Elaine Scarry.

In *The Body in Pain*, she analyses how pain causes the ‘unmaking of the world’.¹ Scarry articulates the heart of the problem of connection by showing that pain ‘actively destroys language’.² Not only that, but she also breaks down how pain has the power to ‘destroy a person’s self and world’.³ Sara Wasson, however, expresses ‘concern’ with critics use of this aspect of Scarry’s argument. She says that as writers of pain, we need not necessarily connect a reader to the ‘specific nature of the pain’, but we need to validate ‘the reality of the suffering’ and provide a road map for healthy people to connect with those who suffer.⁴ Ann Jurecic is another voice of dissent. She argues that while much of Scarry’s work is invaluable, the way it is used by critics is becoming problematic. The particular rhetoric that pain is impossible to communicate serves as a way of justifying ‘dismissal’ of literary testimonies of pain.⁵ Jurecic argues that the problem she has found is in the reception, not in the articulation:

In fact, many writers who have produced memoirs about [...] pain suggest that the primary problem they face is not how to find language for pain, but rather how to make readers receptive to stories of pain. Their question is not how to find words for pain, but rather, who will listen and what will they hear?⁶

The particular audience Jurecic is targeting for the reception of pain stories is academics and critics. She is interested in finding new ways of applying scholarly critique while bearing witness to stories of pain.

¹ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, Inc., 1985), p. 25.

² Scarry, *The Body in Pain*, p. 172.

³ Scarry, *The Body in Pain*, p. 35.

⁴ Sara Wasson, ‘Before Narrative: Episodic Reading and Representations of Chronic Pain’, *Medical Humanities*, 44.2 (2018), 106-112 <doi: 10.1136/medhum-2017-011223> (p. 111).

⁵ Ann Jurecic, *Illness as Narrative* (Pittsburgh: University of Pittsburgh Press, 2012), p. 14, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=2039279>> [accessed 20 July 2021].

⁶ Jurecic, p. 44.

Jurecic focuses on memoir, as well as the critiques of the genre. She finds an unusual phenomenon: even though there is some very articulate writing about pain, scholars are often still insistent about Scarry's claim that the artist or writer has failed to communicate. However, Jurecic's own readings gave her a very clear picture of the artist's pain. She says some critics never 'found the key to a form of attentive listening that would enable a more generous response'.⁷ She goes on to offer very useful keys for listening that I will revisit later. Criticism is an important piece of the puzzle, but I am interested not only in the critical reception of stories but also in what complicates the space between witness and sufferer. Written accounts of illness offer sensory images to connect readers to the body. Sinead Gleason writes, 'there's a mouse in my skull [...] gnawing at cells'.⁸ Stephanie de Montalk says, 'I've a rat trapped in my pelvis'.⁹ This seems very clear—an animal inside our body, gnawing on our flesh. Often, however, this isn't enough. Even the most carefully crafted sentences frequently meet blank stares, indifference, and even hostility. The listener, prone to scepticism of the other's lived experience, answers, "It can't be that bad, you're still smiling". The doctor will respond with the dreaded *idiopathic* or the even more sinister *psychosomatic*. These words are often used not to explain a gap in medical knowledge, or to connect the body, the mind, and the whole person; rather, they are used to dismiss pain and the experience of it and close the door to further consultation.

Scholars who use Scarry's work for (very helpful) short descriptions of pain often ignore the fact that Scarry is writing about torture. And, while there are many parallels to be drawn between chronic pain and torture, the most interesting aspect is often left out of discussions of Scarry's work and of discussions of chronic pain itself. In her arguments about pain, and its destructive power within the victim's world that is being dismantled, there is a

⁷ Jurecic, p. 54.

⁸ Sinead Gleason, *Constellations: Reflections from Life*, (Hampshire: Picador, 2012), p. 158.

⁹ Stephanie de Montalk, *How does it Hurt?* (Wellington: Victoria University Press, 2014), p.135.

person who is refusing to listen. This is one of several aspects of the ‘moral stupidity’ of torture.¹⁰ This is when ‘objectified pain is denied as pain and read as power’.¹¹ One of the reasons torture is so demoralizing is because the pain of the victim is ignored. The cries are neglected, and the torture continues. The milieu in which pain is experienced has as much impact on the body as the pain itself. When discussing pain, you cannot disregard the context of pain and the social-cultural setting within which a woman experiences it. It is, in fact, just as important as the cause of pain itself. This is the key element of chronic pain that I will be exploring. As David Morris argues, ‘[P]ain is [...] always deeply social. The pain we feel has in large part been constructed or shaped by the culture from which we now feel excluded or cut off.’¹² This argument is where my research is situated—between the chronically ill woman and her connection with the social structures and cultural beliefs that surround her. I am focused on the gap between her articulation of her lived experience and the failure to be understood. This gap is filled with the crackling, hissing sounds of social norms and “ideals”, stereotypes, fears, assumptions, and biases that leave women suffering from chronic illness not only in pain but in excruciating isolation.

The questions I am asking, then, are: How can we communicate chronic pain? How can we help others to listen to what we are communicating? What needs to change within our cultural belief systems in order to understand women with chronic pain? What within our social structures is excluding these women? How is this isolation compounding the suffering of women in chronic pain? And, finally, how can storytelling help address these issues?

I am looking at representations of pain under a larger umbrella of chronic invisible illness. While I will include illnesses that are not necessarily painful (but can be), such as Myalgic Encephalopathy (ME), my focus will be on pain, as most chronic illnesses are

¹⁰ Scarry, *The Body in Pain*, p. 28.

¹¹ Scarry, *The Body in Pain*, p. 28.

¹² David Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991), p. 38.

defined by the symptom of pain. I will be using the terms chronic illness and chronic pain interchangeably, as chronic pain is usually the biggest symptom of chronic illness, and as such it is often the most debilitating part of the lived experience. Pain, as one of the most significant elements of illness, drives the desire for diagnosis and desperation for a cure, and is exacerbated by a fear of infinite persistence. A chronic illness is one that is ongoing with no definite promise of release in terms of recovery or death. Invisible pain or illness is defined by the absence of external markers of illness (except perhaps scars or swelling) but it can be potentially “seen” in behavioural changes.

I will also be using the term disability, but I need to state that sometimes the goals of social change are more complex for those with continued pain. As Susan Wendell shows, disability ‘is often created by the inability or unwillingness of others to adapt themselves or the environment to the physical or psychological needs of the person designated as “disabled”’.¹³ In other words, some aspects of disability may only be due to social constructs and attitudes. Some who would have been historically seen as “disabled” are perfectly able in supportive social constructs, and so the term disabled becomes problematic. I will use the term in this thesis because there are very few social settings where women in chronic pain are supported, and they are often additionally disabled by the pain itself.

My primary focus will be on illness that does not have an outward, obvious manifestation. This is not because it is in any way better to have an obvious cause of pain, but because I am interested in the inherent difficulty of communicating pain; an illness that has visual evidence of symptoms creates a closer point of connection for the witness that can facilitate communication. This is also why I will not be including cancer: although it tends to be invisible, there is no stigma attached to cancer. No one doubts the diagnosis, and so communication, while possibly terrifying, is not complicated by societal expectations. In

¹³ Wendell, p. 30.

addition to this, unlike ‘plotless’ chronic pain, stories of cancer tend to follow a familiar arc, towards either death or cure.

I concentrate on works that represent chronic illness in the body rather than in the mind, excluding mental illness, which deserves its own research, and does, unlike chronic invisible illness, receive literary attention. I am, however, interested in textual representations of the psychological impact of the body in pain, and in particular the social constructs that lead to despair.

While both sexes suffer from chronic invisible illness, I focus on women. This is for two reasons: first, the representation of healthy women is already complicated, adding to the layers of social expectations applied to the chronically ill woman. Second, the majority of those suffering from chronic illness *are* women. As *The Journal of Medicine* notes:

Women are up to four times more likely to have migraines and chronic fatigue, three times more likely to be diagnosed with autoimmune disorders, and twice as likely to have Alzheimer’s, Rheumatoid Arthritis, and Depression.¹⁴

In addition to the fact that women make up the majority of an already underrepresented group, they are at the most risk of misdiagnosis, mistreatment, and misunderstanding. The complex layers of societal expectations that women suffering from chronic invisible illness have to face, hinder their attempts at connection, being understood, and being accepted. This apparent sexism, compounded by a social mandate that calls for them to triumph over their illness, leads them to feel trapped, isolated, and powerless. Kayla Adler sums up research that compared medical treatment of men and women:

¹⁴ Kayla Webley Adler, ‘Women are dying because doctors treat us like men’, *Journal of Medicine*, 1 May 2017, <<https://www.ncnp.org/journal-of-medicine/1992-women-are-dying-because-doctors-treat-us-like-men.html>> [accessed 26 August 2018].

Female patients' symptoms are less likely to be taken seriously by doctors, and women are more likely to be misdiagnosed, have their symptoms go unrecognized, or be told what they're experiencing is psychosomatic.¹⁵

These biases are not new.¹⁶ They are well documented.¹⁷ And they do not appear to be changing.¹⁸ Most studies of gender bias in medical treatment do not delineate between male and female doctors. There is promising research that female doctors have better health outcomes for their patients.¹⁹ Most importantly for my research, studies show female doctors are more likely to listen to their patients.²⁰ Unfortunately, the profession is still dominated by males.²¹ In addition to this, the system in which female doctors who listen are working, is fighting against them. They take more time with patients, and therefore are often running late because the business of medicine requires a specified speed.²² Also, the system of training still relies almost entirely on protocols that are based on studies of men.²³ This means that biases are inherent to the system of biomedicine and thus are likely to continue. However, women suffering chronic pain are not only disregarded in doctors' offices. They are often excluded from the social structures around them—from work, to church and social groups, to friends, family, and significant others.

But why should chronic pain predispose a person to exclusion? There are several reasons for this. First, and most obvious, is the debilitating nature of chronic pain. A woman

¹⁵ Adler.

¹⁶ See David Morris chapter on Hysteria, Pain and Gender, specifically: 'The womb, often pictured as the source of female irrationalism, far outdistances any other organ in its power to spark the irrationality of male writers.', p. 107.

¹⁷ See Adler, Siobhan Fenton, and Diane E. Hoffman, & Anita J. Tarzian.

¹⁸ See Jane Pryma for a recent discussion. This article also very helpfully discusses intersections of race.

¹⁹ Klea D. Bertakis, 'The Influence of Gender on the Doctor-patient Interaction', *Patient Education and Counseling*, 76. 3 (2009), 356–60 <doi:10.1016/j.pec.2009.07.022>.

²⁰ Tara Parker-Pope, 'Should You Choose a Female Doctor?', *The New York Times*, 14 August 2018, <<https://www.nytimes.com/2018/08/14/well/doctors-male-female-women-men-heart.html>> [accessed 13 July 2021].

²¹ Frédéric Michas, 'Number of Physicians in the U.S. by Specialty and Gender 2019', *Statista* (2021) <<https://www.statista.com/statistics/439728/active-physicians-by-specialty-and-gender-in-the-us/>> [accessed 13 July 2021].

²² Pope.

²³ Adler.

in chronic pain has limited energy, and the pain itself may make many excursions or activities impossible. Second is a set of complicated layers that intersect to slowly exclude her from her structures of support, belonging, and connection, and leave her with a deep sense of shame.

When an individual is asked directly if people in pain should be ashamed of themselves, most would answer, emphatically, no. This is an ideal response, and one we might all hope to have as a reflex. Yet sufferers of chronic pain will recognise that this answer is often not the one they receive. Instead, they may be faced with suspicion, and flash judgments about “strong” and “weak” bodies—responses determined by societal norms and expectations, which, as Brené Brown confirms, lead sufferers to feel trapped, isolated, and powerless.²⁴ Brown’s theories do not specifically include people suffering from chronic pain, but they are nonetheless helpful in that they mirror those who have studied chronic pain. Drew Leder’s research confirms this. Using a ‘phenomenological approach’, he found four ‘experiential commonalities’ between chronic pain and incarceration:

- (1) a constriction of lived space and the range of possible action; (2) a disruption of lived time, such that one is trapped in an aversive “now”, or ever trying to escape it; (3) isolation, as meaningful social contacts diminish or are ripped away; and (4) disempowerment and depersonalisation, especially when the ill person feels caught within a medical system that can be dehumanising in ways that echo prison life.²⁵

Leder’s experience teaching philosophy to prisoners while he was suffering from chronic pain allowed him to find these correlations. A woman in chronic pain lives a life arrested in place first by paralyzing pain and then isolated in place by paralyzing shame.

²⁴ Brené Brown, ‘Shame Resilience Theory: A Grounded Theory Study on Women and Shame’, *Families in Society*, 87 (2006), 43–52 <<http://ezproxy.waikato.ac.nz/login?url=https://search-proquest-com.ezproxy.waikato.ac.nz/docview/61312821?accountid=1728>> [accessed 27 June 2018] (p. 45).

²⁵ Drew Leder, ‘Coping with chronic pain, illness and incarceration: What Patients and Prisoners have to Teach each Other (and all of Us)’, *Medical Humanities*, 44.2 (2018), 113-119 <doi: <http://dx.doi.org.ezproxy.waikato.ac.nz/10.1136/medhum-2017-011426>> (p. 113).

My focus is on this intersection between women suffering from chronic illness, the related pain, and the stories that represent them and the societal structures around them. As a nurse, a student of literature, and as a person living with chronic invisible pain, I am interested in both the difficulty in verbalizing pain, and in the difficulty in hearing about pain. I believe that contemporary representations in film and literature have the potential to not only articulate these difficulties but to perhaps provide clues for a better future. In her book, *Uses of Literature*, Rita Felski provides an example useful for describing my focus:

The moment of self-consciousness, of individual insight, is simultaneously a social diagnosis and an ethical judgment; a response to a work of art interfuses personal and public worlds; the desire for knowledge and the demand for acknowledgment are folded together.²⁶

The texts I explore in the next chapters provide many moments of ‘self-consciousness’ and ‘individual insight’, especially for me, as I have had rheumatoid arthritis (RA) since I was eighteen. But they also provide evidence for ‘social diagnosis’ and even some ‘ethical judgment’. In addition to this, they provide the intersection of my ‘desire for knowledge’ and women in pain, who, like me, demand ‘acknowledgement’.²⁷

Those who live with chronic pain often find they cannot communicate this to loved ones, their physicians, or sometimes even to themselves. In addition to this, when pain is both chronic and invisible, people are either unaware, or grow tired of the story that does not change, and those who suffer are often left isolated and marginalized. This disconnection is due specifically to ideals that create expectations about what “healthy” and “ill” mean and even what it means to be a “normal” woman. These expectations all converge on the body

²⁶ Rita Felski, *The Uses of Literature* (Oxford: Blackwell Publishing, 2008), p. 36, Wiley Online Library <DOI:10.1002/9781444302790>.

²⁷ Felski, p. 36.

and lived experience of the chronically ill woman, labelling her at best a failure, and at worst, a liar.

Some of the most powerful vehicles for articulating these norms are narratives mediated in film, literature, and advertising. These sources, if they do not directly impose a series of required conformities, at the very least reinforce the social constructs that define the gold standard for one's body: how it should appear; what it is supposed to be able to do; how it should interact with others; whether it is bad or good; even whether it can be trusted. These sources can either reenforce or tear down stereotypes. They can serve to connect us to each other or promote further isolation which, in turn, can be as debilitating as the pain chronically ill women experience. Miller and Stiver highlight the severity of this problem:

[T]he most terrifying and destructive feeling that a person can experience is psychological isolation. This is not the same as being alone. It is the feeling that one is locked out of the possibility of human connection and of being powerless to change the situation. In the extreme, psychological isolation can lead to a sense of hopelessness and desperation. People will do almost anything to escape this combination of condemned isolation and powerlessness.²⁸

If we do not challenge the norms that create problematic expectations, they will continue to push women with chronic illness into the margins where they will feel as though they do not belong.

“Healthy” women’s bodies represented in literature and on screen establish prescribed roles for the bodies they represent. These explicit or implicit expectations are assimilated as “normal” by those watching and reading these stories. As Judith Butler states:

²⁸ Miller and Stiver quoted in Brown, ‘Shame Resilience Theory’, p. 45.

Language sustains the body not by bringing it into being or feeding it in a literal way; rather, it is by being interpellated within the terms of language that a certain social existence of the body first becomes possible.²⁹

These stories give the body a ‘social definition’.³⁰ The body should look this way, feel that way, express itself this way. The body should expect these sorts of interactions. At the heart of the problem is that even when someone suffering from chronic pain has a ‘level of critical awareness about social [and] cultural expectations’,³¹ as Brown prescribes for combating shame, when a woman with a broken body asks the question: *Am I good enough?* often the answer is no. On the mechanical level, the chronically ill body feels flawed. Her body does not work in the way it should. She cannot keep up with social expectations on her best day. Therefore, she cannot reason her way out of a deep sense of shame and find her way towards ‘connection, power, and freedom’.³² Often, even the best-intentioned listener will eventually agree with the conclusion of failure based on commonly-held expectations of what being ill looks like, how long it should last, and what attitude the sufferer should subscribe to.

While she is already adept at reading the expectations of her healthy body set out for her in popular film and literature, the woman suffering from chronic illness now has a new set of expectations surrounding being ill. There are strict cultural rules about how the “truly ill” behave and how soon they should recover. In order to fully understand the ways that expectations of sickness further complicate the lives of women suffering from chronic illness, I need first to establish the expectations of sickness in general. These barriers for understanding chronic invisible illness in contemporary societies may derive from Talcott Parsons’s sociological theory of the ‘sick role’ that he established in the 1950s.

Arthur Frank summarizes three of Parsons’s assumptions of a sick person:

²⁹ Judith Butler, *Excitable Speech: A Politics of the Performative* (New York: Routledge, 1997), p. 5.

³⁰ Butler, p. 5.

³¹ Brown, ‘Shame Resilience Theory’, p. 47.

³² Brown, ‘Shame Resilience Theory’, p. 47.

- 1) Because of the knowledge of contagion and infection, illness should not be considered the sick person's fault.
- 2) 'This sick person is exempt from normal responsibilities both at work and at home. Sick people can expect this exemption, and others have the reciprocal obligation to offer it.'
- 3) The sick person must be under the care of a physician and comply with all that is prescribed in order to assure that the 'privilege [not] be abused'.³³

This model works fairly well for standard illnesses that are clearly defined and clearly articulated in social practices surrounding illness. This is the place to start when trying to unpack the layers of expectations women with chronic illness carry in their own ill bodies. Arthur Frank, whose work explores the narratives of illness from a sociological perspective, says that these ideals still linger in the fabric of our contemporary social structures:

These expectations are *institutionalized* in such matters as sick leave from work and medical care; they are validated by social *norms*; they are *functional* for society as a whole; and they are *internalized*, meaning that individuals regard their expectations around sickness as normal and natural.³⁴

As early as the 1970s, as a PhD student, Frank was already arguing against these theories.³⁵

Frank argues that Parsons's theory derives from what he calls the 'modern' era when 'the story of illness that trumps all others [...] is the medical narrative'.³⁶ And, he says, it still underscores policies in every area of society, from work, to school, to family life.³⁷ Parsons's

³³ Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics*, 2nd edn (Chicago: The University of Chicago Press, 2013), p. 81. For an in-depth look, see: Talcott Parsons, *The Social System* 2nd edn., (London: Routledge, 1991), Taylor & Francis eBooks <<https://doi-org.ezproxy.waikato.ac.nz/10.4324/9780203992951>>.

³⁴ Frank, *The Wounded Storyteller*, p. 81. Emphasis in original.

³⁵ Arthur W. Frank, 'From Sick Role to Practices of Health and Illness', *Medical Education*, 47 (2013), 18-25 <<https://doi-org.ezproxy.waikato.ac.nz/10.1111/j.1365-2923.2012.04298.x>> (p. 19).

³⁶ Frank, *The Wounded Storyteller*, p. 5.

³⁷ Frank, *The Wounded Storyteller*, p. 81.

theory does not leave room for the chronically ill and instead further pushes them to the margins of society.

Parsons's model presents an immediate problem for sufferers of chronic invisible pain and may explain why the social and cultural expectations are so confusing. Parsons's first point fails to apply because people with chronic illnesses may not be able to explain to their employers or their families what the illness is, and they may not look sick because there may be no contagion involved. Another key word in his first criterion is: knowledge. There is an assumption in biomedicine that if there is no identifiable cause then there is likely nothing wrong. This is a common occurrence for women in chronic pain: their illness may be undiagnosed for a long period of time, or the diagnosis may be vague and thus, due to certain cultural beliefs, imply a psychosomatic cause. ME, for instance, has had not only no identified definitive cause, but for a long time it had the reductive name of CFS.³⁸ Without an accurate diagnosis, any attempt at connection will often be impossible.

Parsons's next point fails to recognise that, due to the unending nature of chronic illness, chronically ill people may need to be continually 'exempt' from many of life's responsibilities for the foreseeable future. This exemption, while necessary, may actually increase the likelihood of their isolation as those around them grow tired of their 'obligation to offer it'.³⁹ In addition to this, there is no room in his theory for a partial exemption. This is often desired, yet difficult to obtain, by those suffering from chronic illness. They may not want to be exempt from everything and would like to spend some of their limited energy on constructive work. However, many disability policies do not have systems or options for this. Also, existing policies are often tailored to stable conditions. They do not leave room for episodic illnesses or conditions that improve and worsen randomly. And even if a particular

³⁸ Myalgic encephalomyelitis is also known as chronic fatigue syndrome. This had particularly terrible connotations associated with the term—jokes about laziness still abound.

³⁹ Frank, *The Wounded Storyteller*, p. 81.

institution does allow for reduced hours, management is often able to say that the job requires full-time hours, (or often more than full-time) and this justifies not renewing a contract.

Parsons's final point may also fail people who are chronically ill as the physician may not be able to offer any 'prescriptive care'—or possibly the 'prescriptive care'⁴⁰ makes the patient's life worse, as can be the case with many prescription pain medications. This failure, though, is then applied not to the metric but to the patient, who is then socially constructed as noncompliant; this puts them under suspicion of abusing the privilege. Now they are 'sick' but not living up to the agreed-upon norms of the 'sick role'⁴¹—by this standard, they should be well, but they are not well. This leaves them both failing at being well and failing at being ill. This failure will often mean that the chronically ill person will feel a deep sense of shame, which only exacerbates issues of isolation, lack of connection, and incommunicability.

This issue is compounded for women. Siobhan Fenton compiles data that shows the same disease in men and women will often manifest with different symptoms and that 'doctors are more likely to think women's pain is caused by emotional issues rather than physical causes, even in the presence of clinical tests which show their pain is real'.⁴² Compounding this are illnesses that only occur in women and that are notoriously difficult to diagnose, such as endometriosis. This, perhaps, would not be more difficult if doctors could connect with patients. As Hilary Mantel says, '[Endometriosis] is hard to diagnose, for a doctor who doesn't listen and doesn't look'.⁴³ This is true of other extremely painful, episodic, illnesses that are complicated by often wilful ignorance of the reality of the conditions. The chronically ill person does not meet social expectations laid out in Parsons's

⁴⁰ Frank, *The Wounded Storyteller*, p. 81.

⁴¹ Frank, *The Wounded Storyteller*, p. 81.

⁴² Siobhan Fenton, 'How Sexist Stereotypes Mean Doctors Ignore Women's Pain', *Independent*, 27 July 2016, <<https://www.independent.co.uk/life-style/health-and-families/health-news/how-sexist-stereotypes-mean-doctors-ignore-womens-pain-a7157931.html>> [accessed 18 August 2018].

⁴³ Hilary Mantel, *Giving Up the Ghost: A Memoir* (New York, N.Y.: Picador, 2003), p. 176.

‘sick role’ and this is further complicated for women whose symptoms are more likely to be dismissed.

Beyond that, not only do cultural expectations perpetuated by stories in literature and film affect how a woman in chronic pain feels shame, but they also affect those who need to listen. Arthur Frank says:

One of the most difficult duties as human beings is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message. [...] These voices bespeak conditions of embodiment that most of us would rather forget our own vulnerability to.

Listening is hard, but it is also a fundamental moral act.⁴⁴

There are echoes here of the standard belief that it is difficult to listen because the person in pain cannot articulate it. Frank here has, perhaps unintentionally, put the blame on the sufferer; he nearly lets the listener again off the hook—as those of us in pain may give mixed messages in a faltering tone. However, he helpfully uses the word fundamental. Often the word courage is used when describing what is required to listen. Arthur Kleinman uses it several times, along with the word altruism.⁴⁵ This evokes an image of heroics. As I will show in the following chapters, it can be terrifying to be confronted with the possibility that life can be interrupted without warning and without an apparent cause. It is difficult to look directly at suffering or pain and comfort someone while confronting our own fear of pain and death. However, Rita Charon and Maura Spiegel see the act of listening as fairly simple: difficult but not heroic.

It seems a soft bargain—you tell, I listen, you suffer, I listen. You confess your life is limited, your pain incessant, your suffering meaningless, and your body a betrayer of

⁴⁴ Frank, *The Wounded Storyteller*, p. 25.

⁴⁵ Arthur Kleinman, *The Illness Narratives: Suffering, Healing & the Human Condition* (New York: Basic Books, 1988), p. 267.

self, and I listen. So [...w]hat is the barrier against absorbing these words of rage and grief and resignation? The listening, we have to allow, might not be without its own burdens of shame and fear. You tell, I listen so as to comprehend the limitations, the incessancy, the meaninglessness, and the betrayal of life lived in a body.⁴⁶

This level of self-awareness should not be seen as heroic. While it can be acknowledged as difficult, it is only difficult in proportion to a person's ability to accept the reality of everyone's frail body. At some point, every body will fail. Every body will die. Acceptance of this is not heroic. And in fact, if done with intention, it can lead to a greater appreciation of the time one has with loved ones, with a healthy body, and empathy for those whose body has betrayed them.

Compounding the difficulty of connection for the chronically ill woman is an initial scepticism about invisible illnesses. This can be traced back to Parsons's expectations, but also reflects lingering problematic ideas of hysteria. Kate Young, Jane Fisher and Maggie Kirkman summarize research that shows, 'The historical hysteria discourse was most often endorsed when discussing "difficult" women, referring to those for whom treatment was not helpful or who held a perception of their disease alternative to their clinician'.⁴⁷ While healthcare professionals no longer label the symptoms as hysterical, the same derogatory biases linger within the medical community. *Women Body Illness* records many stories of women not being believed. One in particular is from Dolores, a nurse who could not work due to the severity of her illness which, at this point, had no diagnosis. 'Her physician diagnosed depression and told her that she was "just slacking off" and that "he had many

⁴⁶ Rita Charon and Maura Spiegel, 'On Conveying Pain/On Conferring Form', *Literature and Medicine*, 24.1 (2005), vi-ix. <doi:10.1353/lm.2005.0019> (pg. vii).

⁴⁷ Kate Young, Jane Fisher, and Maggie Kirkman, "'Do Mad People Get Endo or Does Endo Make You Mad?': Clinicians' Discursive Constructions of Medicine and Women with Endometriosis', *Feminism & Psychology*, 29.3 (2019), 337-56 <<https://doi-org.ezproxy.waikato.ac.nz/10.1177%2F0959353518815704>> (p. 337).

patients that would love to go to work”.⁴⁸ Later, she would be diagnosed with rheumatoid arthritis. The sociological construction of this immediate distrust of women and their bodies, as well as the difficulties associated with bearing witness to pain, all contribute to the entire experience of suffering.

Not only does this affect the chronically ill woman psychologically, but, Susannah Mintz says, it affects the way she feels pain: ‘We feel pain because of who we already are—whole beings immersed in the attitudes and assumptions of environments that tell us what pain means and how we ought to react’.⁴⁹ Mintz and Morris point out that our social constructions and cultural beliefs may actually make pain worse. When looking at institutionalized ideas we must ask: what are the most effective ways to change these? Once an idea is so pervasive that we think of it as “normal”, it is very difficult to shift our perspective. There are many ways in which people can start to change deeply entrenched ideas, but I believe that what we read, watch, and write can start to change the way we think about women’s bodies in general, and, more specifically, women’s bodies in pain.

Stories may Hold our Cure

Mintz states, that ‘[h]ow we talk, write, and read about pain may [...] be as significant to how we react [to pain] as the physiological factors that cause pain or the drugs we take to soothe it’.⁵⁰ Arthur Frank takes this further and argues that while different types of suffering cannot be compared, there can be a qualification between two types of suffering: ‘The difference is between suffering that has its cry attended to and suffering that is left in its own

⁴⁸ Pamela Moss and Isabel Dyck, *Women Body Illness: Space and Identity in the Everyday Lives of Women with Chronic Illness* (Maryland: Rowman & Littlefield Publishers, 2002), p. 94.

⁴⁹ Susannah B. Mintz, *Hurt and Pain: Literature and the Suffering Body* (New York: Bloomsbury, 2013), p. 2.

⁵⁰ Mintz, p. 2.

uselessness.⁵¹ What this suggests, and where my research is specifically focused, is that *connection*, or being ‘attended to’, is the key element in redressing problematic perceptions of pain and potentially in altering the lived experience of pain. I am interested, then, in how contemporary works can move readers along a continuum toward connection with those who are chronically ill.

The power that stories have to change readers’ minds and increase empathy has been documented. Using quantitative data, P. Matthijs Bal and Martijn Veltkamp show that fiction reading causes empathic skills to increase over time when the reader becomes emotionally transported into the story, while the reverse occurs when the fiction reader does not become transported at all: then the reader actually becomes less empathic.⁵²

Not only that, but stories play a key role in the construction of social norms and therefore have the power to change the very fabric of society. As Viv Martin says, ‘Stories are performative: through them we initiate, suggest and call for responses’.⁵³ This call for a response is desperate for the woman in pain.

However, Susan Sontag shows us that producing images of suffering and asking for this type of reader response is complicated. In *Regarding the Pain of Others*, she explores how images are read and assimilated into the collective consciousness. Sontag discusses the interpretation of images and people’s apparent indifference to suffering. She postulates whether this is due to saturation of these images so that ‘people become less responsive to the horrors. Compassion is an unstable emotion. It needs to be translated into action or it

⁵¹ Frank, *The Wounded Storyteller*, p. 179.

⁵² P. Matthijs Bal and Martijn Veltkamp, ‘How Does Fiction Reading Influence Empathy? An Experimental Investigation on the Role of Emotional Transportation’, *PLoS One*, 8.1 (2013), 1-12 <<https://doi.org/10.1371/journal.pone.0055341>> (p. 5).

⁵³ Viv Martin, ‘Dialogue in the Narrative Process’, *Medical Humanities*, 33.1 (2007), 49-54 <doi: <http://dx.doi.org.ezproxy.waikato.ac.nz/10.1136/jmh.2007.000246>> (p. 54.).

withers.’⁵⁴ Even if these images are communicated clearly and received with empathy, they may leave the witness feeling helpless and unsure how to act. Sontag equates suffering to a kind of hell in order to explain that making someone witness hell, communicating to them the reality of the situation, does not then tell them how to fix the problem: ‘To designate a hell is not, of course, to tell us anything about how to extract people from that hell, how to moderate hell’s flames.’⁵⁵ It is cruel to take someone to the mouth of hell to hear the screams and give them no way to help. Sontag is discussing mainly journalistic stories—ones that are occurring now, but perhaps in a faraway place. Yet, representations of women in chronic pain face the same indifference that Sontag discussed. There are hundreds of memoirs. There is scholarly criticism of these memoirs, and yet it seems not much has changed. Either no one is witnessing, or the witnesses have no idea ‘how to moderate hell’s flames’. Women in chronic pain have been erased from the cultural narrative and from the social structures they need. Take, for example, three writers on the subject. Virginia Woolf, Susan Wendell and Lous Heshusius write about the social experience of being ill. The experience of these women is nearly identical, with over a century between them. Compare their following descriptions not of the pain but of the difficulty in communication and of the hell of being invisible. In 1883 Virginia Woolf wrote *On Being Ill*:

[T]o hinder the description of illness in literature, there is the poverty of the language. English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. It has all grown one way. The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. He is forced to coin words for himself, and, taking his pain in one hand, and a lump of pure

⁵⁴ Susan Sontag, *Regarding the Pain of Others*, (New York: Farrar, Straus and Giroux, 2003), p.101.

⁵⁵ Sontag, *Regarding the Pain of Others*, p. 114.

sound in the other [...] so to crush them together that a brand new word in the end drops out.⁵⁶

In 1996 Susan Wendell wrote *The Rejected Body*:

Socially accepted definitions of disability determine the recognition of disability by friends, family members, and co-workers. Recognition of a person's disability by the people s/he is closest to is important not only for receiving their help and understanding when it is needed, but for receiving the acknowledgement and confirmation of her/his reality, so essential for keeping a person socially and psychologically anchored in a community. It is not uncommon for friends and even family members to desert a person who has debilitating symptoms that remain undiagnosed. They may insist the ill person is faking, or mentally ill, and unwilling to get appropriate treatment. People whose disability is unrecognized are frequently pressured to keep up a pretence of normality, to continue to work as if nothing were wrong.⁵⁷

Then in 2011 Lous Heshusius wrote *Inside Chronic Pain*:

Someone else's pain, then, can never be confirmed and is, therefore, often denied and always underestimated. These truths echo in the stories told by those in chronic pain who speak of doctors, employers, friends, and even family members who think the sufferer is exaggerating, who can't believe it can be all that bad. This invisible, inexpressible, and misunderstood experience begs for greater public understanding. For myself, as I lost my job, friends, the ability to travel, to plan ahead for as little as a day,

⁵⁶ Virginia Woolf, 'On Being Ill', in *Selected Essays*, ed. by David Bradshaw (1930; Oxford: Oxford University Press, 2009), p. 102.

⁵⁷ Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York: Routledge, 1996), p.12.

my social life gradually disappearing altogether, I had to create a source that would sustain me, an anchor to hold on to.⁵⁸

Heshusius's anchor is her writing. Even though no one was listening, she wrote down her experience. Nothing has changed despite more voices. Perhaps this is because, as Woolf states, 'The public would say that a novel devoted to influenza lacked plot'.⁵⁹ People are speaking; people are articulating with great skill, and yet, nothing is changing. The voices that saturate the market are usually in the genre of memoir. Is this a case of over saturation, as Sontag argues? There is no way to tell who is picking up and reading these books. We can see that not many of these books make it to the *New York Times* 'Best Sellers' list, so they are not being sold by the millions. Is it, as Joanna Bourke found, 'that silence in suffering is highly valorised—the reason why people attempt to mask their strongest pains'?⁶⁰ Is it because, as Rita Charon and Maura Spiegel argue, that witnessing comes with 'its own burdens of shame and fear'?⁶¹ There is no quantifiable data to be able to see why, despite the cacophony of voices, there are very few listening. This symptom shares its effects with torture. This is what Scarry went to great lengths to show: that it is not just the pain that is so powerfully destructive, but its dismissal.

The hopeful aspect of these possible explanations is that they are ideas that are completely constructed. The fact that suffering in silence is valorised, and that being sick causes shame, can be changed with a collective look at our belief systems. I believe one way we do this is through telling stories. However, I think in addition to memoir, there needs to be more fictional writing. There are very few fictional stories of women in chronic pain; so

⁵⁸ Lous Heshusius, *Inside Chronic Pain: An Intimate and Critical Account* (Ithaca: Cornell University Press, 2011), p. 17, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=3137972>> [accessed 26 July 2021].

⁵⁹ Woolf, p. 102.

⁶⁰ Joanna Bourke, *The Story of Pain: From Prayer to Painkillers*, (Oxford University Press USA - OSO, 2014), p. 40, ProQuest Ebook Central <<http://ebookcentral.proquest.com/lib/waikato/detail.action?docID=1661336>> [accessed 22 May 2021].

⁶¹ Charon and Spiegel, p. vii.

perhaps this is the missing piece to the puzzle. Because of its ability to, as Felski discusses, ‘emotionally transport’ the reader, it may be able to bypass some of the barriers I have discussed. Felski articulates two ways fiction achieves emotional transportation. The first is by ‘escape or release from one’s everyday existence’.⁶² The character’s dissimilarity is its source of appeal, and, as Felski says, we become lost. ‘Immersed in the virtual reality of a fictional text, a reader feels herself to be transported, caught up, or swept away.’⁶³ The second way fiction may bypass barriers to listening is that, as Felski says,

[Fiction] points back to the reader’s consciousness rather than away from it, engendering a phenomenology of self-scrutiny rather than self-loss. A fictional persona serves as a prism that refracts a revised or altered understanding of a reader’s sense of who she is. The experience of self-recognition and heightened self-awareness is routed through an aesthetic medium.⁶⁴

I believe within fiction there is great potential for representation and for impetus to begin to question the social norms that marginalize women in chronic pain. Not only can these women see themselves represented, but perhaps those who marginalize women in chronic pain will also see themselves represented and gain some ‘self-awareness’.

What form, though, should this narrative take? This problem has been discussed in depth by Sara Wasson, Arthur Frank, Arthur Kleinman, Ann Jurecic, and others. Wasson is researching whether pain can be narrativized at all. Her study problematizes the types of pain narratives that Frank identifies: restitution, quest, and chaos. Frank’s restitution narrative, even though it is born out of sickness, is about health. Whether it is told in the past or present tense, the arc is toward restored health.⁶⁵ These stories ‘attempt to outdistance mortality by

⁶² Felski, p. 34.

⁶³ Felski, pp. 34-35.

⁶⁴ Felski, p. 35.

⁶⁵ Frank, p. 77.

rendering illness transitory'.⁶⁶ The quest narrative 'accept[s] illness and seek[s] to use it' and is 'defined by the ill person's belief that something is to be gained through the experience'.⁶⁷ The illness is the journey. Frank defines chaos narrative as one in which 'its plot imagines life never getting better. Stories are chaotic in their absence of narrative order [...] without sequence or discernible causality'.⁶⁸ Wasson argues that the classic narratives (mainly restitution and quest) are so expected and known by a reader that these 'dominant narrative forms can contribute to moral insularity'.⁶⁹ She speculates whether it is then more effective for stories to be told in fragments that focus on a moment.

Wasson is right: real stories of chronic pain are chaotic. Unlike the traditional disease narratives, which inevitably follow a familiar 'cure or death' trajectory, narratives of lived chronic pain tend to be chaotic. Because of the very nature of chronic pain, these stories tend to have no resolution. The problem is, general audiences dislike such stories. In an interesting study conducted by Brett Smith and Andrew Sparkes, research participants were told a chaotic true story of pain and disability. It had no resolution and focused on the negative consequences of the disability—from social and psychological, to the body itself. The participants were then asked to respond. Smith and Sparkes's conclusions showed audiences dislike the narrative, describing it as 'horrible' and 'awful'.⁷⁰ Not only that, so desperate was the need to erase the suffering, that after hearing the narrative, they reshaped it into one of four different stories in an effort to grasp at some form of closure. The listeners changed the chaos narrative into one of two versions of a restitution narrative, or they changed it to a 'social model story' or a 'solace story'.⁷¹ The two types of restitution narratives were focused

⁶⁶ Frank, *The Wounded Storyteller*, p. 115.

⁶⁷ Frank, *The Wounded Storyteller*, p.115.

⁶⁸ Frank, *The Wounded Storyteller*, p. 97.

⁶⁹ Wasson, p. 3.

⁷⁰ Brett Smith and Andrew C Sparkes, 'Exploring Multiple Responses to a Chaos Narrative', *Health*, 15.1 (2011), 38–53 <<https://doi.org/10.1177%2F1363459309360782>>, (pp. 41-3).

⁷¹ Smith and Sparkes, p. 41-3. These two stories were also about escaping chaos but focused on things like building ramps in the disabled person's home (social) and needing people to listen with empathy, but with the goal that the narrator would, again, no longer be in a chaotic narrative.

on getting the sufferer to escape the chaos through either psychological or biotechnological breakthroughs. Audiences long for a hero who overcomes all adversity. They long to read of the fighter who conquers all. Or, if the hero loses the fight, the narrative often implies that death is better than living in a broken body. Audiences prefer these quest or restitution narratives, where the hero's journey is difficult, but all is resolved in the end. This means that pain stories often set impossible standards, isolating women in pain even further.

Complicating this, Sara Wasson discusses the pervasive 'survivor' genre of illness memoir and how this popular form has a very problematic impact on sufferers of chronic illness as they are 'urged to self-position as "fighters". [...] This narrative expectation limits what stories can be recognized within popular contexts, and refusing this narrative prolepsis is framed as moral failure.'⁷² This imposed moral failure can lead to 'structural marginalization' and erasure of the sufferer which, combined with the chronic pain, 'damages interpersonal relationships and increases suicide risk'.⁷³

This is the driving force behind my creative practice. I am interested in a combination of Wasson's and Frank's theories. I have written a novel that embeds the chaos of chronic pain within the familiar quest narrative to anchor readers and yet offer an authentic voice for those who need representation. I hope to shift the norm of representation by pushing at its boundary while still exposing the often chaotic nature of chronic illness. This is the goal of my creative practice: to merge these apparent contradictions into a cohesive whole. My creative writing practice aims to discover, as Lachlan McDowell says, 'the connection between art and knowledge and [practise] the effect of holding open—rather than solving—a series of questions out of which alternative conceptions could emerge'.⁷⁴ In this way, my creative practice is its own research quest:

⁷² Wasson, p. 107.

⁷³ Wasson, p. 106.

⁷⁴ Lachlan McDowell, 'Art, Knowledge systems and Institutional life', in *Associations Creative Practice and Research* ed. by James Oliver (Melbourne: Melbourne University Press, 2018), pp. 24-138 (p. 25).

the process of art making, indeed creative activity in any media, constitutes a form of thinking and knowledge production. The link between art and knowledge comes in many forms: the kinetic or sensate knowledge that exists in the bodies of skilled practitioners; the careful re-training of the perceptual apparatus that art allows; the intuitive problem-solving ability of artists or their conceptual acumen.⁷⁵

James Oliver refers to this as ‘practice-as-research’.⁷⁶ I try to bring to the page the kinetic and the sensate knowledge of pain in order to create images that authentically represent the bodies and lives of women living with chronic invisible illness.

First, though, I will be looking at others’ representations in order to analyse what these stories can tell us about the possibility of connecting chronically ill women with the social structures they have been excluded from. The texts I have chosen are as follows:

Cake is a film about Claire, a character who suffers from chronic pain. The source of her pain is only alluded to through long-healed scars. The film represents many aspects of the lived experience of chronic invisible pain, from medication dependence to interactions with family and physicians, to the dismantling of Claire’s entire identity.⁷⁷

The Illumination is a novel that interweaves six separate stories in a world where all pain is suddenly visible. The area on the body that hurts now glows. I will focus mainly on two short stories. The first features Nina Poggione, a writer whose pain makes it difficult for her to speak and keeps her isolated. In the second, Ryan Shifrin has an almost supernatural ability to avoid injury and death. But the novel also has a useful discussion of society’s interaction with this phenomenon.⁷⁸

⁷⁵ McDowell, p. 25.

⁷⁶ James Oliver, ‘Introduction: Practice as Research’, in *Associations: Creative Practice and Research*, ed. by James Oliver (Melbourne: Melbourne University Press, 2018), pp. 3-15 (p. 4).

⁷⁷ *Cake*, dir. by Daniel Barnz (Freestyle Releasing, 2014) [on DVD].

⁷⁸ Kevin Brockmeier, *The Illumination: A Novel*, Kindle Edition (New York: Pantheon Books, 2011).

Jenny Lawson's blog *The Bloggess*, and two of her books, *Let's Pretend This Never Happened* and *Furiously Happy*, are works of creative non-fiction that deal episodically and comedically with her struggle with rheumatoid arthritis.⁷⁹

Hannah Gadsby's Netflix special *Nanette* offers both critique and text for study. Her discussion of the intersection of marginalization and comedy is invaluable for considering the limits of comedy and the consequences of only telling part of the story.⁸⁰

The important representation occurring within these texts calls for a careful critical approach. The very nature of research contributes to the problem of representation in illness narratives, specifically what Ann Jurecic calls the 'hermeneutics of suspicion'.⁸¹ Not only are women in chronic pain often treated with suspicion, but the narratives about their lives are interpreted with scepticism, justified under the protective umbrella of analysis. This is a problem. When those who can articulate the reality of living with chronic pain are met with suspicion, where does that leave those who find expression difficult? Those of us who find writing or creative expression to be an 'anchor',⁸² as Heshusius did, may be the only voices that get heard. Yet if our work is analysed with the 'hermeneutics of suspicion', our efforts may make very little difference towards changing the lived experience of pain.⁸³ Paul Ricoeur described the suspicious mode of analysis as one among others. However, Eve Kosofsky Sedgwick says that this is the mode that forms most of our research today.⁸⁴ Rather than a mode of 'interpretation and restoration of meaning', analysis now tends toward what Ricoeur calls 'the school of suspicion', which is defined by deconstruction and a mistrust of anything

⁷⁹ Jenny Lawson, *Let's Pretend This Never Happened: A Mostly True Memoir* (New York: G.P. Putnam's Sons, 2012); Jenny Lawson, *Furiously Happy: A Funny Book about Horrible Things* (London: Picador, 2016).

⁸⁰ Hannah Gadsby, *Nanette*, dir. Madeleine Parry, Jon Olb (Sydney: Sydney Opera House, released on Netflix 20 June 2018).

⁸¹ Jurecic, Ann, p. 3.

⁸² Heshusius, p. 17

⁸³ Jurecic, Ann, p. 3.

⁸⁴ Eve Kosofsky Sedgwick, *Touching Feeling: Affect, Pedagogy, Performativity* (Durham: Duke University Press, 2003), p. 125, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=1167951>> [accessed 22 May 2021].

proclaiming ‘truth’.⁸⁵ Ann Jurecic draws on Sedgwick and others to suggest a new way of analysing illness narratives.

While Jurecic’s work focuses on memoir, her solution for critiquing stories of pain forms the mode of my research. She discusses the traditional critical mode that requires we approach texts with suspicion, a suspicion that is especially prominent in the analysis of illness narratives.⁸⁶ She argues that these texts ‘have little currency in academic discussions’ because they ‘provoke affective and intimate engagement’.⁸⁷ This, however, is exactly what an illness narrative is trying to achieve: connection. Jurecic says: ‘Literary critics’ disdain for or disinterest in illness memoirs suggests, above all, that contemporary critics have become alienated from ordinary motives for reading and writing.’⁸⁸ This is baffling for me because these responses—intimate engagement and connection—are essential to life, and what is art meant to do but reflect life? Jurecic admits freely, like Sontag, that the scepticism inherent in criticism is partly due to ‘the ceaseless supply of representations of pain, violence, and atrocity that come to us via ever more pervasive media, and that are intensified by our postmodern distrust of our own feelings’.⁸⁹ She also says that a ‘suspicious critical position is not necessarily wrong, but it is incomplete’.⁹⁰ We do not have to do away with scepticism, but we need more options when critiquing work from underrepresented groups. Jurecic says that:

a blanket dismissal of testimony and emotional engagement can only be made from a position of distance and privilege. Such a critical stance imposes a falsely absolute

⁸⁵ Paul Ricoeur, *Freud and Philosophy*, trans. by Denis Savage (New Haven: Yale University Press, 1970), p. 32.

⁸⁶ Jurecic, Ann, p. 3.

⁸⁷ Jurecic, Ann, p. 10.

⁸⁸ Jurecic, Ann, p. 3.

⁸⁹ Jurecic, Ann, p. 14.

⁹⁰ Jurecic, Ann, p. 3.

divide between everyday experience and critical engagement. It does not serve literary and cultural criticism well as a tool for understanding life's precariousness.⁹¹

There is a privilege that allows someone to be sceptical of a person's experience of pain and it is not too far removed from the privilege a critic holds when they are suspicious of a text about suffering. Both are positions that allow distance from suffering and that is a privilege. Jurecic goes on to discuss how critics can engage productively with illness memoir. Because I am mainly engaging with fiction, it would seem that I could structure my argument in the more traditional suspicious mode. But as I have already stated, fictional representations are nearly non-existent. And when representation is in its infancy, it is counterproductive to tear it apart with suspicious criticism. At times, I am critical of the texts I am interrogating. However, most of the time I am engaging with the texts in a way that Jurecic recommends. I am combining my critique with the practices that she outlines in her book:

a range of practices that are not central to current critical customs but that emerge in writing about illness and in critical work informed by embodied suffering. Practices such as acknowledgment, care of the self, attention, recognition, and repair point to the possibility of redefining the relationship of writers and readers to the books in their hands and the worlds they inhabit.⁹²

More specifically I am interested in the idea of repair: 'the reparative writer or critic does not strive to restore the past or stabilize the present, but rather to perform repair in the moment and for the moment'.⁹³ What I am attempting to do is not, as Jurecic says, 'dismantle' these texts but rather, to use Jurecic's 'other option', that uses 'interpretive approaches that enable [me] to assemble meaning in the face of life's fragility'.⁹⁴ Despite the importance of finding meaning, Arthur Kleinman argues that the biomedical system 'turns the gaze of the

⁹¹ Jurecic, Ann, p. 14.

⁹² Jurecic, Ann, p. 17.

⁹³ Jurecic, Ann, p. 106.

⁹⁴ Jurecic, p. 4.

physician, along with the attention of patients and families, away from decoding the salient meanings of illness for them'.⁹⁵ He says that, as a consequence, we miss the things that we can change within their 'life world'.⁹⁶

There is evidence to indicate that through examining the particular significances of a person's illness it is possible to break the vicious cycles that amplify distress. The interpretation of illness meanings can also contribute to the provision of more effective care.⁹⁷

In other words, by focusing on meaning we may be able to accomplish what I believe is possible: to alleviate the symptoms of suffering that we can actually control. These are the cultural beliefs that alienate and the social constructs that reject the woman in chronic pain. I will be walking 'beside'⁹⁸ these texts, as Sedgwick says, in order to offer, even in my analysis, an example of what I would hope the medical profession and others would start doing: listening. And I hope that my work inspires action and a way for listeners to 'moderate hell's flames'.⁹⁹

⁹⁵ Kleinman, p. xiv.

⁹⁶ Kleinman, p.9.

⁹⁷ Kleinman, p.9.

⁹⁸ Sedgwick, p. 8.

⁹⁹ Sontag, *Regarding the Pain of Others*, p. 114.

Chapter One

Masks: The Risk of Authenticity for Women in Chronic Pain

Eleanor Rigby [...]

Waits at the window

Wearing the face that she keeps in a jar by the door

Who is it for?¹

Of all the lonely people in the world, and there are many, Eleanor Rigby provides a particularly vivid image for women suffering from chronic illness. They are often either waiting at home—waiting for the pain to end so they can re-join their lives—or have their mask ready by the door if they must exit and navigate the complicated relationships that await them. Of course, it is not a real mask—not a superhero mask that allows us to fight crime anonymously. However, it does conceal our identity and often we feel, as superheroes claim, that wearing a mask protects our loved ones and ourselves. We pretend so that those we love do not have to face the suffering that threatens to leak out of us and wreck even more lives. And we conceal our difference in order to attempt connection. Our masks are worn in a culture where ‘[d]ifference tends to threaten identities and often leads to negative value judgments against those seen as different’.² Our difference is often met with rejection or exclusion and so must be concealed in order to be accepted into social structures where we might find belonging. Nina in *The Illumination* and Claire in *Cake* both experiment with varying levels of concealment and honesty. They both represent the lose / lose dichotomy of the choices for women in chronic pain. Later, I will discuss the consequences they both face for their choices. First, however, I need to define some important concepts and explore the

¹ John Lennon and Paul McCartney, *Eleanor Rigby*, The Beatles (Sony, Remastered 2015) [on Spotify].

² John H. Riker, ‘What Do Humans Need to Be Human? Self Psychology and the Problem of Social Justice’, *International Journal of Psychoanalytic Self Psychology*, 10.3 (2015) 192-204
<<https://doi.org/10.1080/15551024.2015.1043836>> (p. 193).

social constructs and layers of vulnerability that complicate the lives of chronically ill women.

Throughout this thesis I am discussing the concept of authenticity—authentic representation (of bodies and the experience of those bodies) and the authentic self. Like pain, these concepts are intangible and yet they bear the weight of importance. There is no quantitative way to measure whether representation is authentic, and yet something will *feel* authentic if it resonates with an authentic self. However, the authentic self has no definitive borders or definitions either. Ideas about an authentic self emerged in the eighteenth century.³ Philosophical and psychological discussions are, to this day, trying to establish if there is a “true authentic self” and whether this is a helpful or harmful concept. Despite its ambiguity, whether or not there is an authentic self that we can define, and put parameters around to measure, is not important for my research. What is important is the effect of hiding parts of oneself that are deemed unacceptable by the social constructs one adheres to. This has real consequences on the overall wellbeing of marginalized people and, in particular for my research, women in chronic pain.

In this chapter I am interested in the intersection between this abstract idea of the authentic self and the society in which it belongs. Society can be equally as abstract; it is not an entity that can decide or dictate ideas of belonging. However, I am focussing on the structures and rules of belonging that institutions and groups subscribe to. These constructed cultures often do not feel constructed. Often the things we view as “normal” feel concrete and binary, and these beliefs have very real effects. No matter how much debate about what the authentic self is, most philosophical and psychological scholars agree that this abstract idea interacting with social structures and constructs creates the potential for either privilege or

³ Somogy Varga and Charles Guignon, ‘Authenticity and the Self’, *The Stanford Encyclopedia of Philosophy* (Spring 2020 Edition), ed. by Edward N. Zalta, (Metaphysics Research Lab, Stanford University, 2020) <<https://plato.stanford.edu/archives/spr2020/entries/authenticity/>> [accessed, April 17, 2021].

disadvantage. The most helpful and concise explanation, for my purposes, is the entry on ‘Authenticity and the Self’ in *The Stanford Encyclopedia of Philosophy*. Somogy Varga and Charles Guignon summarize what I need here. They identify Jean-Jacques Rousseau as a founder of the discourse of “authenticity”. Rousseau says that our actions should be guided by an internal authority but that this requires ‘self-reflection and introspection’ which is increasingly hard to practice.

Rousseau argues that, with the emergence of a competitive public sphere, the ability to turn inward is increasingly compromised, because competitive relations require intense role-playing, which Rousseau calls an “excessive labor”. The ongoing instrumental role-playing not only causes alienation, but ultimately inequality and injustice [...]. Social life requires identification with social roles, but because role identity is determined by other people’s normative expectations, role-playing leads to a tension that might be understood as a matter of politics more than anything else.⁴

In other words, if a woman cannot meet the ‘normative expectations’ of her group, she may feel forced into a marginalized group, or that she must attempt to craft a mask in order to “pass” in social life. She must wear a mask in order to act as close as possible to social “norms”. If she cannot do this, she will, as Erich Fromm says, ‘suffer from the worst of all pains—complete aloneness and doubt’.⁵

Fromm argues that an ability to form an independent identity that does not need a ‘clan, or social or religious community’ is a normal evolutionary process. But the structures of our culture have not evolved to accommodate this. The systems we inhabit still demand that we all look and act the same. He writes that these current structures ‘do not offer a basis for the realization of [this] individuality’.⁶ In other words we are having to fit our identities into

⁴ Varga and Guignon, n.p.

⁵ Erich Fromm, *Escape from Freedom* (New York: Henry Holt and Company, 1941), p. 34.

⁶ Fromm, p. 35.

structures that are not tolerant of difference. Fromm has hope that we will have true freedom when we can be whole individuals who freely give ourselves over to each other in love and other relationships.⁷ I argue that his vision is still far from realized, especially for women in chronic pain.

The contemporary discussion I have chosen for these issues is work by Brené Brown, Research Professor of Social Work at the University of Houston. In line with my focus on contemporary primary texts, her recent and popular articulation of Shame Resilience Theory provides some useful space for discussion.⁸ First, she states what seems obvious—people need connection—however most of us do not spend too much time delineating what may be complicated about this for those who exist in the margins of society. When a text that seems simple and straightforward becomes extremely popular, it can be a useful way of uncovering a common belief system or a basic human need that our social constructs have been neglecting. Rather than shunning popular films or books for their appeal to the masses, I believe it is useful to ask: what about this text is resonating with people from many different backgrounds and demographics? In this case, I am echoing Stuart Hall's definition of a text being 'authentically popular'. He uses this term to describe when 'people [...] come to recognize in aspects of popular culture some elements which they take then, retrospectively, to be authentic to themselves'.⁹ This is opposed to something being mass produced and so commercialized that it becomes popular by manipulation.¹⁰ When an author or scholar articulates something masses of people find to be 'authentic to themselves' it is an extremely useful place to start research about social constructs.

⁷ Fromm, p. 29.

⁸ Five of her books were number one on the *New York Times* Best Seller List: *The Gifts of Imperfection* (2010), *Daring Greatly* (2012), *Rising Strong* (2015), *Braving the Wilderness* (2017), and *Dare to Lead* (2018). Her first TED talk, 'The Power of Vulnerability' has over 52 million views.

⁹ Stuart Hall, 'Popular Culture, Politics and History', *Cultural Studies*, 32.6, (2018), 929-952 <<https://doi-org.ezproxy.waikato.ac.nz/10.1080/09502386.2018.1521623>> (p. 931).

¹⁰ Hall, p. 931.

Second, Brown's work is useful because it articulates the problem of shame that exists even without any intersections of marginalization.¹¹ In other words, she describes the universality of experiences of shame that our current Western social constructs tend to foster. This allows me to expand on the added, and more complicated, intersection of chronic illness while having already established the shame experienced by those who are most closely able to adhere to ideals of "normal". The places where Brown's argument falls short also provide me with a useful framework to understand shame for women suffering from chronic illness.¹² Her prescriptions for resilience and overcoming shame may be problematic for those in the margins and expose fundamental flaws in our understanding of authenticity, vulnerability, acceptance of others, and connection.

The Problem with Masks

Our basic human need for acceptance means that most of us wear masks much of the time. Foucault would call this 'the power of the norm'.¹³ In discussion of Foucault, Helen O'Grady labels this as 'self-policing'—presenting a version of ourselves most likely to be accepted, or at the very least not shunned by others living in our society.¹⁴ Brown says we wear masks because of our own sense of shame and unworthiness that combine to create a collective 'shame-prone culture' that breeds more shame.¹⁵ We create a persona for different situations to protect ourselves from judgment and criticism of others. This judgment is either implied—

¹¹ Her paper on Shame Resilience theory was based on research about women, but she quickly found it could be applied more widely.

¹² Brown is aware of the lack of intersectionality in her work and encourages others to pick up the research where hers leaves off. She has now co-authored a book with Tarana Burk dealing with these issues and the intersection of race. It is not released at the time of writing this chapter.

¹³ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (New York: Vintage Books, 1977), p. 184.

¹⁴ Helen O'Grady, *Woman's Relationship with Herself: Gender, Foucault and Therapy* (New York: Psychology Press, 2005), p. 18.

¹⁵ Brené Brown, *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead*, Kindle Edition (New York: Penguin Random House, 2012), p. 39.

based on what we assume we will be judged for, based on media standards, or past judgments we have received, or our own feelings of inadequacy that we assume others see and will reject us for—or actual judgment and criticism. So, we hide anything we can about ourselves that may make us “other” or is deemed unacceptable by the culture or communities where we are attempting to find belonging. Therefore, we are attempting to connect with each other as our inauthentic selves because many of us believe authentic connection is impossible or, if it is possible, too risky. We are desperate to belong but the longer we wear our masks the more the person beneath them is erased.

Just like their healthy counterparts, many women living with chronic invisible illness struggle to connect either with friends, family, romantic partners, or even with themselves. They choose between wearing any number of masks while interacting or increasing levels of isolation.

Brown says that we need to discard our masks and be vulnerable to authentically connect. I agree with Brown wholeheartedly that connection is important. However, I am hesitant to apply all of her shame resilience theory as a road map for women suffering from chronic invisible pain, to direct them towards the goal of feeling connected, powerful, and free (as opposed to isolated, powerless, and trapped). Asking them to remove their masks and reveal their authentic selves feels like asking them to walk a minefield of risk that may not only fail to pay off but may actually make their lives more difficult.

Revealing the reality of their chronic pain requires revealing something that feels fundamentally flawed and broken. But this flaw, unlike Brown’s culturally constructed flaws, feels real. Our bodies do not work the way they are supposed to work. Therefore rejection, disbelief, dismissal, or minimalization of our illness is inextricably related to our identity. In order to avoid this, we hide our illness and minimize our own pain in order to present the version of ourselves that is most acceptable. Janet Frame distinguishes between the masks

social constructs require us to occasionally wear and these much more sinister masks that change us. ‘Temporary masks, I knew, had their place; everyone was wearing them, they were the human rage; but not masks cemented in place until the wearer could not breathe and was eventually suffocated.’¹⁶ Sometimes the mask is so restrictive we will remove it, and we will isolate ourselves instead.

Intersectionality and Vulnerability: Complications of Brown’s Prescription for Connection

As Helen O’Grady has shown, vulnerability and creating new narratives with others can have a very profound and positive effect on deconstructing social standards that make women, in general, feel shame.¹⁷ Unlike Brown, however, O’Grady states that, along with the marginalization of being female, the intersectionality of race, class, income, and illness complicate the issue and, in fact, vulnerability for a woman in one (or more) of these groups could be ‘dangerous’.¹⁸ What could be dangerous about the risk of connection for women with chronic invisible pain? Why does O’Grady use this word? First, it is important to unpack what this vulnerability is meant to overcome. Then perhaps we can see if it is worth the risk, or if it does, in fact, have the potential to cause harm.

As I said above, Brown’s work is discussing a generalized person without delineating any intersections of marginalization—people who can at least pretend to be succeeding at self-policing. These are the people who Susan Wendell says are able to live as close to “normal” as they can.¹⁹ And in order to manufacture a sense of belonging we change ourselves and attempt to fit in.²⁰ However, Brown says, these people still often feel shame

¹⁶ Janet Frame, *An Angel at my Table*, (Auckland: Hutchinson Group (N.Z.) Ltd., 1985) p. 65.

¹⁷ O’Grady, p. 54.

¹⁸ O’Grady, p. 38.

¹⁹ Wendell, p. 89.

²⁰ Brown, *Daring Greatly*, p. 145.

because all of their efforts are ‘[n]ever good enough. [They are] never thin enough [...] powerful enough [...] successful enough’.²¹ For those in Brown’s study to overcome this shame and live what she terms ‘wholehearted lives’, they must make themselves vulnerable.²² Brown’s work on this echoes Fromm when she says, ‘true belonging only happens when we present our authentic, imperfect selves to the world’.²³ The term Brown uses to describe this is vulnerability. She uses it as both a verb—as in the act of making oneself vulnerable—but also a noun, something one can possess, or protect, or even give. In my discussion about how this applies to women in chronic pain, I will do the same.

The people described in Brown’s theories are those who have the “right” socio-economic status, and while their goalposts may feel like they are always moving, they are much closer to reaching them. Those with the “wrong” sexual orientation, skin colour, or “wrong” body type, often feel like they are not even playing on the same field. For those who are not worried about where their next meal is coming from and who can successfully control the health of their bodies—they may not look exactly like the media prescribes, but they have their health—the risks from vulnerability are much lower. Removing one’s mask, or honesty about these perceived feelings of failure, is very likely to be met with empathy and a common shared experience. For those of us who are already “wrong”, we are unlikely to have a shared experience, and rejection becomes more likely and serves as confirmation that we do not belong. This means, as Rousseau shows, that there is ‘excessive labor’ because we do not meet ‘other people’s normative expectations’.²⁴ There is greater emotional labour and risk calculation required for every possibility of connection. In addition to this, honesty about illness makes one’s economic position even more precarious.

²¹ Brown, *Daring Greatly*, p. 15.

²² Brown, *Daring Greatly*, p. x.

²³ Brown, *Daring Greatly*, p. 145.

²⁴ Varga and Guignon, n.p.

For example, if I am limping down the hallway at work, I may be met by a concerned colleague who says something like, ‘Oh no! what have you done to yourself?’ Or I may arrive late, and they may joke or make a not-so-passive-aggressive comment about how it must be nice to have a lazy morning. I have many choices in how to respond. There are several factors that contribute to my shame. First, I am aware of the connotations that are attached to an admission of chronic illness. Second, I may be struggling that day with additional feelings of failure: I may have been slow to get ready, slow to help my daughter get ready, and we were, once again, late for school. Not only have I failed as a parent, but I carry the weight that my daughter may be in trouble with a teacher who is often hard on her. I also feel like a subpar employee. In addition to this, the house will be a mess when we arrive home, and it will be a struggle to fix it. So, I am failing at keeping a house functional, clean, and comfortable to live in. Brown would argue that honesty and vulnerability may help to relieve my feelings of shame. For those who do not meet societal expectation of “normal”, this is complicated. First, I must consider the construct of time. This particular colleague may be looking for a quick response. *Oh, haha I stubbed my toe, or I tripped while hiking*—a quick story, a laugh, some empathy, and everyone moves on with their day. Our social construct of time puts pressure on the colleague that leaves them no room to hear the elaborate story of my chronic pain. We have constructed a society where it is more important to be on time than it is to connect with other humans. Next, I must consider the effect of my story on the witness. If I tell the truth about being late, I may get a very empathetic response, and the person may say something kind like, *wow I barely get my child to school, and my body doesn’t slow me down*. We could both connect over school’s inability to see that the lives of most families are complicated and just getting our kids there, dressed and fed is an accomplishment. However, they could be afraid of me and my illness, and I might have to spend the next half-hour alleviating their fears about the ever-lurking lottery of disability that

my body seems to prophesy. As Wendell says, I become a reminder ‘to those who are currently measuring up [to “normal”] that they might slip outside the standards’.²⁵ My unmasked body is a reminder that eventually our bodies cannot be controlled. The reaction to this fear could be anything from diet advice to accusations of lying. This interaction could leave me exhausted, blaming myself, confronting my own fear of disease and death, and two more steps behind in my day.

The institutional structure of the workplace also requires one of several masks. As Wendell articulates, there is an ‘inclination to keep those who are more than temporarily ill out of the stream of work and social activity’.²⁶ Most of us want to work and find great satisfaction and autonomy from doing so. However, Wendell says that the institutions of work ‘make assumptions that workers are either fully disabled [...] or able to work fulltime’.²⁷ She says this leaves women suffering chronic illness one of two choices:

Either they must push themselves beyond endurance to appear to be capable of working full-time or dishonestly declare themselves unable to work at all even when they want very much to continue working.²⁸

I am only hired at my work through temporary contracts. In fact, I often stare for quite a while at the question on each contract that I sign: ‘Do you have any health condition that could affect your ability to do your job? Yes/No.’ My pen hovers over the ‘Yes’. In my logical brain, I know that my university claims it has a high level of accessibility for students and staff. The question is phrased in a careful way. It appears that they just need information so that they can make arrangements and possibly make my job easier. However, my previous experience (and others’ anecdotal experiences) combined with the precarity of the small amount of contract work I do get, makes me wonder if eventually they will give my contract

²⁵ Wendell, p. 89.

²⁶ Wendell, p. 20.

²⁷ Wendell, p. 20.

²⁸ Wendell, p. 20.

to someone who does not need extra help to make their job easier. Because I am hired each term for no more than twelve weeks, I am never eligible for paid sick leave, and they are under no obligation to hire me again. If they do not, I would not know the reasoning behind their choice. So instead, I tick ‘No’. To the concerned colleague, I give a vague response about it being a “body thing”, wave their concern away and try to overcome my own feelings of fear and inadequacy before focusing on my work. In addition to this, I have recently been searching for a new job. I was required to disclose my illness in the application. Then I was asked by three separate people in the interview process if I had ever ‘taken days off’ because of my chronic illness. The implication was that I would not be hired if I answered yes. I had to answer correctly before they could sign off on hiring me. This question is not about my ability to do the job, which may require me to kneel quickly; this was in regard to whether I would occasionally need to give my body space to rest. I must take an oath to never desert Virginia Woolf’s ‘soldiers of the upright’.²⁹ Some days I ‘must push [myself] beyond endurance’ in order to ‘appear to be capable’.³⁰ I wear the mask of the worker who goes “above and beyond”. It is important to consider this is unreasonable even for healthy bodies. The social construction of time and the measure of a person’s worth solely by the number of days off or their extra productivity at work is a serious problem. If examined, the requirements of the chronically ill and people with disabilities to do work effectively could offer solutions for looking after healthy bodies at work too.

While protective, the masks that we wear eventually make us feel not only disconnected from everyone around us but also from ourselves. The illness itself, as well as pretending we are fine, changes us. In their interviews of women with chronic illness, Pamela Moss and Isabel Dyck found that ‘even for those few women who found it difficult to

²⁹ Woolf, p. 104.

³⁰ Wendell, p. 20.

remember what [they] were like at the onset of illness, the women recognize that illness is part of who they are'.³¹ It can feel sometimes that our masks are soldered to our faces, and if we take them off, we will bleed out. We must mask our pain. We must mask our anger. We must mask our sadness. We must hide our failures—just as the healthy do. We must live in isolation because, as many of us have experienced, our vulnerability is too much, needs too much attention, and we don't have the time, energy, or strength, as Brown encourages, to 'cultivate relationships that can bear the weight of our story'.³² Instead, our energies must be spent hiding. As O'Grady says,

When experiencing this kind of rejection, it can seem that isolation is the better choice.

For women who do not occupy positions of privilege in relation to race, class, sexuality, and health, concern about the judgments and reactions of others can offer self-protection by helping to detect or predict potentially dangerous situations.³³

O'Grady is saying that this mask may be appropriate. However, I believe that this is only because the current social constructs still do not allow space for those who exist on the margins. For women living at the intersection of female and sick, deciding how much or how little to share has more significant risk than a bruised ego—add additional intersections such as race or sexuality and the risk increases exponentially.

So, while the mask serves a protective purpose, it leaves us isolated, and we cannot escape this using Brown's prescription for connection. Brown is right about one thing, however: whether healthy or ill, 'without [connection] there is suffering'.³⁴ It is interesting when considering intersectionality that when a list of marginalized categories is given in scholarly research, illness and disability often come at the end, which means that if the list is repeated in subsequent discussion, illness or disability is often deleted for economy and

³¹ Moss and Dyck, p. 133.

³² Brown, *Daring Greatly*, p. 159.

³³ O'Grady, p. 38.

³⁴ Brown, *Daring Greatly*, p. 8.

replaced with ‘and other’.³⁵ In my own efforts to economise, it can be impossible to include all examples of structural marginalization that occur in the texts I am researching. I know it is unintentional, and, unequivocally, the most dangerous marginalizations such as race and sexuality need to continue to take priority. However, it is important to consider how we are erased even in the most inclusive discussions. Our own particular marginalization is complicated by invisibility and if we are not included in political, sociologic, and psychologic discussions then we will remain invisible.

The Social Constructs of Too Much Information: TMI and Establishing Trust

Brown argues that we should be particular about who we are vulnerable with—only those who deserve to hear our stories and that have earned our trust should be given custody of our vulnerability.³⁶ But establishing someone’s reliability and integrity takes trial and error, and for women suffering from chronic illness, this could create more problems in an already precariously balanced life. For example, trusting someone with my story, or risking vulnerability by asking for help, requires the other person to show up when I call. If they turn out to be someone I cannot trust, I may not find this out until I call for help in a perilous situation. Or someone may tolerate my honesty about my pain. They seem to be proving their trustworthiness, so I do not have to think through and filter everything I say. I can just be honest. However, suffering from chronic pain often means our news is not good. We are not better today than we were yesterday. As Alphonse Daudet writes, ‘Pain is always new to the sufferer, but loses originality for those around him. Everyone will get used to it except me’.³⁷ A relationship with us often means a commitment to more empathy and care than is usually

³⁵ For an example of this occurring see O’Grady pp. 38-37.

³⁶ Brown, *Daring Greatly*, p. 160.

³⁷ Alphonse Daudet, *In the Land of Pain*, trans. by Julian Barnes (London: Jonathan Cape, 2002), p. 19.

required for people with healthy bodies. Eventually the friend may reach a point where it is too much. The woman suffering even feels this herself. As Wendell says, ‘It is hard to describe the invisible reality of disability to others without feeling like you are constantly complaining and asking for sympathy’.³⁸ The story that never changes is difficult to hear, and often we want to rewrite it or explain it. The listener may blame me for not having a better attitude or accuse me of wanting to be sick. Or they may give up on connecting with me altogether. So, I wear a mask of wellness and positivity in order to maintain relationships.

The problem is the pool of people willing to see past our masks is relatively small. The group of people Brown is discussing seem to share more common sources of shame. For instance, feelings of failure as a parent are fairly universal; one is unlikely to find a parent who is positive they are doing everything right, and someone who claims this will seem fake—their mask barely functioning. The most that this type of vulnerability requires from the listener is honesty. It requires both parties to lower their perfect-parent mask and connect. The point is that they will see that underneath their constructed masks they are still alike, and they still belong. However, when a woman suffering from chronic pain drops her mask, she is unlikely to find herself standing with her witness on common ground. This means that the proportions are out of balance. So, the woman suffering from chronic pain must either choose to isolate herself or solve elaborate math equations in her head to delineate how much is acceptable to share and how much is “oversharing”. Brown’s advice leaves the responsibility entirely in the hands of those with the most to lose. We carry the illness and the responsibility for ease of connection with others.

Brown warns about people who tell too much too fast, and even argues that this attempt at connection is not vulnerability, even though sharing your story looks like it. She says

³⁸ Wendell, p. 27.

telling too much too fast is ‘desperation, or woundedness or even attention-seeking’.³⁹ This behaviour guarantees rejection, but this time it is not the hearer’s fault; it is the sufferer’s fault for ‘oversharing’.⁴⁰

First of all, there is a need to address the use of the term ‘attention-seeking’. The way Brown uses it here is in line with contemporary sociocultural beliefs. As Kayla Waters shows, ‘The dominant story in popular culture is that attention-seeking behaviour reflects a dysfunctional desire for more than one’s fair share of attention’.⁴¹ She is discussing the label in the context of child and family therapy but helpfully identifies the social constructs behind this normalized belief. She says that this idea exists because of our constructed values of independence and individuality. This is very important, and I devote considerable time to this in my final chapter. For now, however, it is important to consider that pain’s function is to focus attention. And it is imperative to consider that the behaviour has been socially constructed as unhealthy because of our beliefs about independence. Take for example a person who is labelled as attention-seeking because they have attempted suicide. Wouldn’t it be more important to discover the pain that is needing attention rather than call the behaviour dysfunctional? Even non-dangerous actions are still viewed with judgment. However, Waters argues that this behaviour in children ‘is actually an effective response to an unmet need’.⁴² However, it is a completely constructed idea that we will meet all of our own needs and require socially-defined equal amounts of attention when we reach adulthood. For women suffering from chronic illness, our pain is demanding our attention, and containing it takes considerable energy. If we cannot manage to mask it, we often feel shame. It is disappointing

³⁹ Brown, *Daring Greatly*, p. 146.

⁴⁰ Brown, *Daring Greatly*, p. 160.

⁴¹ Kayla R. Waters, ‘The Hungry-for-Attention Metaphor: Integrating Narrative and Behavioural Therapy for Families with Attention Seeking Children’, *Australian and New Zealand Journal of Family Therapy*, 32.3, (2011), 208–19 <doi:10.1375/anft.32.3.208> (p. 209).

⁴² Waters, p. 213.

that a sociologic theory has failed to consider this as social construct, especially when the work is advocating for sociocultural awareness.

In addition to this, almost all of what a woman in chronic pain would seek to tell would be too much too fast. Take my example above: I am limping down the hallway at work, and someone asks about it, and I do not lie. I say my immune system is attacking most of the joints in my body, and today it seems particularly focused on my knee. Within our contemporary social constructs around health, this is potentially terrifying for a listener. My body is attacking itself. It is not hereditary. It can happen to anyone. I did nothing to cause it. And there is no cure. According to Brown, sharing this will most likely cause my witness's 'hands to fly up and cover [their] faces, [they will] squeeze [their] entire faces (not just [their] eyes) shut, and [they will] look away. When it is over, [they will] feel depleted, confused, and sometimes even manipulated'.⁴³ She says this is due to 'oversharing [that] has stretched [them] past [their] connectivity with [us]'.⁴⁴ This is our illness. We experience it, if not every minute, at least multiple times a day. This is not the same as 'oversharing' a singular past event or discussing every childhood trauma on your first meeting. While these events are most likely equally as traumatic, they do not have to permeate absolutely every aspect of someone's life: One can, with professional help, not be standing in the pain of past trauma while in a meeting. (However, again, it is also our social constructs that do not allow for someone to have a flashback or need to leave a room where smell or lighting has triggered a memory of a traumatic incident. Time and decorum are constructs that give no space for *any* kind of pain. We must always stay on schedule.) One cannot, however, escape the physical crushing pain of taking someone's offered hand in greeting without appearing rude. I can see Brown's point here: sharing those past traumatic incidents is important, and it is important to

⁴³ Brown, *Daring Greatly*, p. 159.

⁴⁴ Brown, *Daring Greatly*, p. 160.

establish trust before exposing oneself in that way. As we have seen with stories of chronic illness, people cannot be trusted to look after these stories and sharing a traumatic incident is no different. The cries of pain can bring a community rallying around you, but they can also draw attention from someone seeking to do you harm. The woman suffering from chronic illness must decide in each interaction how much to say and how much to hide. She may be struggling just to stand, or sit in the meeting chair, for even one more minute. She must wear a mask in order to cope with life. She learns to mask and absorb the pain shooting up her leg from her foot when she takes a step, because a grimace or a sharp intake of breath can have any number of problematic consequences for her. What Brown's work exposes is the luxury that privileged bodies, or wealthy bodies, or heteronormative bodies, possess: to recoil and then disengage from others' daily, lived reality.

Representation of Connection and Barriers to it

The social constructs around expectations of bodies, healthy and ill, are what frame our attempts at connection. Whether art imitates life or life imitates art, contemporary representations of the constructs that hinder or encourage connections are valuable not only for women suffering from chronic invisible pain but for those who wish to connect with them. I do believe that women suffering from chronic invisible pain can feel powerful and connected and live in relative (as pain can still be rather limiting) freedom; but this will require an adjustment of assumptions and stereotypes that the culture, loved ones, and the women themselves hold. As I mentioned in the introduction, movies, books, and other works of art are useful tools for creating language around pain which is often impossible to articulate. Representation gives us images for clarity; it gives us the sense that we are not alone. If executed poorly, however, it can continue to perpetuate stereotypes. These

stereotypes not only make it difficult to connect with others, but the women in chronic pain will get yet another confirmation that their attempts at connection will most likely be met with rejection.

However, this rejection may not be entirely based on stereotypes. It may also be because, as Marco Lacoboni shows, we all have ‘mirror neurons’ which allow us to ‘feel the suffering or pain of the other person’.⁴⁵ Mirror neurons are motor neurons that fire when an action is perceived. For example, my mirror (motor) neurons fire when I see someone wash a dish—the synapses fire as if I was washing the dish. Ronald Schleifer sees this as a positive opportunity for representation and connection. He argues that ‘third-person accounts of pain and suffering do allow for possibilities of discourse and representation’.⁴⁶ However, empathy from mirror neurons can get complicated. If I use the dish example again, I hate washing dishes, so when I see someone washing a dish, this may not be a feeling I want to experience, so I may ignore the person washing the dishes to avoid the feeling (and perhaps to avoid helping). Therefore, literature and films that portray chronic pain must navigate our need for connection and others’ instincts to avoid suffering.

Masked: Hidden in Isolation

In *The Illumination*, Kevin Brockmeier has created a world where pain is suddenly made visible. Overnight, light shines from every point of pain in everyone’s body. And yet, despite the visibility, connection for the chronically ill seems no more possible than when it was invisible. ‘They all tried their best not to acknowledge one another’s suffering.’⁴⁷ What is so

⁴⁵ Marco Lacoboni, *Mirroring People: The Science of Empathy and How We Connect with Others*, (London: Picador, 2009), pp. 4-5.

⁴⁶ Ronald Schleifer, *Pain and Suffering*, (New York: Routledge, 2014), p. 10, Taylor & Francis eBooks <<https://doi-org.ezproxy.waikato.ac.nz/10.4324/9780203757345>>.

⁴⁷ Brockmeier, p. 33.

interesting for my purposes is that Western cultural beliefs still equate pain with weakness, and Brockmeier leaves the navigation of connection just as complicated as when pain was invisible. He weaves the story of six strangers and their interaction with a journal, which itself radiates pain that not everyone can see. The journal is a collection of transcribed notes that a husband left on the fridge for his wife every day. The wife dies, and the journal goes on a journey of coincidental encounters.

Brockmeier's fifth recipient of the journal focuses on Nina Poggione, a writer who has terrible sores in her mouth. Brockmeier never gives an actual diagnosis, but the affliction makes it nearly impossible to speak, eat, smile, or kiss.⁴⁸ She has withdrawn from everyone because she no longer has the strength to keep the mask in place. Nina structures her life so that she can avoid talking or connecting with people for 'weeks' on end.⁴⁹ At one point she muses that those weeks have accumulated into years: 'Four years of withdrawing from her friends, her son, her parents, of declining to go on dates because she couldn't bear to pretend she was alright.'⁵⁰ Part of why Nina withdraws is because of the actual pain from speaking, but what she reflects here is the woman in chronic pain who is unable to 'pretend' anymore. Even at the start of her illness, she knows her story is "too much", and so, for a while, she pretends everything is fine. What Nina's experience exemplifies is that the risk associated with vulnerability is not just with new friends or acquaintances. Attempting to connect with loving empathetic family is fraught with danger too. Some not-so-kind relatives may think she is lying in order to be lazy. But even connection with the most loyal and loving trusting family is complicated. This is because it is difficult to see someone you love suffer. Often, we wear masks to avoid upsetting those who love us. When my mother sees the warnings of the possible deadly effects of my medication in an advertisement, she becomes desperate and

⁴⁸ Brockmeier, p. 178.

⁴⁹ Brockmeier, p. 177.

⁵⁰ Brockmeier, p. 177.

afraid herself—so I pretend the medicine is perfectly safe. And she worries that I am in pain every day, so I often tell her that I am doing extremely well. On bad days, when everything is more difficult, and I am angry about the way jars are impossible to open and chopping vegetables hurts, I must mask my anger so that I don't inadvertently direct it at my daughter.

What Brockmeier does not do is explicitly state why Nina is needing to pretend. Did her friends and family demand this of her? Did they grow weary of her never-ending story of pain? Were they just concerned and worried, and so spending time with them meant pretending she was fine so that she did not distress them? It doesn't matter because any of these have the same result: isolation because of shame. This is Nina's experience: 'It was shameful, her pain, appalling. She hated to exhibit it, hated the attention it brought her.'⁵¹ This is an excellent representation of the direct correlation between shame and attention. The stereotypes of "attention-seeking" associated with women in chronic pain reside within our own bodies. In fact, so many women suffering from chronic pain are so worried they will be labelled as "attention-seeking" they will down-play their illness as much as they can, even in support groups.⁵² Yet, again, the body in pain is begging for attention. Pain is a necessary function of the body. It calls all of our focus to the injury, drawing cells and fluid that cause swelling to stabilize and fight off infection. The body continues to use pain to focus our attention to the area, so we favour it, allowing it to rest; the twinges remind us to take it easy, to tape it, to support it, et cetera. But when the pain serves no purpose, it still demands all of our attention. Yet we must spend what little energy we have left making sure the demand of our bodies for attention does not leak out onto others and make them feel uncomfortable and thus stretch a witness past their ability to connect.

⁵¹ Brockmeier, p. 183.

⁵² Moss and Dyck, p. 140.

Now, after four years of suffering from her purposeless pain, Nina does not know if her isolation is protecting her from the physical pain or if she is missing out on life because of the shame. She is playing a horrid game that many with chronic illness play. We wonder if we will get better if we sit quietly and rest—just as rest for an acute injury or illness is prescribed. In Nina’s case, ‘She no longer knew when she was being sensible, when overcautious. She was tired, very tired, and she hurt’.⁵³ It is exhausting to be ill, and it is even more exhausting to hide, and yet she continues to try. When she takes a risk and goes out to have coffee with a new acquaintance, John, she literally masks her face. ‘While he spoke, she covered her mouth with her palm, trying to usher the coffee past her lips without visibly wincing.’⁵⁴ Here we know why she masks her pain. John is a stranger. She does not know what an honest exchange will lead to:

[She may have] to combat the impression she was undergoing some kind of joke ailment, like a hangnail or an ingrown hair, the kind of thing that could be remedied with tweezers or a topical cream. *A canker sore, yes. I had one of those myself a few years back*, people liked to say. *Grin and bear it, that’s my motto*, and they would clap her shoulder and wait for her to chuckle along with them at the human body and all its darling haplessness.⁵⁵

She must wear a mask to protect herself from the exhausting conversation in which someone equates the illness that has literally ripped apart her mouth, and her life, to a joke—a passing annoyance. Then she would have another decision. Should she correct them? Tell them exactly how bad it is? Personally, I experience this every time my illness is compared to osteoarthritis that someone’s spry grandmother had. *Oh, yes, I know! My grandmother had that, and she was still bungee jumping well into her nineties!* Do I explain it is a completely

⁵³ Brockmeier, p. 187.

⁵⁴ Brockmeier, p. 187.

⁵⁵ Brockmeier, p. 189.

different disease? Do I challenge them about their hyperbole—was she really still bungy jumping after she lost cartilage in her knee? Do I say, imagine the pain she had in her knee but migrating to all the joints of her body or simultaneously in multiple joints? If I do, if Nina does, if we choose honesty, or clarification, we are likely to lose our witnesses. Brown says, this is because we have ‘stretched’ them past their ‘connectivity’ with us.⁵⁶ If I do not, if Nina does not, our witness still leaves us isolated, but they are confident that they have given us something to aspire to. They think we might now have a better attitude. They have done Nina a service and she can relax—it is only a canker sore. She just needed to contextualize her pain, and now it won’t be so hard for her. I can have more courage and not let my body hold me back—go bungee jumping, have a more positive, cheery outlook. So instead, we mask it or even lie. But this just makes us more invisible. Lous Heshusius says, ‘Indeed, we appear normal. That is our liability. One can wince and moan only for so long. There comes a point where giving expression to one’s pain takes energy one no longer has. One becomes quiet and pain becomes internalized’.⁵⁷ The energy it takes to deal with the repercussions of honesty are often not worth the effort. We hide the pain. Nina hides the light emanating from her lip. I learn how to place each foot carefully, anticipating the pain so, on bad days, I don’t grimace or limp.

Because of the premise of *The Illumination*—the light highlighting the pain—Nina is not able to hide all the time. At one of her readings, she thinks if she does not talk too much, she may scrape by without opening one of her threatening sores. But she does talk too much because that is her job, and ‘she can feel [the ulcer] shining through her lips’.⁵⁸ Someone asks about it, and she decides to tell the truth. But she does not just say it is bad or it hurts. She uses her talent, her literary skill:

⁵⁶ Brown, *Daring Greatly*, p. 160.

⁵⁷ Lous Heshusius, p. 14.

⁵⁸ Brockmeier, p. 206.

*You've been stung by a bee or a wasp before, haven't you? [...] You know at first it is only a faint irritation, and you can almost disregard it, but then the venom spreads and suddenly, in the smallest division of a second, the injury blossoms open and becomes alarmingly, almost hyperphysically, bright? Well, it was like that blossoming-open moment, continually renewing itself, for days and days.*⁵⁹

Nina can articulate her pain better than most. With such vivid sensory description, you would think some form of connection would take place. It should not be too hard to imagine multiple bee stings, that do not heal, all over your mouth. But an ability to offer eloquent metaphorical explanations does not immediately equate to understanding. Wendell tells the story of 'a woman who' described her pain as "a crab inside her, tearing at her with its claws, eating her". [...] She was placed in a mental hospital. Years later [...] another doctor discovered that she had a stomach ulcer.⁶⁰ She described her pain with such accuracy they assumed she was insane. And here, with Nina's clear, vivid description, true to the experience of many who suffer from chronic pain, the witness cannot accept her version of the story or just offer empathy: they only offer ways of fixing herself—as if she has not been desperate enough to try everything before meeting them. The first question is whether she has seen a doctor.⁶¹ This is one of the most perplexing questions someone who has suffered from chronic illness can encounter. What could anyone possibly think would be the answer to this? *No, for the last four years, I have been suffering from so much pain that my life and body are deteriorating as I watch. But no, it never occurred to me that the doctor might have some answers for me. Do you really think it is possible? I shall book an appointment tomorrow.* The condescension and assumptions wrapped up in this line of questioning cannot be excused—as they can with some of the other well-meaning if ill-advised home remedies

⁵⁹ Brockmeier, p. 206. Italics in original.

⁶⁰ Wendell, p. 134.

⁶¹ Brockmeier, p. 206.

people offer. At least the latter are creative and there is a possibility they haven't been tried. The question about the doctor is a question of the privileged. Only those 'closest to normal',⁶² who have been cured with every visit to the doctor, or who have been so healthy that they have rarely needed one, would ask such a misguided question. Nina is patient and answers as best she can until she is left alone with her pain once again. With all of this added suffering, the biggest question for me then becomes why would anyone ever advocate for a woman suffering from chronic illness to take off her mask? Living with or without it is difficult, but with it one can at least protect oneself from the added voices of judgment, advice, and condescension.

However, living with the mask all the time creates its own new fear. Nina fears this will become who she is, and she will lose her authentic self. She expresses this fear through the unnamed character in the novel she has written. The woman studies the way grief has changed her face each morning. Gradually, through the day, she begins to look more like herself but 'she could foresee a time when the mask [...] that grief had placed on her face would simply be her face'.⁶³ This is Nina's way of expressing her own new version of herself that she doesn't particularly like. It doesn't feel real. Nina is now not herself but 'this strange sick creature'.⁶⁴ And even when she is having a good day and the pain is going, she still feels like she is changed somehow. She is given a T-shirt with the words 'FICTIONAL CHARACTER' written on the front.⁶⁵ The image of the mask occurring within Nina's own writing is extremely significant. Ocean Vuong says, 'Metaphor in the mouths of survivors [becomes] a way to innovate around pain. [...] Metaphor provides a way to talk about trauma

⁶² Wendell, p. 89.

⁶³ Brockmeier, p.192.

⁶⁴ Brockmeier, p.180.

⁶⁵ Brockmeier, p. 212.

without stating the experience outright'.⁶⁶ Nina's book becomes its own mask to protect herself from the pain while also allowing her to express it.

Unmasked: Pain in the Real

If Nina in *The Illumination* helps show what happens when we use masks, Claire in *Cake* shows us what happens when we do not: complete isolation. The film picks up Claire's story several years after she has been severely injured in a car accident (she has also lost her only son, but we do not know this for a good portion of the film). She is clearly in agony and, we learn, heavily medicating her pain. She is angry, sarcastic, and rude. Most of the people in Claire's life have either left her, or she has left them. I both envy and fear Claire's disregard of the mask. It is exhausting maintaining masks, but there is a fear that if I let mine drop, even for a second, I will never put it back on again and I will lose everyone just as Claire has. If I respond with Claire's abrasive sarcasm to those who offer me a quick fix, if I use my wit as Claire does to expose platitudes for the meaningless void that they are, then no one may try and connect with me again.⁶⁷ And yet, I wonder how many more times I can be told to *look at the bright side*, before I respond with the truth in an unkind manner.

This, I think, comes to the heart of critics' rejection of the film. Claire wears no mask, unless wearing one will give her some relief from the pain. The result was, as Brené Brown would say, a collective 'cringe' by 52% of critics.⁶⁸ With contemporary ideas about what is and isn't acceptable to share, it seems this collection of critics could not 'bear the weight of [the] story'.⁶⁹ That, or they misunderstood it completely. The inclusion of the death of

⁶⁶ Ocean Vuong 'Ocean Vuong: The 10 Books I Needed to Write My Novel', *Literary Hub*, 1 October 2019, <<https://lithub.com/ocean-vuong-the-10-books-i-needed-to-write-my-novel/>> [accessed 19 July 2021].

⁶⁷ *Cake*.

⁶⁸ 'Cake', *Rotten Tomatoes*, (2014) <https://www.rottentomatoes.com/m/cake_2015> [accessed 19 April 2021].

⁶⁹ Brown, *Daring Greatly*, p. 159.

Claire's son in the narrative allows room to argue that the pain Claire suffers from is mainly psychological. But, as a chronic pain sufferer, I recognize too much of my own pain in Claire's body to disregard her ability to provide representation for women with chronic invisible pain. Particularly in the first 40 minutes of the film, I am convinced that she is in significant debilitating chronic pain. The dark nights are the worst. There is nothing to distract, us, or Claire. She moans and shifts painfully to find any comfortable position. She gives up and tries floating in the pool. Her face relaxes, and she sighs as the water takes her weight. There is nothing to put pressure on any joint or force a limb into a painful position. For women in chronic pain, the comfort of a bed can become a torture device. In car rides, lying flat—which we later learn may be due to fear more than pain—Claire can tell which street they are on based on the amount of jarring that causes so much pain.

Many critics who hate the film express their particular aversion to the actual representation of chronic pain. What the critics seem to be asking for is an “appropriate” version of a chronic pain story: ‘When a movie about chronic pain so embodies its subject matter that it becomes a pain in the ass to watch itself, it’s got to offer something more to prove its artistic worth.’⁷⁰ Bernard Boo never says what would prove its artistic worth. I would counter, if the film is embodying the pain so much, maybe it already has worth as a representation of what a ‘pain in the ass’ it is to live with chronic pain. If the film is giving ‘tangible or visible form to a [...] feeling’,⁷¹ then maybe the discussion should be about how on earth, if you can’t sit and bear witness to it for ninety minutes, we are managing to live with it every minute of every day? In fact, the grief narrative may seem to be a bit of a literary crutch. After all, based on the number of films and books related to the subject, much of our cultural agreements about pain and grief seem to say that the loss of a child is the

⁷⁰ Bernard Boo, ‘Cake’ *Way too Indie*, 23 January 2015, <<http://waytooindie.com/review/movie/cake/>> [accessed 19 April 2021].

⁷¹ *Oxford Languages*, (Oxford: Oxford University Press, 2021) <<https://languages.oup.com/google-dictionary-en/>> [accessed 25 July 2021].

worst thing any of us will ever experience. This unimaginable pain of loss gives license to almost any expression of it. This, perhaps, was the hope of the writer: that audiences would give a pass to Claire's behaviour.

However, this in and of itself, I think, exposes another problem with our ideas about acceptable versus unacceptable (both types of and expressions of) pain. And I am not alone. One of the few positive reviews came from another sufferer. This is the audience it seems *Cake* did manage to connect with: 'I saw *Cake* with a bunch of critics who did a fair bit of moaning themselves (distress levels were high). Yet, possibly due to a temporary dose of neuralgia, I liked hanging out with Claire. Our bodies ached as one.'⁷² Charlotte O'Sullivan finds Claire 'funny' and her 'obstreperousness' admirable as she 'reclaims the word bitch'.⁷³ O'Sullivan, while sitting in the theatre in pain, experienced Patrick Tobin's script as a perfect representation of pain. 'He explores the fuzzy nature of pain (Can it be real yet have psychosomatic elements? Can it always be conquered by a "fighting spirit"?') with genuine care.'⁷⁴ O'Sullivan here gets to the heart of the matter for me. Western medicine loves to separate the head from the body. This metaphorical decapitation has been a source of strife for women in chronic pain since doctors donned white coats. If there is a psychosocial element to physical pain, even a small one, it is seen as not real. But the brain and our memories are connected to the body. Even our muscles remember trauma.⁷⁵ Our brains can make us better when we believe a sugar pill is real medicine—yet, only recently have scientists identified this fascinating feature of our brains as positive. This is opposed to

⁷² Charlotte O'Sullivan, 'Cake - review: "Jennifer Aniston Conveys Damage without Pleading for Sympathy"', *Evening Standard*, 20 February 2015, <<https://www.standard.co.uk/go/london/film/cake-film-review-jennifer-aniston-finds-a-way-to-convey-damage-without-pleading-for-sympathy-10058655.html>> [accessed 19 April 2021].

⁷³ O'Sullivan.

⁷⁴ O'Sullivan.

⁷⁵ Here I am referring to the entire somatic system. Vivian Dent, 'When the Body Keeps the Score: Some Implications of Trauma Theory and Practice for Psychoanalytic Work', *Psychoanalytic Inquiry*, 40.6 (2020), 435-47 <<https://doi-org.ezproxy.waikato.ac.nz/10.1080/07351690.2020.1782144>> (p. 435).

doctors who historically used placebos to treat ‘make-believe ailments with make-believe medicine’.⁷⁶ Our brains and our bodies are connected. I know that when I am stressed, I often experience more pain for days after the stressful stimulus. This physical pain is increased because of something in my head, *and* it is legitimate pain. What O’Sullivan appreciates about *Cake* is the way that the film allows for both. For my purposes, and really for any hope in the future of medicine, *Cake* helps us acknowledge that Claire has deep psychological pain, *and* she has physical pain, *and* it is chronic. None of these lessen the importance of the other. More importantly, as I have shown in my introduction, social constructs affect how we feel pain, but it is still pain.

For a sufferer like me, Claire is a representation of my fear; the person I fear becoming: the person I mask is Claire. So, it seems that the film can connect, but only with people who already understand what it is like to have the pain take over not just your body but your identity. This is one of the problems with representing pain: stories that connect with the authentic reality of living with chronic pain often fail to connect with those who need a greater understanding of the reality of living with it. Critics like Boo seem to be more worried about the people in Claire’s life, and how much they suffer because of her. ‘None of them do much more than suffer as they listen to her imperious bullshit.’⁷⁷ Boo embodies the position of privileged judgment a healthy body gets to inhabit. He is deciding what an appropriate response to pain should be and is angered (based on his use of expletives) by Claire’s “inappropriate” response.

However, Claire tries to protect many people from what Boo calls her ‘bullshit’. She has withdrawn from life. In the middle of the film, Claire goes through a two-day phase of trying to re-join society. She tries to put back on several masks to escape her self-imposed

⁷⁶ Anne Harrington, ‘The Whiteness of Lies: Swallowing the Placebo Effect’, *Cerebrum*, <<https://dana.org/article/the-whiteness-of-lies/>> [accessed 18 April 2021].

⁷⁷ Boo.

isolation. She is coaxed along by her housekeeper Silvana to invite Sam over for lunch. We learn in the opening of the film that Nina was a member of Claire's chronic pain support group. She has died from suicide. Sam is Nina's grieving husband and as Claire attempts to understand Nina's death, she forms a tenuous friendship with Sam. In addition to her friendship with Sam, Nina's ghost makes frequent visits, confronting her about her lack of courage because she survives her suicide attempts. Nina's visitations are becoming more contagious: the more Claire refuses Nina's attempts to persuade her to choose suicide, the more Nina appears. So, it may be Claire is trying to re-join life or outrun death. I will revisit this in much more detail in a later chapter. Perhaps, though, it is the small spark of connection that comes from her relationship with Sam and his son that makes Claire start to want to belong somewhere again. It could be either, but the result is the same: she begins to play the socially constructed game.

This is the game where we mask ourselves into a version that our cultural beliefs define as acceptable. Claire brings a bottle of vodka as an apology gift for Annette, the support-group counsellor who she had blackmailed into revealing Sam's address—a professional lapse that had almost cost Annette her job. She also goes to talk to her physiotherapist. Previously, Claire was very vocal about how much the therapy hurt. She did not hide or mask the pain. The physio tells her she has made no progress and implies that it is Claire's fault. Claire now returns with an “appropriate” mask of a contrite attitude, and when the physio asks if she wants to get better, she says, ‘I do’.⁷⁸ There is not just a mask here. Claire really does seem to want to get better. Before this point, perhaps, as I have argued above, Claire's mind exacerbated her pain. This may be because she wanted to punish herself because of her son's death, or because the physical pain allowed more space for the emotional pain. Again, either way, for my purposes, it doesn't really matter; if she now wants support for the process

⁷⁸ *Cake*.

of any sort of healing, she must navigate a system that requires an act. She plays the role of compliant patient who will do everything the physio asks from now on—even though she already has done everything asked of her. Claire must allow the physio to continue to believe that it is Claire's attitude that is holding her back, so that she can continue to get the physical therapy she needs. This is important in a society where the healthcare professional holds the authority about our bodies. The woman suffering from chronic pain must navigate the system, deciding just what persona to present. Susan Wendell articulates this precarious position:

[T]he cognitive authority of medicine causes us to censure the descriptions we offer to doctors, to pre-form them in what we hope will be scientifically acceptable descriptions of definite, recognizable symptoms. This prevents doctors and medical researchers from receiving valuable information that might change their understandings of human bodies, illnesses, patients' needs, and appropriate treatments.⁷⁹

I often have to gauge how honest to be with my doctors—if I say I am in too much pain (according to them) they may change my medication to more dangerous chemotherapy drugs which I do not want to take. And if I say I am doing too well, they may take me off the expensive medication and try something cheaper which could set me back months or even years. This requires me to know as much as possible before going into any appointment. I cannot trust that they will do what's best for me. And I must play the role of compliant patient while simultaneously reassuring them that their choice of treatment is the absolute perfect one. My background in nursing gives me a huge advantage in this aspect. Those who do not have the privilege of an education in healthcare may not have the knowledge required to navigate the system, putting them at even more risk than I am.

⁷⁹ Wendell, p. 133.

In addition to this, I hold back valuable information that could lead to better understanding of care of patients like myself. Over the years, I have learned that walking for long (sometimes short) distances is very painful. However, if I go to the gym and run at a full sprint or use the stair machine getting my heartrate very high, I can actually get some pain relief. I discovered this through a long painful process of trial and error. Conventional advice is still to try gentle activity such as walking, swimming, or biking as a main form of exercise. The cold water erases any benefit I gain from swimming, leaving my joints soldered in place. Biking keeps my knee joints in a limited range of motion causing swelling and increased pain. For years, I thought that I could not exercise because if I could not walk on flat ground how could I run? And getting started on any more intense exercise is extremely painful. However, if I persist, and stop before I have done too much, I have excellent results. Sprinting engages every muscle supporting my joints and allows them to move more freely. Stairs work the joint through a full range of motion and increase my heartrate which warms my muscles and increases blood flow, again, allowing more movements—this allows me to stretch and relieve strain on my joints. The stair machine allows me to get the exercise without having to go down any stairs, which increases strain. All of this is pieced together from anecdotal evidence and from my knowledge that I have retained from nursing school. I would only pass it along to other sufferers, never to my doctors. They have no study to back up my claims, and clearly if I am able (on some days) to run, perhaps I don't need my expensive medication, or I may be accused of lying about just how bad my pain is. No matter how much work I do to find my own path through my illness, though, I still need the healthcare professionals. So, I must perform as their patient. If there was an attitude of learning rather than suspicion in Western medicine, perhaps any information patients bring would be seen as valuable to the study of the human body rather than evidence used against them. Claire performs as patient in order to continue to see her physio. Claire does not have

the benefit of knowledge of healthcare, and, despite the physio's ineffectiveness, she is Claire's only hope.

Claire makes one final attempt at wearing her mask in her two days that seem filled with new 'resolutions'.⁸⁰ When Silvana invites Sam and his son over for lunch, Claire literally makes herself over. She puts on make-up to cover her scars and does a fancy hair style. It is in this pretend made-up state that she cannot connect. Sam and Claire have had some (not always) honest conversations up until this point and they have not shied away from death. They had one particularly morbid conversation at Nina's grave where they discuss the quality of the granite headstone. Now Claire wears a mask. She is performing as hostess. Sam tries to ask her about her son and how she is able to continue to live in the house where she lived with him before he died. Sam asks, 'Don't you feel like you're surrounded by ghosts?'⁸¹ She says a firm 'no' and leaves to go get more wine—her second-tier choice for masking any kind of pain. Usually, she goes for the prescription opiates, and she nearly takes one of these from the stash she hides behind her painting. But she is pretending today, so she sticks with the culturally approved numbing substance: alcohol. It is just minutes later when Claire is confronted by the cause of her pain—both emotional and physical. The man who caused the accident shows up on her doorstep to ask for forgiveness, and she flies at him, hitting and kicking him till he bleeds. She races back to the bathroom and scrubs off her mask as if it is attacking her. She scrapes at the make-up that covers her scars. Her unsuccessful attempt at masking her pain and anger ends with her attempting suicide. And when Nina's ghost visits Claire in the hospital Nina has a 'new do' too.

CLAIRE Hey, love your new cute do!

NINA Thanks, wish I could say the same about you.

⁸⁰ *Cake.*

⁸¹ *Cake.*

CLAIRE No, my makeover didn't take.⁸²

It is not a 'new cute do' though: it is Claire's hair style on Nina's ghost. Claire is looking at the dead version of her attempt at a mask. Claire is mirrored by Nina playing the role of perfect mother who bakes perfect homemade cakes and is pretending she "has her life together" with her cute outfit and time-consuming, painful-to-create, hair do. But even Nina can't stand to play the role. She throws the cake off the balcony and re-enacts her suicide by jumping. Neither Nina nor Claire can cope with the pain and weight of pretending. And it seems one may not be able to survive in this society if they suffer from pain. Our contemporary social structures have tight parameters of what is and isn't acceptable behaviour for someone in pain.

What Kind of Witness can See Beneath the Mask?

Both *Cake* and *The Illumination* show what is possible when the witness believes in the worth of the person in pain and shows empathy rather than avoidance. This, however, is not an invitation for heroics. Women who suffer from chronic illness deserve friendships or romantic relationships just as healthy people do. And what we have to offer is as unique as each of our healthy counterparts. We are still human, still us, underneath our mask. All it requires of the witness is a little bit of patience and bravery—just like any other connection.

The responsibility of the witness is only a little greater than that of a responsible friend of any "healthy" human. Most relationships, if they are to survive, require care from both parties, carrying past and current hurts wrapped in bubble wrap. None of us hears a statement or a story without it passing through a filter of our own, often traumatic, past. And, if we are to form connections with each other, we must realize that the attachment points are usually

⁸² *Cake*.

already raw from some form of pain. It is no different for women suffering from chronic pain. We have our own past, our own fears, and this one more layer requires just a slight extension of the care you would offer a healthy loved one. We are more than our pain and yet, sometimes all we are is pain.

In *Cake*, Claire has managed to isolate herself as much as she possibly can. Most of her connections are out of necessity, and she resents them. Her attendance at the support group is a requirement that allows her to negotiate more pain killers from the clinic. The film critic Peter Howell says, ‘Most of the [...] people in Claire’s life have been driven away by her perpetually sour attitude, including her husband [...], an obviously decent man who just couldn’t take her any longer’.⁸³ Critics seem to want a hero and it is not Claire, but it may be her husband. I will have a closer look at this relationship later.

It seems Claire’s ‘sour attitude’⁸⁴ has destroyed all of her relationships except one with her “longsuffering” housekeeper, Silvana. O’Sullivan wrote that the one aspect she disliked about the film was Claire’s relationship with Silvana. She says that Silvana ‘is on a quest to rehabilitate her mistress,’ and that the film should have steered clear of this ‘Driving Miss Daisy territory’.⁸⁵ This is true. The film reinforces the stereotypical subservient role of Silvana in order to show that no one of any importance can stand to be around Claire. This reinforces the culturally sanctioned shunning of women suffering from chronic pain as well as relegating the unwanted jobs to a “second-class” citizen. I agree that this is a mistake, it is very problematic and, as writers, we can and should do better. As with most problematic representations, Silvana’s character is written from a place of privilege without considering what that portrayal is doing for the already underrepresented and stereotyped minority group.

⁸³ Peter Howell, ‘Cake the Wrong Movie for Jennifer Anniston’, *The Toronto Star*, 22 January 2015, <<https://www.thestar.com/entertainment/movies/2015/01/22/cake-the-wrong-movie-for-jennifer-aniston-review.html>> [accessed 2 August 2021].

⁸⁴ Howell.

⁸⁵ O’Sullivan. No Italics for film title in original.

I do not have enough space to do justice to this topic, but I believe that it must be acknowledged if we have any hope for positive change. In addition to this, I am white, and while I do know what misrepresentation does for my own perpetual marginalization, I do not pretend that I am not writing from a place of privilege with a voice that gets heard more often than those whose skin colour immediately places them in the margins. I cannot know what this representation feels like for Latina people. Perhaps, though, as I am attempting to prove in this thesis, it is not about understanding exactly what it is like but about needing to ‘acknowledge the reality of the suffering’ perpetuated by harmful stereotypes.⁸⁶ I hope that by acknowledging it, and because I am practicing walking beside my texts, I can learn from it and also not dismantle it completely.

I know when I am looking for successful representation of women, the key to avoiding problematic stereotypes is portrayals with more than one dimension. It is important to represent the reality of the varied lived experiences of women. Depth of character (for me) is just as important as seeing women in roles of power. At the very least, Silvana’s character has great depth. Therefore, the film inadvertently, and possibly only because of actress Adriana Barraza’s objective talent, allows for the successful representation of witness to suffering. Silvana’s character represents the witness who not only believes Claire is more than her pain but also more than the anger that comes from that pain. In addition to this, she doesn’t allow Claire to stay disconnected. She exemplifies love that not only looks past the mask, but also doesn’t allow that mask to keep the person hidden or to consume the person they love.

In one scene, Silvana comes home late from work and greets her daughter who is already angry on behalf of her mother. Silvana’s daughter wants her to quit. She says Claire is a ‘bitch’ and she doesn’t pay Silvana enough to deal with her behaviour.

TINA If I were you, I would just quit.

⁸⁶ Wasson, p. 6.

SILVANA But you're not me, all right?

Silvana covers her face with her hands, indicating the frustration that this conversation has been had many times. This dialogue serves to show that Silvana does not have to stay in this particular job. She needs the work, of course, but the discussion is not about that. The discussion is about putting up with a difficult person.

It takes sustained courage to withstand the acidity of the anger that seems to leak out of Claire. Silvana has the maturity to understand that Claire's anger is not about Silvana. This is often what is so terrifying about vulnerability in pain: it requires from the witness a level of self-esteem and awareness that not many of us are able to attain. To see past an angry rant and not take it personally is a feat that only some can achieve. Much of what fortifies Silvana is her empathy. She sees the real Claire, and she sees that grief and pain have distorted the person but that the person is still in there. Anger is the one mask that can seem the most authentic because it feels very real, especially in moments of extreme pain. Pain often changes us, yet Silvana stands beside Claire, looking bravely into the broken mirror that reflects a distorted version of a different person. We get a glimpse of that person when Claire and Silvana are out to an expensive lunch in Silvana's hometown. Some of her old rich "friends" spot them and begin to pass on all the gossip they've heard about Silvana and her family. They throw all of the constructed ideals of failed achievement at her: Silvana's daughter is not married, and her husband has no job. They call her 'Chatita' (honey or darling) with a drippingly patronizing tone.⁸⁷ Silvana tries her best to withstand the humiliation. Claire excuses herself as they talk and then returns, interrupting. She asks if she needs to get Silvana home or if Silvana wants to 'keep shopping'.⁸⁸ She then has the waiter bring the receipt and change to Silvana indicating Silvana has paid for the meal. (It would be

⁸⁷ *Cake.*

⁸⁸ *Cake.*

better if Claire paid Silvana enough so that she could actually afford to pay for the lunch. Or, even better, if the culture's value of money did not equate to a person's worth.) Silvana's back straightens and she raises her head. She says she wants to 'keep shopping'. She pinches one woman's nose and says 'Adios Chatitas!'.⁸⁹ Claire's charade gives Silvana the power, and they walk arm in arm out of the restaurant. This may have been who Claire was before the pain killed her. She was a human rights lawyer, and perhaps much of her identity was in redistributing power to the powerless. Yet Silvana stays with Claire even though only the remnants of her former self remain.

Near the end of the film, Silvana finds Claire sitting up on the train tracks after considering suicide again. She sees what Claire had been intending. Silvana yells at her in Spanish for several minutes. She complains about the pay and Claire's treatment of her. And she reminds Claire (although Claire doesn't speak Spanish) what Claire still has in her life that she is throwing away. Silvana is strong in this scene, asserting her own worth as a person. And in so doing, she, while justifiably angry, reinforces Claire's worth. Silvana will fight for Claire's life. It seems Claire has finally pushed Silvana too far. But their car is stolen, diffusing the situation and forcing them, once again, to rely on each other. They must stay in a hotel for the night.

SILVANA I will sleep in the chair.

CLAIRE No Silvana.

SILVANA I don't mind.

CLAIRE No Silvana, please.

Silvana lies next to Claire who reaches out her hand, and Silvana takes it. Nothing more is said, yet they connect. Silvana is brave in her vulnerability too. She chooses connection even after Claire has given her every reason to leave. Claire may have pushed Silvana past her

⁸⁹ *Cake*.

gentleness, but she has not driven her away. This tenuous bond may not look like much, but it is extremely important as it keeps Claire connected to life and allows her to reach out further for more intimate relationships with others in her life. These small moments of connection are so vital that I felt I needed to explore them in the creative portion of this thesis.

A True Test of Removing the Mask: Romance

Navigating romance while ill can feel perilous, and the cultural norms around these relationships can be complicated. Many women suffering from chronic illness will not risk the vulnerability required for such a connection. However, some will try. If the woman is already in the relationship when she is diagnosed, she may suddenly feel the weight of inequality of her increased needs. If she is single, she must navigate the dating world with what can feel like an added burden she is asking someone to carry. Take for example this true story of a woman whose leg was damaged from polio when she was a child:

When I got married, one of my best friends came to the wedding with her parents. I had known her parents all the time I was growing up; we visited in each other's homes and I thought that they knew my situation quite well.

But as the father went down the reception line and shook hands with my husband, he said, "You know, I used to think that Francine was intelligent, but to put herself on you as a burden like this shows that I was wrong all along".⁹⁰

This is not an isolated incident in my own experience: going through a divorce, I have been told that my ex-husband was better to me than most men ever would be—implying that being in a relationship with me takes an extra amount of heroism because I am ill. These assumptions about the difficulty of living with someone with a disability have an even greater

⁹⁰ Wendell, pg. 43.

tendency to isolate women suffering from chronic illness. Wendell argues that these assumptions are based on stereotypes ‘which include helplessness, dependency, and pitifulness’.⁹¹ If these stereotypes continue to be pervasive in representation of these bodies, it is not only detrimental to the women they “describe”, but it creates an ideal persona about the benevolent nature of those that they are in relationships with.

This has several implications for the relationship itself. First, if in a healthy relationship, the woman may have to combat a nagging feeling that her partner is only sticking around because she is too fragile to be left alone. Or the fear of not having help when she needs it can keep her in potentially toxic relationships. Or it may keep a single woman from seeking a deeper connection with love and intimacy because of the potential burden she will become.

Claire is estranged from her husband, and she has only brief, painful, sexual encounters with Arturo, who also works on her property (another very problematic one-dimensional racial stereotype). The film does little to deconstruct the heroic male who would be more than willing to stay by her side, if only she would let him. The subtext of this relationship is that her husband is a good man, and it is her abrasiveness and stubbornness that keeps them apart. This is confirmed when Silvana yells (in Spanish), ‘You drove Mr. Bennett away when all he wanted was to take care of you’.⁹² Claire only calls her estranged husband Jason when she needs his help to get her and Silvana back across the border when Claire has illegally purchased some pain killers from Mexico. He immediately drops everything and is waiting to make sure she is all right when they arrive home. The relationship’s dissolution seems to be entirely her fault. Here he is, apparently willing to do anything for her, and she, initially it appears, has nothing but contempt for him and his help. At first, Claire pushes him away.

⁹¹ Wendell, pg. 44.

⁹² *Cake*.

This could be for many reasons—her guilt over the loss of their son, or the way he reminds her of her previous life. But what I am interested in is her vulnerability in asking for help. She tells him he can go. He persists, saying, ‘I’d love to know how you’re doing’. She turns towards the open door of the house as if to run away but, instead, walks to where he is sitting. He stands and supports her body as she painfully wrangles it down. He is already helping, but she hasn’t had to ask. Throughout the film, Claire has difficulty sleeping because of the pain. As this scene draws to a close, Claire’s body tilts even closer to Jason’s and eventually—through either the clenched teeth of pain, or embarrassment, or both—she asks him to stay until she falls asleep, but only after explaining she is not asking for sex. He agrees, without hesitation, and she leans on his shoulder and sighs saying, ‘That was easy’.⁹³ The implication of this is problematic, proving that women in chronic pain have two stereotypes to choose between. If Claire tries to connect by asking him to stay sitting in a chair while she falls asleep, she appears to be a burden and his staying is heroic, and if she asks him to go, she is seen as cold and difficult. What the film seems to avoid is a discussion around the possibility that Claire may be trying to protect this good man from the life she is sentenced to.

Embedded in this scene is the implication that a woman with chronic illness is not entitled to sex, so Claire must reassure Jason that she would never ask this from him. Contrasting this with the painful sexual encounter she has with Arturo provides a very clear picture of Claire’s sense of worth. In the scene with Arturo, Claire appears to not want any sort of emotional connection, she does not appear to enjoy it, and in fact appears as if she may be using it to punish herself. While emotional connection is not always a requirement for women who desire to engage in sexual activity, it is important to at least consider that Claire does want this but does not feel entitled to it.

⁹³ *Cake*.

In addition to this, the scene shows how much courage it takes sometimes to ask for connection and help when it is needed. For me, I feel this scene in my body—the way it panics just a little before any request for help. Will I be turned down? Will they help, but then will I owe them? Wendell says that the social construction of disability includes ‘the belief that responding to the difficulties faced by people with disabilities is superogatory [sic] for people’. Or, in other words, helping them is ‘an act of kindness’ that goes above and beyond what anyone would do.⁹⁴ This type of thought process exists for the woman herself so that asking for help becomes a favour she may never be able to repay, leaving her constantly in debt. Not only this, but the scene fails to show what happens when we are brave, ask for help, and the person says no (and to be fair to the writers, this would have been an entirely different story). What happens when Claire calls for help and Jason ignores her? This is our undoing. Not the unrelenting pain, not the dismissive doctors: if we trust you and you do not show up, learning to connect again is nearly impossible. To be abandoned, trapped by our pain, when you promised you would be there is a most terrifying kind of betrayal. And we are already very familiar with betrayal. Our bodies betray us; our healthcare professionals abandon and accuse us. But this kind of betrayal defeats us—when we let down the mask and you say, ‘Tell me what you need, I want to help’, and we tell you what we need and then you abandon us. We do not recover. We may keep living, but the fabric of our life has been torn once again. For me personally, just as when I was diagnosed with my illness, I have to remake my life with this new information. Now I must consider what to do if I am desperate, stuck, because literally my body will not move, and I am utterly alone. Now I must structure my life to prepare for this terrifying scenario. I will try to ensure I never have to call on another human again. And I will believe in my core that this is the better alternative. This is why Claire is surprised when it turns out it is easy to ask her estranged husband to sit with her

⁹⁴ Wendell, p. 53.

as she falls asleep. Women who suffer from chronic pain either expect isolation or choose it willingly.

In *The Illumination*, Nina Poggione has culled her relationships down to one with her son, but even that is difficult for her. She practices her words carefully before calling him on the phone when she is away, so he won't know how bad her pain really is.

Nina's life is on hold. It could be the nature of her illness: the fact that it has no clear cause keeps her hoping that it will disappear with no explanation, just as it appeared with none. But here, Brockmeier introduces Nina to the possibility of connection while ill with another successful representation of witness. A young man named John keeps showing up at Nina's public readings of her novel. He tries just small talk at first, but he finally works up the courage to ask her out. She refuses the first time, just barely holding herself together long enough to get out of the reading she is giving. She realizes, though, when he is not at the next event, that she is disappointed. What is interesting is the way Brockmeier has structured this relationship. He shows that it takes persistence—the kind of persistence that would possibly be considered problematic if the woman was healthy.

John drives two and a half hours to see her again. He tries to make a joke out of it, but then realizes he may appear to be a stalker. “I’m sorry,” he continued. “Is this too much? This is too much isn’t it? [...] It was just that you said, ‘some other time,’ so I thought maybe...well...tonight.”⁹⁵ Brockmeier addresses this potentially problematic representation of persistence from Nina's point of view:

For some reason she could not work up any anger toward him, or even distrust. He was so obviously harmless—and not harmless in the thin-veneer way of countless serial

⁹⁵ Brockmeier, p.185.

killer movies, but truly harmless. He wore the fixed expression of a child caught filling the saltshaker with sugar. If only she weren't so exhausted.⁹⁶

The scene continues with Nina fighting an inner battle between the person she wants to be and the person she is in her skin at that very moment:

"I'm sick." She said it once for herself and a second time for him. "I'm sick, John. And your attention is flattering, and if things were different, I would be happy to get a drink with you somewhere, but every minute I'm not holed away in my hotel room, *alone*, is hard for me. Do you understand?"⁹⁷

She is tempted to go with him to connect with him. She raises the mask. She is honest about what going out with him will cost her. She has spent countless nights alone in her hotel room. And this may be all she can manage. But there is a small part of her that wonders if there could be more, even while ill:

He grinned. "You remembered my name."

"Bye, John."

"Look, how about some coffee? There's a coffee shop right downstairs and then you can go back to your hotel and get some sleep and maybe tomorrow you'll feel better than you do today."

*Make me better tomorrow than I am today. Make me better next week than I've been this one.*⁹⁸

This is her internal mantra that is repeated throughout her story. It is his unintentional quoting of her prayer that feels a little like a sign, and she agrees to go out with him. The importance of the discussion around 'no means no' cannot be overstated. A recurring trope in romantic fiction is that persistence from a man after a woman says no is evidence of love. This

⁹⁶ Brockmeier, p. 186.

⁹⁷ Brockmeier, p. 186.

⁹⁸ Brockmeier, p. 186.

construct continues to represent problematic interactions for both men and women. Women learn to see it as endearing, and men learn that a woman either doesn't know what she wants or doesn't mean no when she says no. The consequences of this are obvious, and most of the women I know have suffered directly because of them. These tropes must and do continue to be addressed critically, especially in representations of heterosexual relationships. What is helpful in Brockmeier's representation of this interaction is that Nina must consider that even though she is sick, she could still be the victim of a stalker, or 'serial killer'—having an illness does not give her a free pass from the danger she is already in as a woman. Even though she may be sick and struggling to get through each day, a woman must consider the risk she is in at all times. Brockmeier encapsulates the mental gymnastics even healthy women perform when they are flattered by a man's attention but must consider that both encouraging it and rejecting it may risk violence or even their lives. However, Nina does want to spend more time with John. Her soul, her need to connect, is asking her to say yes and her body is saying there is no way. She is not well, and her 'no' is layered with the desire to connect. We may have to say no to connection not because we don't want to but because we simply can't take one more step forward.

This dichotomy often does require more care from people wishing to connect with those suffering from chronic pain. They may need to be persistent and patient without crossing the lines of their boundaries. This can seem impossible. John tries one more time after Nina says no. Nina agrees to the coffee. What Brockmeier manages to capture is her need to be alone and her need for connection—a state that exists concurrently within the bodies of chronically ill women. Moss and Dyck found that these women 'deal with a tension between wanting to be alone and feeling isolated and left out'.⁹⁹ With John, Brockmeier

⁹⁹ Moss and Dyck, p. 151.

manages to show that if you want to connect with a chronically ill woman, boundaries can be respected while at the same time connection is possible.

As with Claire in *Cake*, sometimes the isolation we experience is not just about social construction, not just about the fear of being rejected. Sometimes the pain alone is enough to force women to withdraw from life. This is what Brockmeier manages to portray. Nina agrees to go for coffee but almost immediately her body resists; her pain draws all of her attention. ‘She was tired, very tired and she hurt.’¹⁰⁰ While at the coffee shop, John carries most of the conversation, which she is grateful for; however, at one point he makes her smile, which cuts open a new sore:

“Jesus H.,” said John Catau. “I absolutely did not realize. I’m so sorry.”

She waited until she was sure she could speak. “It’s okay. I app—I *app*—I thank you for your concern.”

“Will you show it to me? Your ulcer?”

“No. *No. John. God.* It’s not pretty. You don’t want to see it.”¹⁰¹

Nina knows her story is too much. She has learned how to mask it. She will not show John what her pain looks like. She will protect him from the grotesque reality of every minute of her life. Now the opportunity for connection falls entirely to John. He does not push her. He allows space for her to change the subject but also waits in case she decides to be vulnerable:

But the look he gave her was full of such humble curiosity, with his eyes lingering on her mouth and his hair dangling over his creased forehead, that she placed her fingers on either side of her sore and slowly everted her lip for him. In the space of that breath, between one second and the next, he understood. She didn’t have to tell him, didn’t have to explain or apologize.¹⁰²

¹⁰⁰ Brockmeier, p. 187.

¹⁰¹ Brockmeier, p. 188.

¹⁰² Brockmeier, p. 189.

Brockmeier here does not rely on the light from pain, which is a visible form of connection in the world he has created. In many other places throughout the book, he revisits this imagery, but not in this scene. John witnesses her suffering and does not shy away or offer her any platitudes:

“I’m so sorry,” he said a second time. “That’s terrible. Terrible. You really don’t want to be here at all do you?” And then, before she could answer, he added, “You know, I read that there are more nerve endings on the lips and the tongue than anywhere else in the body. Were you aware of that? Genitals included. Which means that your mouth is the most sensitive place you’ve got when it comes to things like hot and cold and pleasure and pain.”

“Mm-hmm. I know.”¹⁰³

This moment of witness is helped along by the fact that Nina’s pain can be visible. It provides an immediate point of connection. This is something that most sufferers of chronic pain do not have. No matter how much someone may want to understand, I cannot show them how my joints hurt. But as I have said before, it is not about getting someone to understand exactly how my pain hurts. It is just about it being witnessed, having someone acknowledge its irreversible intrusion into my life. The book’s central metaphor of making pain visible and stating that it does not change how pain is witnessed lends itself as a powerful acknowledgement to the incommunicability of pain.¹⁰⁴ And, of course, even without the light, Nina has been unable to communicate her pain to others. In this interaction with John, Brockmeier shows that being this type of empathetic witness is a choice whether pain is visible or not.

¹⁰³ Brockmeier, p. 190.

¹⁰⁴ Brockmeier, p. 33.

John really sees Nina. He acknowledges the terrifying reality of living with her pain, understands that her need to retreat has nothing to do with him, but also does not give up on her.

“Okay. I’m going to drive you back to your hotel now.”

“No. Please. It’s not far. I can walk.”

“Right,” he said, “I understand,” and she believed he did somehow. “Nina? How long before you’re better, do you think?”

“I wish I knew. Not tomorrow. Two days, I hope.”

“Two days.” He made it sound like a fact he was memorizing for a quiz.¹⁰⁵

His willingness to reach out but not hold her too tightly allows Nina to see a life she can have even though she is sick:

And then his hand was on top of hers, and he was saying goodbye, and she felt that old carnal tightening in her knees, that flush of heat in her chest, and suddenly, in her imagination, she was sinking into bed with him and his caresses were covering her body in baby skin. How long had it been since she was well enough to unbutton someone’s shirt and dot his stomach with kisses? And did she have to be well enough? Maybe she was sick and despondent, broken into a thousand pieces by an illness that would not go away, but so what? Couldn’t she pretend she was whole for just one night? How much of yourself could you manufacture out of the fragments and the spare parts?¹⁰⁶

For women in pain, learning to navigate a new relationship requires a complete narrative rewrite of social constructs regarding connection. They may eventually be able, as Wendell says, to ‘discover things about the nature of intimacy and sexuality that remain unknown to

¹⁰⁵ Brockmeier, p. 206.

¹⁰⁶ Brockmeier, p. 187.

people who can participate in cultural obsessions with goal oriented [...] sex'.¹⁰⁷ Before Nina meets John, she believes intimacy will not be a possibility unless she is cured:

The coltish rising feeling of sex or masturbation, and the way, as it gripped her, she no longer stood between herself and her senses. The problem was that the more aroused she grew, the dryer her mouth became, so that she could never reach culmination without experiencing that awful germinating sensation she felt before an ulcer erupted, like a weed spreading just under her skin. She no longer knew when she was being sensible, when overcautious.¹⁰⁸

John's connection with her allows her to rethink intimacy and begin to write a new narrative in which she may have connection and a relationship, even if it does not look the same as it used to. He gives her space and then shows up again when Nina is feeling just well enough to have the energy to connect. This is another excellent representation from Brockmeier. Being told no so many times can push people away. Moss and Dyck found that '[m]any women [...] lost friends primarily because of expectations of activity levels'.¹⁰⁹ Everyone has a limit to how many times they will put themselves through the vulnerable act of asking to connect and being rejected. But no matter how much a woman with chronic illness wants to connect, sometimes she simply cannot. It takes a special kind of person to have patience and still be waiting for us when we re-emerge.

Both Nina and Claire experiment with donning and removing their metaphorical masks. But it is still difficult for me to see a world where I can be honest about my pain. A blind spot of mine in this research comes from my own personal experience. As I embarked on this chapter, I realized that I often assume that vulnerability will ultimately lead to rejection. This led me to question whether or not it was worth finding a way for women in chronic invisible

¹⁰⁷ Wendell, p. 69.

¹⁰⁸ Brockmeier, pg. 187.

¹⁰⁹ Moss and Dyck, p. 149.

pain to risk vulnerability in an effort to set themselves free, regain power, and connect with people in their lives. My assumption of the inevitability of rejection gives a negative connotation to the word vulnerable, but to be vulnerable is to risk harm, not guarantee it. As I unpacked what the actual risks are for women in chronic invisible pain, I felt myself wanting to advocate for them to stay closed off in whatever safe cage they have managed to create for themselves. I realized that, over the course of my illness, I have carefully constructed my own impenetrable fortress. While lonely, it is quite effective at protecting me from the additional pain of rejection. At this stage, I am not sure I am wrong. In the few halting attempts at climbing out of my own cave, my assumptions have been confirmed. Apart from a select few loved ones, my unmasked self—the one who is in pain, but also more than my pain—is too much for others, and I am not worth their time. The only way I think it will be safe for women with chronic illness to attempt connection is if the representation of their bodies begins to change the way they are perceived.

Chapter Two

It's Kind-of a Funny Story: Using Comedy to Articulate Pain

As I have shown in the introduction and the preceding chapter, a sense of belonging is crucial to psychological wellbeing and development. The theories developed by Jacques Lacan and Judith Butler postulate that our identities are tenuous because of their constructed nature. Our ideas about who and what is “normal” are arbitrary. However, these ideals do not feel arbitrary as our ability to subscribe to them is entwined with our ability to belong. Brené Brown’s studies found that not being able to adhere to these constructed values produces shame, which manifests in powerlessness, isolation, and feeling trapped.¹ This leads women who feel shame from their chronic illness to cover their suffering and pain with various masks to protect themselves. But not just themselves—women in chronic pain mask the reality of their lives because they are acutely aware of the tension they bring to the institutionalized structures of their culture. By culture, I mean their workplace, family relationships, friendships, religious affiliations, et cetera. All of these have constructed ideas about what is required to belong. The existence of women suffering chronic pain puts tension on the bones of these structures, threatening to collapse them altogether. This tension is multifaceted, sometimes real, and sometimes perceived. These women work very hard to avoid applying this tension by masking their pain or isolating themselves. Some, like me, have learned that if they cannot avoid bringing tension, they may be able to dispel it. One of the most effective tools for relieving tension is comedy.

I developed my comedic voice at an early age and learned to perfect it into a mask most markedly during my teenage years. I was raised in a fundamentalist Christian house and for a while, my family was involved in a cult. As someone who was not naturally shy, I always had a rather loud voice. This did not fit too well with the ideals of the religious

¹ Brown, ‘Shame Resilience Theory’, p. 45.

structures we were involved in. To be accepted and belong it was expected that, as a girl, I would remain quiet and listen to not only the men in charge but men and even boys in general. I was inquisitive about social and particularly religious constructs. However, I found that because I was a girl, I was the wrong gender to ponder these things. My parents took me out of school at the age of twelve to be home-schooled because, according to the cult with which we were now affiliated, even Christian schools were corrupt. However, “school” was a name for an hour-long meeting discussing bible verses, and not much else for the rest of the day. The joke I like to tell about this is that I was homed but they forgot the schooled. My inquisitive mind raced with questions that couldn’t be answered, and I could feel the tension I brought to this idealistic structure. However, instead of silence, I found that I could frame doubt as comedy. I especially found that I could immediately connect with my dad, leading to deeper discussions, which he was endlessly ready for—and making my mom laugh is still a great joy in my life today. But even in less safe environments such as church or excessive meetings, the comedic mask I crafted protected me from silence; as Hannah Gadsby says in her Netflix special *Nanette*, I used funny ‘in order to speak, in order to seek permission to speak’.² In a world where girls took up too much space, and their words and clothing needed to be carefully considered for fear that we might “cause the men around us to stumble”,³ I found that if I was funny I could carve out a little space for myself. I could question things like supposedly satanic 4/4 rhythms with a joke. (Music from Satan has the emphasis on the 2 and 4 beat rather than 1 and 3 which is more pure).

And then, when I was 19, I got sick. I was already hyperaware of taking up too much space better reserved for the “godly” men in my life. Now my body seemed to take up even more space. I had been taught that to suffer would bring me closer to Jesus. But of course,

² Gadsby, *Nanette*.

³ This was a common jargon term which articulated the idea that it was women’s responsibility to dress and act in a way that protected men from their uncontrollable sexual thoughts and desires.

you weren't allowed to articulate how much you were suffering. The Apostle Paul was our example. He discussed at length the 'thorn in his flesh'⁴ God had given him, but he never named what it was. For all we know, it was an annoying colleague; but I sat through many a sermon that tried to explain that it was probably something terrible and painful—his refusal to dwell on it, and just get on with the Jesus business, is really what earned him his saintly status. So, in order to join Paul in heaven one day, I learned to cover my pain with a joke—to pass it off as a punchline.

Can something as serious as chronic pain ever truly be represented through comedy? In *The Culture of Pain*, David Morris devotes an entire chapter to his argument that temporary-resolvable pain is part of comedy. Yet within his opening pages he states, 'There is nothing funny about chronic pain, and its failure to disappear would wreck the structure of comic plots'.⁵ The resolution that proclaims, 'All's right with the world'⁶ is crucial to a comic plot, and chronic pain does not allow for this closure. Indeed, in our current cultural climate, those who suffer from chronic pain, especially, often feel that if we fail to disappear, our never-changing story with no happy ending threatens the structure of our families, our communities, and even our culture.

Kissing or Dissecting the Frog: Either Way, Getting too Close Changes Comedy

Almost all scholarly research about comedy agrees that once you look too closely at it you destroy it—often equating it to the destruction of a frog through dissection.⁷ Indeed, delving into the sociological and psychological discussions has made me question whether or not I

⁴ II Corinthians 12.7-9.

⁵ Morris, p. 93.

⁶ Robert Browning, 'Pippa's Song', *The Oxford Book of English Verse*, ed. by Arthur Quiller-Couch (Oxford: Clarendon, 1919) <www.bartleby.com/101/> [accessed 14 July 2021].

⁷ Robert Mankoff, 'Foreword', in *Comic Relief: A Comprehensive Philosophy of Humor* (John Wiley & Sons, Incorporated, 2009), p. ix-x, ProQuest Ebook Central <<http://ebookcentral.proquest.com/lib/waikato/detail.action?docID=470660>> [accessed 1 April 2021].

still have a sense of humour. Trying to dissect how comedy works takes much of the magic away. E.B. White and Katherine White say comedy is ‘fragile’ and ‘evasive’.⁸ And George Bernard Shaw said, ‘There is no more dangerous literary symptom than a temptation to write about wit and humour. It indicates a total loss of both’.⁹ Despite their warnings, it is important for my argument to attempt an analysis of this genre.

Comedy is important but clearly subjective. Scholars have tried to tie it down and make it quantifiable. At one point, researchers attempted to give jokes a rating ‘via a 7-point Likert scale ranging from not at all funny (= 1) to extremely funny (= 7)’.¹⁰ However this has proven unreliable as “‘funniness” ratings typically are prone to produce skewed distributions’. This is because many ‘individuals do find a given stimulus not funny, and typically there are always individuals finding the poorest joke maximally funny’.¹¹ In other words, humans both agree and disagree about what is funny, and even when researchers attempt to collate responses into data, they find that the responses themselves are subject to so many variables that the data is unreliable.

Since there is no metric to measure the hilarity of my chosen texts, I will not be presenting quantitative measurable reception of the humour. As I have stated, my goal for this thesis is to identify what within my chosen texts demonstrates successful communication of the reality of pain that leads to connection. I am particularly focusing on how writers address the issue of belonging for those who find themselves on the margins of society. For this chapter, I will focus on whether the reality of pain and isolation can be communicated with

⁸ Quoted in: Alleen Nilsen and Don Nilsen, ‘Literature and Humor’, in *The Primer of Humour Research*, ed. by Victor Raskin (Boston, De Gruyter, Inc., 2008), pp. 243-80, ProQuest Ebook Central <<http://ebookcentral.proquest.com/lib/waikato/detail.action?docID=370770>> [accessed 1 April 2021] (p. 243).

⁹ Quoted in: Alleen Nilsen and Don Nilsen, ‘Literature and Humor’, p. 243.

¹⁰ Willibald Ruch, ‘Psychology of Humor’, in *The Primer of Humor Research*, ed. by Raskin, pp. 17-100 (p. 20).

¹¹ Ruch, p. 20.

comedy. My evidence will largely be based on my own experience and on anecdotal evidence from reviews and online comments.

Many have tried to understand the workings of jokes and comedy. Much of the first discussions of the “how” of comedy came under the study of philosophy, and later psychology. While there are some more elaborate concepts which expand on these core theories,¹² for my purposes, we can rely on the simplest, most researched, and longest lasting theories: the theories of Superiority, Incongruity, and Relief.

Superiority is the earliest theory of comedy, with discussions appearing within both Hebrew and Christian Bibles and also in the writings of Plato and Aristotle.¹³ Both the Bible and the philosophers relegate comedy to a fairly lowly position. Aristotle calls ‘people like satirists and writers of comedy [...] evil speakers and tell-tales’.¹⁴ This ‘dour’ view of humour was the birth of the Superiority Theory and continues through the 20th century via the arguments of Hegel and then later Henri Bergson.¹⁵ These early superiority theories can be collated as follows: ‘Laughter is thought to result from a sense of superiority derived from the disparagement of another person or of one’s own past blunders or foolishness.’¹⁶ Basically, we laugh at other’s misfortune or stupidity, or our own, to gain or project a sense of superiority. Even if we are laughing at ourselves, we are laughing at our past-self and this present-self knows better and is superior to that past silly-self. This theory encompasses derogatory jokes (i.e., racist, sexist, or ableist), self-deprecatory humour, and satire. However, satire reverses the roles, making those in power the butt of the joke. Jokes that met parameters of early superiority definitions were often directed at the weak.

¹² Rod A. Martin and Thomas Ford, *The Psychology of Humor: An Integrative Approach*, (San Diego: Elsevier Science & Technology, 2018), p.71, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=5457186>> [accessed 4 August 2021].

¹³ John Morreall, ‘Philosophy and Religion’, *The Primer of Humor Research*, ed. by Raskin, pp. 211-42 (pp. 213-14).

¹⁴ Amy Carrell, ‘Historical views of Humor’, *The Primer of Humor Research*, ed. by Raskin, pp. 303-32 (p. 307).

¹⁵ Carrell, p. 307.

¹⁶ Ruch, p. 30.

Incongruity and Relief Theories emerged along with a less judgmental view of comedy. Immanuel Kant offers a very early definition of incongruity:

In everything that is to excite a lively convulsive laugh there must be something absurd (in which the Understanding, therefore, can find no satisfaction). *Laughter is an affection arising from the sudden transformation of a strained expectation into nothing.*

This transformation, which is certainly not enjoyable by the Understanding, yet indirectly gives it very active enjoyment for a moment.¹⁷

Many other theorists and philosophers have discussed it since, but essentially, Incongruity Theory is interested in the cognitive functions involved in finding a joke funny. Martin and Ford explain that the theory ‘focus[es] on how people cognitively process a stimulus or event, identifying the structural qualities of a stimulus or an event that are necessary for one to perceive it as funny’.¹⁸ When the joke disrupts our expectations and requires us to adjust our perceptions or even revisit the elements of the joke in order to understand, we get enjoyment and often laugh.¹⁹ It can be even further simplified: Two things that don’t belong are pushed together to create a humorous picture.

Relief Theory postulates that laughter is a way of relieving tension. Herbert Spencer and later Freud were the most influential in developing this theory, which has two components. The first is that laughter is the release of pent-up energy in the body. For instance, a child cooped up inside all day may release the ‘nervous energy’ through ‘horseplay, buffoonery, and laughter’.²⁰ Freud also thought laughter released the pent-up energy that we acquired from suppressing our sexual and aggressive tendencies. He was so

¹⁷ Immanuel Kant, *The Critique of Judgement*, Project Gutenberg, <https://www.gutenberg.org/files/48433/48433-h/48433-h.htm#FNanchor_95> [accessed 1 April 2021], p. 224. Italics and capitals in original.

¹⁸ Martin, and Ford, p. 55.

¹⁹ Ruch, p. 26.

²⁰ Morreall, ‘Philosophy and Religion’, p. 222.

sure of this that he argued the two major categories of jokes are sexual or violent.²¹ This is not quite exhaustive enough for my purposes. However, Freud's discussion allowed for the theory to expand in that the tension and release can come from the joke itself. Tension is built as we may have concern for the character in the story, and release is delivered with the punchline.²²

This brief history sets the ground for my own interest in the social aspects of joke formation and the potential for humour to represent issues of marginalization. The psychological and sociological implications of comedy are most useful for my discussion of the importance of connection and belonging.

It's Just a Joke: The Power of Comedy

The joke, its telling and reception, is a sort of microcosm of the way society constructs itself. It is a useful tool to see how belonging and shame work together to create groups and a sense of belonging or isolation. Mike Billig takes great care in unpacking jokes that stereotype and jokes that are offensive. Having a "sense of humour" is seen as a mark of being a well-adjusted human.²³ Not "getting the joke" is a very quick way to find oneself on the outside of any group. This explains why derogatory jokes continue to linger in a society that seems to be engaging in serious discourse about equality: social etiquette compels someone to laugh even if they find a racist, sexist, or ableist joke offensive. It requires courage to sit in a group and challenge bigoted jokes. Confronting the offending comic, within a group one has gained a sense of belonging from, is risky. But this same mechanism can be positive too. Joking amongst friends creates a sense of connection and intimacy. Freud argues that a joke 'will

²¹ Morreall, 'Philosophy and Religion', p. 223.

²² Morreall, 'Philosophy and Religion', p. 223.

²³ Mike Billig, 'Comic Racism and Violence', *Beyond a Joke: The Limits of Humour*, ed. Sharon Lockyer and Michael Pickering (New York: Palgrave Macmillan, 2005), pp. 25-44 (p. 25).

further bribe the hearer with its yield of pleasure into taking sides with us'.²⁴ Gary Fin and Christine Wood argue that '[a]lthough humor might be seen as of trivial import in the establishment of ongoing social relations, joking cements the social order both within and between communities'.²⁵ They outline how jokes are important for the cohesive nature of groups that foster belonging. 'Joking – and often the jokes themselves – [...] assumes a target [audience] with a set of common moral perspectives and, as such, constitutes markers of belonging and exclusion.'²⁶ John Morreall argues that comedy is the sign of a healthy relationship, and if there has been offence, humour's re-emergence is a sign that 'we have forgiven and forgotten'.²⁷ And even when there is distance, for instance with one-way comedy via TV or a stand-up show, a sense of belonging can be crucial to the success of the comedy. The act of watching the show as a group has a solidifying effect for the duration of the show.²⁸

While the *effects* and *construction* of comedy are taken very seriously within psychology and sociology as I have shown, many theorists assume a lack of seriousness within the *content* of comedy—and so I must consider if it is up to the task of articulating realities of chronic pain. Jonathan Wild articulates long-held beliefs about the lack of seriousness of comedy:

Tragedy is conventionally associated with portraying some of the most significant experiences of our lives, and it explores how we might cope with these [...]. In contrast

²⁴ Sigmund Freud, *Jokes and their Relation to the Unconscious* (London: Routledge & Kegan Paul Ltd. Broadway House, 1960), p. 103.

²⁵ Gary Alan Fine and Christine Wood. 'Accounting for Jokes: Jocular Performance in a Critical Age.' *Western Folklore*, 69.3 (2010), 299-321 <<https://www-proquest-com.ezproxy.waikato.ac.nz/docview/822764472?pq-origsite=primo>> [accessed, 1 April. 2021] (p. 302).

²⁶ Fine and Wood, p. 302.

²⁷ John Morreall, 'Humor and the Conduct of Politics', *Beyond a Joke*, ed. by Lockyer and Pickering, pp. 63-78 (p. 74).

²⁸ Rebecca Krefting, *All Joking Aside: American Humor and Its Discontents* (Johns Hopkins University Press, 2014), p. 123, ProQuest Ebook Central <<http://ebookcentral.proquest.com/lib/waikato/detail.action?docID=3318835>> [accessed 3 April 2021].

with the solemnity of this task, comedy appears designed simply to amuse us and take us out of ourselves for a brief period.²⁹

Comedy has the label of being a diversion from life rather than a tool to express or represent difficulties in life.

John Morreall agrees that the label exists, but it may be false advertising: ‘Comedy is often counted as “light” and inconsequential, while tragedy is thought “heavy” and important.’³⁰ Morreall, however, thinks this is perhaps an underreading of comedy. He argues that tragedy offers an exploration of emotional responses to problems led by the limbic system causing ““fight or flight”” responses. ‘We don’t think carefully, critically, or imaginatively: we may not think at all.’ Meanwhile comedy offers multiple solutions powered by ‘imagination’:³¹

Tragic heroes are role models for the mental rigidity of emotions. They often face problems with simplistic, standard conceptual schemes that divide the world into good and bad, honorable and dishonorable, etc. Sophocles’ *Antigone*, for instance, thinks that she must either obey Creon’s order not to bury her brother, and thereby dishonor her family – or bury her brother, and be executed as a traitor. But any comedy writer would tell you that’s a false dilemma. In the same predicament, Lucille Ball would get someone else to remove the body at night, or stage a chariot crash as a diversion, snatching the body away in the confusion. The world of tragedy is full of problems that would be quickly solved in comedy, with a little imagination.³²

²⁹ Jonathan Wild, ‘Comedy’, in *The Edinburgh Introduction to Studying English Literature*, ed. by Dermot Cavanagh and others (Edinburgh: Edinburgh University Press, 2014) pp. 189-198, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=564497>> [accessed 4 July 2019] (p. 189).

³⁰ John Morreall, *Comic Relief: A Comprehensive Philosophy of Humor* (John Wiley & Sons, Incorporated, 2009), p. 75, ProQuest Ebook Central <<http://ebookcentral.proquest.com/lib/waikato/detail.action?docID=470660>> [accessed 1 April 2021].

³¹ Morreall, *Comic Relief*, p.79.

³² Morreall, *Comic Relief*, p.79.

In other words, the very horrific, fearful nature of a tragic predicament renders the characters doomed and helpless. However, a comedic approach to a serious problem may hold the answer to that problem. Before Morreall continues with his argument, he makes the disclaimer that he is mainly focusing on ‘dramatic comedy’ but believes his analysis can ‘apply to other kinds of created humor as well’.³³ This situates comedy very well for dealing with something as devastating as chronic pain.

Others, however, insist that, when dealing with important issues that are intertwined with labels of “other” such as race, sexual orientation, gender, illness, and disability, the very nature of comedy undermines any real attempt at connection that could have the power to overcome stereotypes and unite readers and audiences towards equality. Rebecca Krefting notes that ‘Privileging humor as vehicle for serious critique runs the risk of undermining the importance of human rights issues’.³⁴ This is a dire warning of how humour, rather than promoting equality, may actually have the effect of isolating the marginalized even further.

The two texts I have chosen to focus on in this chapter experiment with these two points of view. I start with the argument that comedy does not have any real power to discuss pain. Hannah Gadsby’s *Nanette* is revolutionary for its style, and it takes issue with the potential toxicity of funny stories. However, humour—and comedy writing in particular—is not something I can disregard altogether, any more than I can cut out my lungs and keep breathing. Jenny Lawson’s blog and books, *Let’s Pretend this Never Happened* and *Furiously Happy*, provide an example of how we might resurrect comedy from the ashes of the form that Gadsby burns to the ground.

³³ Morreall, *Comic Relief*, p. 75.

³⁴ Rebecca Krefting, ‘Hannah Gadsby: On the Limits of Satire’, *Studies in American Humor*, 5.1 (2019), 93–102 <doi:10.5325/studamerhumor.5.1.0093> (p.1).

Whose Story is it Anyway?

Scholars have long been studying the voices dominating the arts.³⁵ As is well known, most platforms are dominated by ‘white middleclass, male’ voices which leads to the question many are asking today: ‘whose stories get told and who is telling them, and in what manner’?³⁶ This disparity in representation is still present within the art of stand-up comedy.³⁷ However, the (mainly) men who are credited with the inception of stand-up, as we see it today, were themselves a part of a marginalized group. In 1960s America, Jewish heterosexual men found a voice in stand-up and their work laid the foundation for ‘[s]tand-up as it is practiced today’.³⁸ *Time* magazine’s 1978 study found that in the 1970s while only 3% of the American population was Jewish, 80% of ‘professional comedians [were] Jewish’.³⁹ These trailblazers paved ‘the way for the rise of identity politics to be acted out by “abject subjects” (such as Richard Pryor; Ellen DeGeneres)’.⁴⁰ While there is still (as in most areas of society) inequality, the nature of stand-up (open mic nights and local comedy scenes which do not require agents or celebrity status) lends itself to include all types of voices. Sascha Cohen collates many scholars who discuss comedy’s role in society and point to this fact: it is this particular art form that gives the marginalized a platform (even if it is a small one) and allows them to speak truth to power and to challenge problematic societal norms. Its main weapon is satire.⁴¹ This is encouraging, as this is what representation endeavours to achieve.

³⁵ Daniel R. Smith, *Comedy and Critique: Stand-up Comedy and the Professional Ethos of Laughter* (Bristol: Bristol University Press, 2018), p. 81, JSTOR <www.jstor.org/stable/j.ctv56fgq1> [accessed 4 August 2021].

³⁶ Smith, p. 81.

³⁷ Smith, p. 83.

³⁸ Smith, p. 86.

³⁹ ‘Behavior: Analyzing Jewish Comics: It’s Just that it Hurts Less When You Laugh’, *Time*, 2 October 1978, <<http://content.time.com/time/subscriber/article/0,33009,948701-1,00.html>> [accessed 14 July 2021]

⁴⁰ Smith, pp. 87-88.

⁴¹ Sascha Cohen, ‘How the Marginalized Invented Politically Incorrect Comedy’, *Zócalo*, 19 September 2016, <<https://www.zocalopublicsquare.org/2016/09/19/marginalized-invented-offensive-comedy/ideas/nexus/>> [accessed 29 August 2019].

However, the open mic, while increasingly used by marginalised people, is rarely handed to those with disabilities, and they are still a minority.⁴²

So, who is allowed to make jokes about a particular race, gender, or ability? Anyone. The nature of stand-up allows for it—except that the audience begins to be important here. If the comic has a more popular following, their use of derogatory jokes may cause controversy. However, the controversy does not necessarily lead to the banishment of bigoted jokes. Instead, the argument of the offending party is usually either an alarmed cry of censorship, or the ever useful “only joking” defence.⁴³ These catch-all arguments continue to chip away at any progress made toward a more humane future in comedy.

However, when a comedian is within the marginalized group, a much more encouraging phenomenon occurs. Rod Martin and Thomas Ford argue that

Members of oppressed groups “appropriate” disparagement humor in service of a number of positive intergroup functions: to dissociate the in-group from the derogatory content of the humor, to affirm in-group pride or solidarity, to take a critical stance against the usual derogatory uses of stereotypes and slurs, and to remind people of the status quo of inequality and discrimination.⁴⁴

One of the people to follow in the footsteps of the original cast of stand-up comedians and to take on this form of humour is Hannah Gadsby. Marginalized most of her life due to her sexuality, many argue she has revolutionized stand-up comedy with *Nanette*.⁴⁵ I agree, although I do not think she has only revolutionized comedy but also the concept of connection through art. While her marginalization and her story are at different intersections

⁴² Martin Phillips, ‘Why comedy Isn’t too Disabled Friendly’, *The Mighty*, 31 December 2020, <<https://themighty.com/2020/12/comedy-disabled-friendly/>> [accessed 8 September 2021].

⁴³ Raúl Pérez & Viveca S. Greene, ‘Debating Rape Jokes vs. Rape Culture: Framing and Counter-Framing Misogynistic Comedy’, *Social Semiotics*, 26.3 (2016), pp. 265-282 <<https://doi-org.ezproxy.waikato.ac.nz/10.1080/10350330.2015.1134823>>. For more on this see: Michael Billig, *Laughter and Ridicule: Towards a Social Critique of Humour*; Sharon Lockyer and Michael Pickering, *Beyond a Joke: The Limits of Humor*.

⁴⁴ Martin and Ford, pp. 278-9.

⁴⁵ Gadsby, *Nanette*.

to those suffering from chronic invisible pain, and I do not want to minimize either groups' struggle by any sort of comparison, her discussion of comedy is important for my purposes.

Shannon Keating articulates the importance of Gadsby's work:

But how does one strike a balance between owning and amplifying the things that make us different—which can connect us to others who share that same difference, an assurance that we're not alone—and getting stuck in what's effectively a minority ghetto, gay or otherwise? Anyone who, as Gadsby says, "exists on the margins" is stuck on that ever-wobbling balance beam.⁴⁶

Gadsby's Netflix special *Nanette* provides a much-needed lens through which to analyse whether comedic writing has a place in narratives about chronic illness. Her perspective is vital when considering the implications of representation of marginalized groups.

Breaking Barriers and Taking Names: Hannah Gadsby Changes the Game

Gadsby spent a year touring with this very risky show before the special was filmed at the Sydney Opera House. It is risky because it is not strictly adhering to the genre of stand-up comedy. She spends the first half of the show wearing the comedy mask. The jokes here contain the legacy from much of her work since the start of her career. Her early work attempted to do what Martin and Ford described: 'to affirm in-group pride or solidarity, [and] to take a critical stance against the usual derogatory uses of stereotypes and slurs'.⁴⁷ In *Nanette*'s opening minutes, Gadsby describes her previous work. She says her shows contained 'nothing but lesbian content, wall to wall. My first ever show was classic new-gay comic 101. [...] I told lots of cool jokes about homophobia, really solved that problem,

⁴⁶ Shannon Keating, 'Hannah Gadsby Refuses to Make Lesbianism The Butt Of The Joke', *Buzz feed News.com*, 7 July 2018, <buzzfeednews.com/article/shannonkeating/nanette-hannah-gadsby-netflix-special> [accessed 29 August 2019].

⁴⁷ Martin and Ford, p. 279.

[audience laughter] tick.’⁴⁸ This ironic joke gives the first hint that Gadsby may be rethinking whether comedy is the best form of art to take on such an important issue. But the audience is left unsure. This is because she does not shy away from difficult issues, crafting many funny stories representing ‘others who share [her] same difference’.⁴⁹ For instance, she takes on gender identity and marginalization with witty precision, arguing that a man wearing a dress is not as ridiculous as putting ‘pink headbands on a bald babies’.⁵⁰ She calls people who do this ‘gender-normals’ and says we are ‘a bit weird’. She asks, ‘would you put a bangle on a potato?’. This incongruous picture causes us to revisit the more common picture of a bejewelled baby and reframe it as ridiculous. She says, ‘I don’t assume bald babies are boys, I assume they’re angry feminists and I treat them with respect’.⁵¹ This joke exemplifies the potential uses of humour as social critique—to ‘remind people of the status quo of inequality and discrimination’.⁵² Why do the current social constructs allow us to think that it is acceptable to force babies into parodic gendered positions, but the same constructed culture says the clothes a person *chooses* are *incorrect*? The joke’s timing is perfect, and her delivery is flawless. The audience laughs at a construct they may actually be a part of perpetuating. As James Caron argues, ‘Satire entails an act of judgment based on an implicit or explicit (moral) value often made with an intent to reform or change the comic butt (target) of a ridiculing presentation’.⁵³ Gadsby makes those who take gender identity as a rigid binary the butt of the joke. And the satirical structure requires introspection about the nature of constructed ideals of gender. As Krefting suggests: ‘[I]mplicit here is the niggling suggestion that if I do not find this funny, I may not belong; in other words, I risk being an outsider.’⁵⁴

⁴⁸ Gadsby, *Nanette*.

⁴⁹ Keating.

⁵⁰ Gadsby, *Nanette*.

⁵¹ Gadsby, *Nanette*.

⁵² Martin and Ford, p. 279.

⁵³ James E. Caron, ‘The Quantum Paradox of Truthiness’, *Studies in American Humor*, 2.2 (2016), 153-181 <doi: 10.5325/studamerhumor.2.2.0153> (p. 156).

⁵⁴ Krefting, p.123.

Our need for belonging here has the potential to shift us into more inclusive thinking. And the nature of the show means there is safety for this introspection. We are not exposed if we hold these beliefs: instead, we are able to laugh with the group laughing collectively at the joke. This allows us to maintain a sense of belonging. Therefore, the exposure of the bias is internal and does not cause shame that leads to isolation. Rather it offers a potential for the adjustment of thinking within this relatively safe environment. So far Gadsby's show seems to be proving that satire has the power to critique constructed ideals of "normal" and has the potential to incite change.

Gadsby continues to use satire with expert acerbic criticism—especially of patriarchal power. She tells several stories about people in 'customer service' making the error of assuming she is a man based on her appearance. They sometimes apologize profusely, to which she says,

Don't apologize, [...] I enjoyed it [...] I love being mistaken for a man because, just for a few moments, life gets a hell of a lot easier. I'm top-shelf normal; king of the humans; I'm a straight white man. I'm about to get great service for no fucking effort!⁵⁵

It is easy to see the comedic techniques on display here. First there is tension as she describes the embarrassment of the person mistaking her for a man. Most people can identify with making, if not the same, a similar mistake. Our assumptions about people have put, I'm sure, most of us in an embarrassing situation at one time or another. So, the tension is in the memory of this embarrassment and 'concern for the character'.⁵⁶ Both characters, at this point, hold our empathy: we identify with the shame of the person making the error and Gadsby for being misgendered. Then there is the incongruity of Gadsby's response. 'Don't apologize, [...] I enjoyed it!'⁵⁷ This relieves the tension that grew for both characters, but it

⁵⁵ Gadsby, *Nanette*.

⁵⁶ Morreall, 'Philosophy and Religion' p. 223.

⁵⁷ Gadsby, *Nanette*.

creates a new incongruous tension. This is a form of literary tension—the kind that pulls us forward. We want to hear what happens next: Why would she love being mistaken for a man, especially since she has spent a significant portion of the show, up until this point, taking issue with men and their privilege? We begin the cognitive function of unpacking our upended expectations. She finishes the joke with a satirical takedown of straight white men—bringing the joke full circle into resolution of tension with the audience laughing at this powerful group. Her writing and timing of delivery are flawless, and the audience responds with the one metric that can accurately measure comedy’s success: laughter.

However, this is not a typical comedy act. About twenty minutes into the show, Gadsby says she is quitting comedy, even turning this into a joke: ‘Probably not the best venue for it, but I am.’⁵⁸ She says she must quit comedy because it is harmful to her and to the other marginalized people she represents. Gadsby says most of her career has been using ‘self-deprecating humour’, and this ‘became a very important touchstone for the show’.⁵⁹ She asks,

Do you understand what self-deprecation means when it comes from somebody who already exists in the margins? It’s not humility, it’s humiliation. I put myself down in order to speak, in order to seek permission to speak.⁶⁰

Proponents of self-deprecation in stand-up argue that it has an important job to do. Daniel Smith shows that stand-up comedy as an artform gets its power by ‘launch[ing] a critique at “straight” society’s conventions wholesale. [...S]tand-up begins with idiosyncrasies of self which are projected onto society only to return to oneself.’⁶¹ Smith uses the term “straight” to encompass all people who come closest to conforming to societal constructions of “normal”. In other words, the comic makes a joke about how society is constructed to reject them, and

⁵⁸ Gadsby, *Nanette*.

⁵⁹ Hannah Gadsby, “Nanette Isn’t a Comedy Show. It’s a Sledgehammer”, *Elle*, 26 July 2018, <www.elle.com/culture/movies-tv/a22564399/hannah-gadsby-nanette-netflix>.

⁶⁰ Gadsby, *Nanette*.

⁶¹ Smith, p. 88.

rejection becomes the absurdity and society improves. However, as Joanna Gilbert contends, this requires the audience to engage in ‘closer scrutiny [to reveal...] what all marginal humor accomplishes—they call cultural values into question by lampooning them’.⁶² And as Rebecca Krefting argues, it ‘requires a basic knowledge of how society conditions us to prioritize and cite certain identities as seminal to our sense of self’.⁶³ In other words, for this comedy to actually cause introspection and change, the audience must be aware of the social constructs, otherwise the marginalized comic ‘remains the butt and buffoon of her own routines’.⁶⁴

Indeed, Gadsby says, ‘The world shits on me enough as a fat queer woman from a low socio-economic background. I’ve got nothing. If I’m not going to speak up for myself, nobody will.’⁶⁵ Contemporary discussions about the role of self-deprecating humour in social change agree. Its effectiveness may not be what we would like it to be. Instead of making those in power feel “other” and question their behaviour, it reinforces the stereotypes. It keeps Gadsby, and others like her, in the margins ‘repackag[ing] memories of trauma for the sake of straight people’s comfort’.⁶⁶ Rebecca Krefting says its playful humorous nature undercuts ‘the gravity of the issues raised’.⁶⁷ And Danielle Russell argues it reinforces problematic stereotypes:

⁶² Joanne R. Gilbert, ‘Performing marginality: Comedy, Identity, and Cultural Critique’, *Text and Performance Quarterly*, 17.4, (1997), 317-330, <10.1080/10462939709366196> (p. 319).

⁶³ Krefting, ‘On the limits of Satire’, p. 96.

⁶⁴ Mary Luckhurst, ‘Hannah Gadsby: Celebrity Stand-up, Trauma, and the Meta-Theatrics of Persona Construction’, *Persona Studies*, 5.2, (2019) 53-66 <<https://search.informit.org.ezproxy.waikato.ac.nz/doi/10.3316/informit.003148990769088>> (p. 63.).

⁶⁵ Gadsby, *Elle*.

⁶⁶ Keating.

⁶⁷ Rebecca Krefting, ‘Hannah Gadsby: On the Limits of Satire’, *Studies in American Humor*, 5.1 (2019), 93–102. EBSCOhost, <doi:10.5325/studamerhumor.5.1.0093> (p.98).

Self-deprecation can be construed as a form of self-censorship. Satire is directed towards the self rather than confronting external targets. In a sense, it is a form of accommodation – accommodating the perceptions of others.⁶⁸

This is Gadsby's problem with comedy. Even though she has the mic and what looks like power, she is still in a position where she must accommodate for the discomfort and tension her identity brings to the structures of the culture she is meant to belong to.

Gadsby says she is quitting comedy because she cannot keep defusing tension:

A joke needs two things: a set-up and a punchline [...] I make you all feel tense and then I make you laugh. [...] I have been learning the art of tension diffusion since I was a children. [sic] Back then it wasn't a job [...] it was a survival tactic. I didn't have to invent the tension. I was the tension. I'm tired of tension. Tension is making me sick.⁶⁹

Gadsby is speaking about growing up gay in a place and time where it was a criminal offence. While it is important not to compare my feelings of marginalization to hers, because of the privilege my society affords me for performing my sexuality and femininity "correctly", I could not help but feel "seen" in her description.

The very existence of the chronically ill brings tension. As I have already discussed, women who suffer from chronic pain are acutely aware of the potential tension they bring to relationships, social structures, and just conversations in general. We hold the tension within us, calculating how much to let out, if any, in the name of connection. What Gadsby is rejecting about comedy is the marginalized person's responsibility to let everyone else 'off the hook'.⁷⁰ She can't tell the whole story because the whole story isn't funny. Gadsby says that is what makes comedy toxic. It leaves her re-experiencing trauma while allowing the

⁶⁸ Danielle Russell, 'Self-deprecatory Humour and the Female Comic: Self-destruction or Comedic Construction?' *Third Space*, 2.1 (2002)
<https://journals.sfu.ca/thirdspace/index.php/journal/article/view/d_russell/68> [accessed, 2 April 2021], (para. 6).

⁶⁹ Gadsby, *Nanette*.

⁷⁰ Gadsby, *Nanette*.

audience to never know the extent of how bad it is. Humour protects the audience from the reality of the life of the marginalized. I noticed this in my own writing about my illness. I could sense the tension building. My empathy anticipated a reader's perspective that, if I continued along the trajectory of a particularly honest piece, it would be too much, and I would lose them. I worried I would sound whiny; or that they would assume I was exaggerating; or that my pain would be discredited because someone somewhere has it worse. So, I would defuse that tension with a comedic line or redirect the whole piece away from my pain.

About two thirds into the Netflix special, Gadsby's show takes a sharp turn away from humour. Near the beginning, she tells a joke about being mistaken for a man and accused of flirting with someone's girlfriend. The man shoves her and yells at her until he realizes she is a woman. He apologizes and says, 'I don't hit women. I thought you were a faggot trying to crack on to my girlfriend'.⁷¹ The audience laughs at this first joke—he doesn't seem to realize a gay man wouldn't hit on his girlfriend—and then she delivers the joke's punchline: 'I do understand that I have a responsibility to lead people out of ignorance, [...] but I left him there, people. Safety first.'⁷² But now, in the latter half of the show, she delivers the real story. When it dawns on the man that she is in fact gay, he beats her savagely. 'And nobody helped [her].'⁷³ She lets this, and other true endings of stories, hang, saying, 'You need to learn what it feels like. This tension is what not-normals [sic] carry in them all of the time because it is dangerous to be different.'⁷⁴ The room is silent; her anger and pain hang in the air. Gadsby here lets the tension of being "other" sit over the audience. 'I am *incorrect*, and that is a punishable offence. And that tension? It's yours. I'm not helping

⁷¹ Gadsby, *Nanette*.

⁷² Gadsby, *Nanette*.

⁷³ Gadsby, *Nanette*.

⁷⁴ Gadsby, *Nanette*.

you anymore.’⁷⁵ While she cannot (and does not want to) make the audience experience her attack, she needs them to hold the tension in their bodies to understand what it feels like to be different in the society we have constructed. It is uncomfortable, tense, and at times terrifying. It is not only isolating to be different, but dangerous. She explains with horrific clarity what being different means. ‘I didn’t report [the assault] to the police and I didn’t take myself to hospital, and I should have. You know why I didn’t? Because I thought that was all I was worth.’⁷⁶ She spent her formative years ‘soaking in shame while others were raised to hate’.⁷⁷ With completely justified anger, she is not discussing marginalization as a concept or pointing out how funny ignorance is. She is looking at it with unblinking accusation. A society that is structured to make some people feel so wrong, so worthless, that they believe they deserve to be hit—and others who feel the need to solidify their “superior” status by administering the beatings—has something dangerously toxic in its foundation.

This is supposed to be satire’s place: to make those who hate others or think of themselves as “better than anyone else”, those who think there is no such thing as privilege, stop and think. It is meant to allow them to feel like the butt of the joke, and thus they have a potential, as James Caron says, to experience ‘a change in thinking, perception, or belief, even a repentance of the old way of thinking, perceiving, believing’.⁷⁸ However, critics of satire, including Gadsby, say it is not doing this job because it remains a joke, perfectly timed and written with the intention, as Rebecca Krefting says, to ‘elicit laughter. This imperative can function to undermine the seriousness of issues of inequality and undermine the legitimacy of the satirical critique.’⁷⁹ Writing comedy, like any other genre, is a craft. Its

⁷⁵ Gadsby, *Nanette*.

⁷⁶ Gadsby, *Nanette*.

⁷⁷ Gadsby, *Nanette*.

⁷⁸ Caron, p.156.

⁷⁹ Krefting, p. 98.

ultimate goal—to elicit a laugh—means that many of the important parts of the story are omitted.

In my own work, I became adept at writing not *about* my illness but *around* my illness. I focused with drawn-out detail on the difficulty in opening jars and the satanic construction of workout bras, while ignoring the fear that someday I might not even be able to dress myself since my illness is degenerative: I would include just enough articulation of the difficulty but not too much so that other “normal bodied” people could continue to see their own struggle in the entanglement of workout bras (this is not an exaggeration—they are made by sadists—nobody can master them). As I already said, I spent my childhood trying not to take up too much space. That tension was familiar, and I was good at carrying it. Once I began writing, I felt the need to tell my story, to connect; so, I reverted to my most comfortable voice: comedy. But Gadsby says,

[Comedy] is writing around the truth. We are relieving the tension for those who need to sit with the tension of what those of us who are “other” feel every day. We let you off the hook. You are free to encounter us and leave without connection, leaving us isolated and alone.⁸⁰

My attempts at writing about my illness were a circular, self-fulfilling prophesy of starting in isolation, trying to connect, and ending in more isolation. Even in writing the novel for this PhD, when I wrote a fragment about dating while ill, I originally left out the part where I did not fight back when I was sexually assaulted—because, first, I knew I couldn’t with my body already broken, but in reality, like Gadsby, that was all I thought I was worth. Like Gadsby, I didn’t report my assault to the police because I didn’t want to put myself in a situation where it would be my female story versus his male story. And, after all, as the society I see represented around me reminds me, I should feel grateful that *anyone* would want to touch a

⁸⁰ Gadsby, *Nanette*.

body as broken as mine. I have spent a lifetime reducing myself to smaller and smaller spaces and, finally, I decided that the ill body I bring to any relationship did not deserve anything better. While I wasn't assaulted because I was ill, I was so afraid of the prospect of needing help, or that I would get stuck somewhere and die alone, that I was willing to ignore my intuition and date someone I sensed was unsafe. This is the problem Gadsby is trying to articulate. When those of us who live life on the margins continue to make ourselves the punchline, continue to hide the parts of us that don't fit in our constructed society, when we continue to make everyone else feel comfortable with our pain, we are reinforcing to ourselves and to everyone else the socially constructed ideas 'about the world and [our] place in it: [We] have none'.⁸¹ We have no voice. We don't own our bodies. And we are only allowed to tell the stories that make "normal people" feel comfortable. This is no longer acceptable for Gadsby. The solution, she says, is to tell the whole story.

Stories need three parts: a beginning, a middle and an end. Jokes need two parts: a beginning and a middle. What I had done in that comedy show about coming out was I froze an incredibly formative experience at its trauma point, and I sealed it off into jokes. [...] That joke version was not nearly sophisticated enough to help me undo the damage done to me in reality. Punchlines need trauma. Because punchlines need tension, and tension feeds trauma.⁸²

Gadsby is saying that comedy does not allow her to tell her full story and that telling her story is what brings healing. What is interesting for my purposes is that even this solution alienates women in chronic pain: our story has no end. We cannot finish it off, heal from the trauma of this pain, and leave it in the past. So where does that leave us? We are the tension in the room, and it is also our job to relieve it. It is our responsibility to try to not live fake lives, to

⁸¹ Gadsby, *Nanette*.

⁸² Gadsby, *Nanette*.

try to connect. But this means that we bring with us tension, and if it is too much and we don't relieve it, we are the ones left alone with the mic on stage in front of an empty auditorium. No one wants to hear our story. And yet this is how Gadsby says we heal:

'Laughter is not our medicine. Stories hold our cure.'⁸³

I think Gadsby is right: we have to tell the whole story. But I don't necessarily think we have to leave comedy behind to do it. At least this is my hope, because silencing my comedic voice would be an evisceration of a central part of my identity and just one more thing my illness has taken from me. While I have used it as a mask to protect myself, it also sustains me through some of the worst times in my life.

The Truth, the Whole Truth, and a Little More than the Truth: Jenny Lawson Tells it Like it is

I wonder if one possible solution is to use comedy to tell the whole story. Can we tell the whole truth and still make ourselves and others laugh? When wielded in the right hands, I think humour can connect, elicit laughter, and give permission to exist and take up necessary space like no other writing about pain can. Comedic blogger and memoirist, Jenny Lawson wields comedy with expert precision. She manages to represent the honest truth about chronic invisible pain, and she has not silenced her comedic voice to do it. I hope here to show how Lawson's comedy works without destroying it.

Lawson uses hyperbole, metaphor, and satire to express the reality of what it is like to live with a chronic illness. This allows her readers (like me) who identify with this to feel seen and allows readers with no experience to understand with the use of images and metaphor. She creates a vocabulary and voice for people who may not be able to articulate

⁸³ Gadsby, *Nanette*.

for themselves what living with chronic illness actually feels like. She also takes direct aim at those with the power in the relationships women in chronic pain must navigate: fraught relationships with doctors and other healthcare workers, but also those with healthy bodies.

Most of Lawson's satire is directed at various healthcare professionals, especially doctors: from the first terrifying days of her pain—when the diagnosis of her illness is unknown—to the pharmacists (real and self-proclaimed) and the often-ridiculous drugs she is asked to try, Lawson attempts to tell 'the whole story'⁸⁴ for which Gadsby advocates, while still using humour.

When Lawson experiences the first symptom of her chronic illness—a swollen, painful finger—she is understandably scared, because something is very wrong with her finger, but she has not injured it. She uses hyperbole to communicate just how scared she is:

A couple of years ago my finger swelled up like an enormous wiener. The kind you get at the ballpark that plumps when you cook it. Not the other kind. That would be weird. I don't even know why I am clarifying this. You know what? *Let's start again.* A couple of years ago my finger swelled up like an enormous vagina.

Kidding. It actually just swelled up like a giant swollen finger. It looked like I was wearing one of those "we're number one!" foam fingers, except I wasn't. Sometime during the night, I had been struck down with a case of lethal finger cancer. Victor [her husband] rolled his eyes and muttered that I was a hypochondriac, and I glared at him and rubbed my enormous finger down his cheek, whispering, "Thinner."

Then he made me go to the doctor. Alone. Because apparently he thinks I'm strong enough to handle a finger cancer diagnosis with absolutely no support. Or because he is emotionally shut down and didn't want to consider my own mortality. Or he

⁸⁴ Gadsby, *Nanette*.

just thought I'd just injured it again, like the time when our dog stabbed me with a chicken in the finger. Probably the last one.⁸⁵

In this opening scene, Lawson captures the panic that is associated with the initial appearance of any chronic illness: something is wrong, so wrong and weird that most of us assume it is cancer. First, we joke; we craft stories to remain calm; we think, *it is just this one finger* or *I'm just tired—everyone is tired*. But pain in the body signals a problem that requires attention and, for most of us, the story that pain tells in our heads leads to a tragic death especially when it does not go away. What is interesting is that Lawson makes a big deal about Victor sending her to the doctor alone. It is funny, as most of her writing about their relationship is, but it serves another purpose. No matter how scared we are of cancer, or that this new pain means certain death, we have hope that this a-little-bit scary story will end in a nice, preferably punch-line-worthy finale. So, we go to that first appointment alone, because we can, because it is probably nothing. How, then, has Lawson managed to capture the picture of pain, isolation, and fear? I suggest that it is the very fact that she uses humour. It is the comedic voice that allows her to capture the essence of the fear in this story. Comedy is uniquely suited to this because it is not restricted by the realistic prescriptions of other genres.

In his book *On Humor* Michael Mulkay spends some time unpacking 'serious discourse' in order to understand how humour works.⁸⁶ He argues, 'In the realm of serious discourse, it is assumed that each speaker will maintain a firm boundary between the real and unreal, but also that the boundaries of different speakers will coincide'.⁸⁷ In other words, in normal conversation, or a memoir, everyone agrees that we have a 'knowable-in-common world'.⁸⁸ Humour allows an author far more liberties when telling the story. Both the audience and the comedian agree to a suspension of disbelief. 'They temporarily inhabit, not

⁸⁵Jenny Lawson, p. 221.

⁸⁶ Michael Mulkay, *On Humor*, (Cambridge: Polity Press, 1988), p. 22.

⁸⁷ Mulkay, p. 23

⁸⁸ Mulkay, p.23

a single coherent world, but a world in which whatever is said and done necessarily has more than one meaning.⁸⁹ Lawson's readers know that her finger did not swell up to the 5 x 2 inches of a foam cheering finger, but we understand that it is a terrifying size. It is this hyperbole that actually allows her to tell the truth of the fear.

If she had tried to tell this story in a serious way: *My finger swelled to three times its normal size*—while still potentially worrying, it does not capture the way that pain comes with fear: fear that it will never end; fear that it will get worse and, of course, fear that it is signalling something far more serious, like cancer. As I have already discussed, comedy is often relegated to the role of 'mere entertainment'.⁹⁰ However, here Lawson has combined fear with laughter. This in and of itself is an incongruity. It doesn't mix. It is part of the joke. By doing this, there is a natural tension built as well, so we keep reading. She tries a couple of similes: 'It swelled up like a wiener'⁹¹; the reader asks, possibly cringing, *oh no which kind?* She answers, 'not that kind', creating a sense of belonging—because she has read our thoughts, we are part of the group that imagines 'that kind'. Finding her first simile 'weird' she reaches for another one. 'My finger swelled up like an enormous vagina.'⁹² This again makes the reader part of the group who no longer think that we need to use male genitalia to describe things. She shifts to a more feminist approach and tries to use vagina instead. This creates incongruity; the reach of this comparison does not work in imagery, but it is funny because she is trying for a more "equal opportunity" simile.

Not only does the humour itself allow for the suspension of disbelief, but Lawson herself closes down any discussion of needing to find the exact words to express what it is like to live in a body with chronic pain. The genius of Lawson's work is that she sets up, even

⁸⁹ Mulkay, p. 4.

⁹⁰ Wild, p. 189.

⁹¹ Jenny Lawson, p. 221.

⁹² Jenny Lawson, p. 221.

in the title of her memoir *Let's Pretend This Never Happened*, that it is 'mostly true'.⁹³ This gives her freedom from adhering to the exact words of a conversation and instead allows her to tell the truth of what it *felt* like to be in that conversation. After a lengthy humorous narrative detour (where she explains, because her editor demands an explanation, another finger story where she was stabbed by her dog with a chicken, further solidifying the absurdity of her life and the effect her antics have on Victor, and their dog for that matter), she resumes the diagnosis story 'alone' in the doctor's office with her 'enormous finger'.⁹⁴

I bravely hold out my swollen finger and the doctor looks at me condescendingly and says, "Oh. You got a boo-boo, huh?" Then I kicked him right in his junk. But only in my head because doctors are quick to file assault charges, because they can make up their own medical damages.⁹⁵

Lawson here simultaneously uses satire and hyperbole, communicating what it feels like to be patronized for your pain. Much anecdotal as well as research-based evidence suggests that Lawson's experience is the rule not the exception.⁹⁶ But she has the last word. She gives permission to call the patronizing behaviour out for what it is—a socially constructed power system in which the physician has all of the power and knowledge, and the patient must feel grateful for his time. He misdiagnoses her with a spider bite from a 'noxious spider that injects the eggs of her young with her venomous bite so that they can [...] feed on [her] finger flesh' and sends her home 'to die'.⁹⁷ As I discussed above, this is satire's role: '[It] sheds light on perceived societal wrongs; it is characterized by an attack—on wrongs and wrongdoers—and issues a clear judgment on the offending party.'⁹⁸ Or: it metaphorically

⁹³ Lawson.

⁹⁴ Lawson, p. 221.

⁹⁵ Lawson, p. 227.

⁹⁶ See: Werner, Ann and Kirsti Malterud, "'It is Hard Work Behaving as a Credible Patient: Encounters Between Women with Chronic Pain and Their Doctors', *Social Science & Medicine*, 57 (2003) 1409 – 1419; also: Nabel, E., 'Coronary Heart Disease in Women – An Ounce of Prevention', *New England Journal of Medicine*, 343.8 (2000), 572 – 574; also: Siobhan Fenton.

⁹⁷ Lawson, p. 228.

⁹⁸ Krefting, p. 96.

‘punches’ those in power ‘in [the] junk’.⁹⁹ The satire here exemplifies James Caron’s definition:

Satire is marked by a methodological paradox, one committed ethically to promote the process of social change, yet also committed comically to use the symbolic violence of ridicule and artful insult.¹⁰⁰

Lawson makes use of symbolic violence to promote change in the clearly sexist and inappropriate attitude of a person with power. The doctor has the power in the room and Lawson’s only voice is in retrospect in her book. While it does not even out the power discrepancy for Lawson, satire’s job is to change the overall milieu of the doctor’s office. It should make doctors stop and think before they dismiss the concerns of a grown woman who needs an accurate diagnosis, not a pat on the head. As I discussed earlier, this one satiric story might not have any effect on biased doctors—they will probably never read it. However, it does speak for the marginalized who can then see that this behaviour is unacceptable, and they do not have to endure it. They can switch doctors, or even, if they feel brave, speak up. This is what representation should do: show the reality of the situation and give permission to call it what it is: wrong and dangerous.

Lawson does indeed get a new doctor, enabling her to be diagnosed with rheumatoid arthritis, not a spider bite or a ‘boo-boo’.¹⁰¹ Many documented discussions with women suffering from chronic illness say that the actual diagnosis, no matter how devastating, brings some relief. Moss and Dyck explore this in their book *Women Body Illness*. They find ‘the diagnostic process [...] is a primary method of legitimating ill bodies’¹⁰²; when diagnosed, women in chronic pain no longer have to feel crazy (as many have been made to feel, especially by their physicians). Before diagnosis, these ‘women exist in a state of ceaseless

⁹⁹ Lawson, p. 227.

¹⁰⁰ Caron, p. 157.

¹⁰¹ Lawson, p. 227.

¹⁰² Moss and Dyck, p. 83.

instability poring over symptoms of illness and meanings of health hoping to restore a sense of coherence'.¹⁰³ After diagnosis, they have a name to put to it—something they can communicate when people ask why they can't participate in an event or need reduced work hours. It is more difficult for the illness to be 'dismissed and devalued by friends, family, co-workers, and medical practitioners'.¹⁰⁴ But Lawson explores how even a named diagnosis can make things worse. She has a problem with the name rheumatoid arthritis (as do I). This diagnosis, rather than clarifying, comes with a confusing narrative that only the old get it and that it only affects one or two joints. This, however, is osteoarthritis—still very painful, but not the same condition. Osteoarthritis is a degenerative condition often related to aging or repetitive work. Rheumatoid arthritis is systemic, an autoimmune disease, and can affect anyone at any age. It can affect multiple joints and organs and produces flu-like symptoms because your body's immune system is responding to a threat—the threat just happens to be you. The label feels very inadequate, as Lawson points out using the lens of comedy.

I've considered lobbying the medical field to rename rheumatoid arthritis something sexier, younger, and more exotic. Something like "The Midnight Death," or "Impending Vampirism." Or perhaps name it after someone famous. Like "Lou Gehrig's disease, part two: THE RECKONING." After all, rheumatoid arthritis is painful enough without the added embarrassment of sounding like something your nanna had, so it seems only fair that we should be able to tell people that we had to miss their party because of an unexpected flare-up of "Impending Vampirism".¹⁰⁵

Lawson here is skirting around Elaine Scarry's issue with the inability to communicate pain by using vivid hyperbolic detail. Lawson's memoir was released during a time when popular culture was particularly saturated with vampires, from the *Twilight* series to *Vampire Diaries*.

¹⁰³ Moss and Dyck, p. 84.

¹⁰⁴ Moss and Dyck, p. 85.

¹⁰⁵ Lawson, *Let's Pretend this Never Happened*, p. 229.

A common narrative was the extremely painful transition into immortality. Lawson situates the pain from RA not in the ethereal, affluent world of being a vampire, but in the ‘fire’ and ‘venom’¹⁰⁶ of the transition. She also manages to communicate the repetitive nature of the disease by saying that she will in the future have to use ‘Impending Vampirism’ as an excuse. Our disease leaves us in the perpetual not-quite-alive/not-yet-dead transition, but we do not wake up well, and we do not die. We are in constant transition to nowhere. And in addition to our illness, the limited words our culture’s language gives us serve to keep us and our stories in a liminal, undefinable space.

With her metaphor, Lawson encapsulates the truth that a label is not enough, and in fact, may make the experience of the illness worse. This feeling is shared by others who suffer from different chronic illnesses—for example, those unfortunate enough to be diagnosed with chronic fatigue syndrome before it was renamed ME. Many, while initially grateful to have a name, found that using it created more confusion than clarity. And for women suffering from ME, reactions to the disclosure of their illness are even ‘more dismissive than for women with RA’.¹⁰⁷ Women with chronic illness are often treated as ‘slackers’.¹⁰⁸ People often respond, ‘Well, we all have off days’.¹⁰⁹ Implied in this response is that ‘we all feel exhausted and overworked [but we don’t] coddle ourselves’.¹¹⁰ Lawson’s exaggeration gives voice to the frustration of trying to communicate and expresses through hyperbole what chronic illness feels like. This allows a sufferer to say, *that. That is exactly what it feels like*. It represents the invisible. Because of the suspension of disbelief that comes with the social contract of a joke, it allows for connection. Depending on which vampire they favour, it gives the reader an image of either Edward Cullen screaming in pain, or Jeremy

¹⁰⁶ Stephenie Meyer, *Twilight*, (New York: Little, Brown and Company, 2008), p. 454.

¹⁰⁷ Moss and Dyck, p. 142.

¹⁰⁸ Moss and Dyck, p. 94.

¹⁰⁹ Moss and Dyck, p. 142.

¹¹⁰ Wendell, p. 4.

Gilbert suffering actual death. This image facilitates communication of the life-altering pain chronic illness can bring while not pushing the reader or listener too far away. It no longer matters that the listener knows my disease involves my immune system attacking my body; it matters that they understand, and when I am having a bad day, they have a picture of my pain rather than an abstract idea. It can no longer be explained away as me just needing to coddle myself.

Again, what makes this all possible is the actual genre of comedy. Lawson's comedic voice cuts off (hopefully) any stupid retort like *oh it couldn't be "Impending Vampirism" that's a different disease* because there is no such disease. In our society, those who critique the facts of a joke are usually banished from whatever social group they belong to unless they learn to suspend disbelief. Also, using a hyperbolic-invented name circumvents any actual confusion when spitting out Latin medical jargon that often leads to misunderstanding, as her new label provides an easily recognisable image. In addition to this, its fantastical element helps to avoid silly comparisons to temporary and non-life-threatening pain, as Nina Poggione in *The Illumination* experiences when people assume her ailment is just a canker sore.

The success of the communication, of course, still relies on the reader or listener adhering to the social construct of a joke and not interjecting with actual solutions for healing our incurable diseases. However, when it comes to health, many people still feel the need to offer advice, whether your story is funny or serious.

Alongside scenes of alienation and disconnection, Lawson also manages to represent successful connections. This is because she has some pretty spectacular people she has let into her life and who have agreed to be part of her blog. The most notable is a fellow sufferer of RA, Nancy Kappes. She is a friend of Lawson's, and her emails appear in Lawson's blog. For a while, Lawson's readers wondered if Kappes was real. She seemed to be too funny to

be true. But as Lawson assures us, ‘Nancy W. Kappes (paralegal) is real and I have witnesses’.¹¹¹ Kappes warns Lawson of those potentially fraught interactions in one of the most supportive and entertaining responses to finding out Lawson has RA:

Sweetie, you CAN NOT tell me you have motherfucking rheumatoid arthritis!!!

NoNoNoNo! Baby, you are too young for that shit, and I know cause my mother got it when she was young and it’s just all fucked up. The prednisone works okay but it so fucks you up with the hair on your goddamned face and will make you look like the fat guy in the “Borat” movie and I am getting snot all over my fucking keyboard because I am crying so hard right now I cannot even see because THIS SHIT IS TOTALLY MOTHERFUCKING FUCKED!

You’re going to get all kinds of whacked-out people telling you to hell, I don’t know, wear a copper bracelet, eat hickory nuts, douche with cat pee, but fuck,

JJJJJJJEEEEENN. Here’s what NWK,P would do: remember the poster I had on my wall in high school of Janis Joplin in all her feathered, spangled glory saying, “DON’T TAKE NO SHIT FROM NOBODY; TELL ‘EM ALL TO FUCK OFF.” It has been my life’s motto and ya know what? it’s worked for me all these years.

Totally bringing the flamethrower to Our Lady of the Perpetual Mink,

Nancy W. Kappes

Paralegal¹¹²

I include the sign-off because it is hilarious. The most interesting part about this response is that Kappes has RA herself, and she doesn’t go into the details of the pain except to say that

¹¹¹ Jenny Lawson, ‘Nancy W. Kappes (paralegal) is real and I have witnesses’, <<https://thebloggess.com/2009/07/28/nancy-w-kappes-paralegal-is-real-and-i-have-witnesses/>> [accessed 21 August 2021].

¹¹² Jenny Lawson, ‘I think Nancy W. Kappes (paralegal) might be me writing to me from the future. I am totally going to fuck up the space/time continuum.’ <<https://thebloggess.com/2009/03/14/i-think-nancy-w-kappes-paralegal-might-be-me-writing-to-me-from-the-future-i-am-totally-going-to-fuck-up-the-spacetime-continuum/>> [accessed 14 August 2021].

the disease is ‘fucked up’. She spends the most time in her email to Lawson on how medication ‘fucks you up’ and then the rest of the time on preparing her for the ‘whacked-out’ people Lawson will now be encountering. This articulation of the social construction of illness and how it affects the chronically ill woman’s relationships with others is the most important thing Kappes thinks she needs to impart. It could be because there is not much point telling Lawson how much pain she will be in and how frightening it is—she won’t be able to control that. However, according to Nancy W. Kappes, Paralegal, what Lawson will be able to do is ‘take no shit from nobody; tell ‘em to fuck off’. It is ‘the one thing that has worked for her all these years’. As I have discussed, the social aspects of living with chronic illness are often very difficult. It is the repeated encounters with ‘whacked-out’ people who push us further into isolation. This can be devastating. The real problem is not ‘whacked out’ people, but “normal” people, who possibly were friends, suddenly feeling the need to explain why we are sick. They can offer terrible solutions so that they are, as Hannah Gadsby says, ‘free to encounter us and leave without connection, leaving us isolated and alone’.¹¹³ And it is not only that, but the unsolicited, usually bizarre, and possibly dangerous “advice” allows a simple explanation for our illness—if we do not take their advice, we clearly do not want to be well. This allows them to avoid the truth that very little about our lives or our bodies can be controlled. The chronically ill are a reminder that all bodies will eventually be disabled or die.¹¹⁴ This can be terrifying for the able-bodied, as a current (and very expensive) norm—central to identity—is one’s ability to control one’s bodily health. This fear-inducing encounter requires, of the able-bodied, either courage of connection or relegation of the non-ideal person to the category of “other”.

¹¹³ Gadsby, *Nanette*.

¹¹⁴ Wendell, p. 63.

I want to make a distinction here. There is a difference between a trusted friend who has come across a researched article and passes it on in the hope that one day you may be out of pain. This exchange is based on love and mutual trust and after they have already spent the time understanding what the disease actually is. It may still fill us with fear because hope for a cure and then the loss of it can bring its own pain. But even if it leads nowhere, the suggestion is about the person in pain, and the intention is kind. The response that makes Lawson (and the rest of us) angry, or isolated in order to avoid it, is the one that is ticking us off a proverbial list. Or the attempt to explain our pain away in order to avoid the confrontation with the reality of how fragile everyone's body is. Our pain is scary—we know, we live with it every day—but it cannot be dismissed, no matter how much a witness would like to. It can be difficult to hold the tension that our illness causes. But the problem with the exchange is: those who offer this unhelpful advice are releasing the tension for themselves—leaving the chronically ill disconnected and isolated. The venom in Kappes's expression here comes from the fact that those kinds of statements, while packaged in a way that seems benevolent, are really about the person who is healthy—and so are purely selfish.

What Kappes offers Lawson, and by extension the reader with chronic illness, is exemption from the shame that these encounters tend to produce. It could be argued that Kappes is such a great representation of witness to Lawson's suffering because she herself is chronically ill—Kappes is empathetic. This is probably true, but Lawson gives other examples. One of these is a colleague from work:

Me and my friend Kregg discussing how shitty rheumatoid arthritis is:

Kregg: So you still hurt? Can they just do like a total joint replacement?

Me: Exactly! Like on Wolverine where they replace all my bones with edamame.

Kregg: Uh...*adamantium*.

Me: What did I say?

Kregg: *Edamame*.

Me: Oh that wouldn't work. My entire skeletal system replaced with steamed soybeans? I'd be a giant puddle.

Kregg: But when you get angry edemame [sic] would shoot out of your fingers.

Delicious.

Me: And I'd totally eat them because I eat when I'm angry and the doctors would be all "Spit those beans out! You only get those! *They won't regenerate beans!*"

Kregg: Plus you'd probably have to be refrigerated.

Me: And I'd get all mad at the doctors for only giving me one set of soybeans and they'd be all "You're not like a plant, lady. You can't just *magically grow beans*. This is science...not *wizardry*."

Kregg: We live in primitive times, my friend.

Me: Fuck. I'm going to be doing **meth**¹¹⁵ forever. Or at least until science catches up with me.

Then we started talking about which piece of office furniture was heavy enough to break out my office window and one of us said something hysterical about snow or goblins or something. I wrote it down but it doesn't make any sense now. I'd probably remember it if I wasn't on so much meth. [...] Thanks, meth.¹¹⁶

First Kregg asks about her pain and then he just supports Lawson through her own personal way of dealing with her illness. He doesn't challenge the incongruity of the joke, but his clarification actually adds to the comedy, allowing for honest discourse about the shortcomings of healthcare in a humorous way. Lawson is able to discuss her frustration that there is nothing doctors can do, especially when our films and stories are constantly showing

¹¹⁵ She is not actually on 'meth' as in methamphetamine, but methotrexate, an immunosuppressive drug for RA. Bold in original.

¹¹⁶ Jenny Lawson, 'Wolverines are the new sasquatch', < <https://thebloggess.com/2009/03/10/wolverines-are-the-new-sasquatch/> > [accessed 27 February 2021]. Italics and bold in Original.

medical marvels like making a wolverine out of a man.¹¹⁷ Why can't some of that money and energy be directed our way? The joke about 'meth' is ongoing, creating the sense of belonging again that is so central to comedic stories. And the confusion provides her with limitless incongruities for comedic effect. What is great about this discussion is it shows, if done with care, that connection with the chronically ill won't actually take much time or effort, just a bit of intention.

Lawson offers language and hope to those of us suffering from chronic illness. She unpacks the craziness that we all feel. She gives us language for our pain and articulates that terrible space that the ill body occupies. We know, and sometimes feel grateful, that we don't have it as bad as others. We understand that a fairly healthy body experiencing a headache is totally disruptive to life—it is pain, and it is terrible. We empathize with that, and yet we sometimes feel our pain is the worst thing in the whole world. We understand that someone out there will be suffering even more than us. The chronically ill have to constantly hold in our bodies the fact that everyone suffers, and yet no one suffers quite like us. All suffering is unique. Lawson also speaks to those who suffer from other types of invisible pain:

Pain is real, whether it's from depression or anxiety or arthritis or one of the many invisible illnesses that don't easily show themselves but still exist and have to be treated, and – more importantly – have to be believed in order to be treated. You need to know that your struggle is a real one. You need to know that your fight is real and your survival is something to be proud of. Remember that you are needed. Remember that the things you say can affect those of us who fight. Remember that not all things are visible and provable. Love, faith, pain, anxiety, depression, compassion...these aren't always quantifiable. They aren't always measurable. They are often invisible. But they are real.

¹¹⁷ *X-Men Origins: Wolverine*, dir. by Gavin Hood (20th Century Fox, 2009) [on DVD].

And so are you.¹¹⁸

However, she does not let this knowledge discredit her own pain. Lawson says, ‘I know it could be worse and I’m sure it’ll be fine but I’m just really sick and tired of being sick and tired and of having my whole life revolve around not dying.’¹¹⁹ And for most of us this is the reality: in between cooking dinner and washing dishes and working and having relationships: death is tapping our shoulder. She articulates the terrifying and ridiculous nature of fighting our diseases with drugs that could kill us:

I’m dying. And *yes*, that’s a slight exaggeration but not by much because I’m taking this chemo drug for my rheumatoid arthritis and it’s making me throw up a lot and the outside of the bottle is all **“YOU’RE GOING TO FUCKING DIE”**.

Actual text meant to scare the shit out of you, I assume:

“Some side effects of methotrexate may cause death. You should only take methotrexate to treat life-threatening cancer, or certain other conditions that are very severe and that cannot be treated with other medications”

Which sounds ungood, right? But actually my arthritis has been in a remission for the last couple months so technically the worst part was just the treatment itself because it makes me throw up all the time. So last week I convinced my doctor to cut my 10 pill dose down to 8 pills which was awesome because I stopped throwing up but then I woke up this morning and I can barely walk. Awesome. And what really sucks is that **NO ONE EVEN KNOWS WHY THIS DRUG WORKS**. They’re guessing it **may** work because it fucks up your immune system and keeps cells from growing properly so your body attacks your immune system instead of your joints. Because who needs a working immune system when you have an autoimmune disease that makes

¹¹⁸ Jenny Lawson, ‘Just because you can’t see it, doesn’t mean it’s not real’, <<https://thebloggess.com/2015/10/30/just-because-you-cant-see-doesnt-mean-its-not-real/>> [accessed 27 February 2021].

¹¹⁹ Lawson, ‘Just because you can’t see it, doesn’t mean it’s not real’.

you so sick that your best option is to take a drug *that can kill you*? Basically it's like being stabbed in the neck to take your mind off your stubbed toe. And that's why today my feet feel like tiny zombies have been gnawing on them. [...] Moral: Rheumatoid arthritis is worse than being attacked by baby zombies. I think someone has said that before. Probably Hemingway.¹²⁰

By using absurd, inflated elements mixed with the actual truth from the warning label of her medication, she makes us laugh and she tells the whole story. This is what makes her writing create tension that keeps us reading, but the punchline, rather than 'letting [us] off the hook',¹²¹ connects readers to the reality of pain.

Occasionally Lawson drops all the humour and still manages to connect with her audience.

I'm at the final part of a severe rheumatoid arthritis flare-up. [...] When they hit it's simply a matter of surviving from day to day. That sounds ridiculous and overblown, since I at least know that eventually the pain will fade and I'll be able to get out of bed and not bite back screams. The first few days seem like they should be the worst since they're the most painful, and always end with a trip to the emergency room. The next few days it hurts less, but you're so brittle from a lack of sleep and unending pain that you still feel just as miserable. Your family members and friends understand and care, but after half a week of seeing you hobble around the house and crying in the bathroom even they can get worn out by it all. Then comes two days of fatigue so intense that you feel drugged. You want to get up and work and clean and smile, but you find yourself

¹²⁰ Jenny Lawson, 'I'm way too whiney to think of a witty title for this right now'.
<<https://thebloggess.com/2009/08/27/im-way-too-whiney-to-think-of-a-witty-title-for-this-right-now/>>
[accessed 27 February 2021].

¹²¹ Gadsby, *Nanette*.

falling asleep at your daughter's first play, and you have to leave to get back to bed while everyone else celebrates.

Life passes. Then comes the depression. The feeling that you'll never be right again.

The fear that these outbreaks will become more familiar, or worse, never go away.

You're so tired from fighting that you start to listen to all the little lies your brain tells you. The ones that say that you're a drain on your family. The ones that say that it's all in your head. The ones that say that if you were stronger or better this wouldn't be happening to you. The ones that say that there's a reason why your body is trying to kill you, and that you should just stop all the injections and steroids and drugs and therapies.¹²²

Lawson here uses the cadence and skill of her comedic voice and lays out the bare truth, no hyperbole, no metaphors, just the plain truth sprinkled with plain, strong adjectives like 'unending' and 'brittle'. She confronts the depression that hits in crushing blows and the way our illness 'wears out' even those who care about us and how this makes us confront why we are bothering to hang around. Maybe, as the common adage says, in "listening to our bodies" we should come to terms with the fact that our body may want to die, and we should just let it. I read through many of the responses to this blog post. Almost six hundred people responded with words of love (however, there are still a handful that offer advice). Lawson still connects without the humour. But her connection was already long established by the skill and honesty of her comedic voice.

So perhaps what makes this expression of pain in comedy work is in Lawson herself; she is light, and she is dark. One night, when she cannot sleep and is having a panic attack,

¹²² Jenny Lawson, 'Where I am sometimes', <<https://thebloggess.com/2011/08/20/where-i-am-sometimes/>> [accessed 27 February 2021].

and her hands and feet are swollen and painful—from RA (one heel is so swollen it has split open and is bleeding) it begins to snow. She decides to go for a walk.

It was freezing, but the cold effortlessly numbed my feet and aching hands. I walked quietly, barefoot to the end of the block, leaving my shoes behind to remind me how to find my way home. [...] As I turned and looked back toward the hotel I noticed my footprints leading out into the city were mismatched. One side was glistening, small and white. The other was misshapen from my limp and each heel was pooled with spots of bright red blood. It struck me as a metaphor for my life. One side light and magical. Always seeing the good. *Lucky*. The other side bloodied, stumbling. Never quite able to keep up. It was my life, there in white and red. And I was grateful for it.¹²³

Lawson paints her stories with all the colours, even the dark ones. She reminds us that we are grateful we are still alive but that it is OK to say *fuck* when our medication is trying to kill us. This is how we (slowly) change the constructions that alienate us—with accurate representation. This is also why I believe Gadsby's show had so much power; the connection that developed from her skilful comedy continued when she told us the real story.

It is important to tell stories that call into question problematic behaviour and give voice and worth to those who are 'soaked in shame'.¹²⁴ So perhaps both Lawson and Gadsby are correct: we need to tell the whole story because sometimes it is too much, even for us, to bear. Gadsby says,

I don't want to unite you with laughter or anger. I just needed my story heard, my story felt and understood by individuals with minds of their own. [...] I just don't have the

¹²³ Lawson, p. 50.

¹²⁴ Gadsby, *Nanette*.

strength to take care of my story anymore. I don't want my story defined by anger. All I can ask is just please help me take care of my story.¹²⁵

Women who suffer from chronic illness need help taking care of their story. We cannot bear the weight of it alone. We cannot make it easier to hear by leaving out how bad it is, and we cannot sit through you trying to relieve your own tension by offering us elaborate pseudo-medical cures. We deserve a place in this world because we still have something to offer. We may not be as fast, and we may require a little more from those around us, but we still have worth. We deserve love and belonging, and not in a benevolent way, but because we have intrinsic worth. Lawson's relationship with her husband represents what is possible if we are seen not as defective and worthless but as a privilege to know:

Today, as Victor drove me home so I could rest, I told him that sometimes I felt like his life would be easier without me. He paused and said, "It might be easier, but it wouldn't be *better*."¹²⁶

Women who suffer from chronic illness need connection, not to be hidden or fixed, and maybe in the process of connection something great will be created.

Do you know why we have *The Sunflowers*? It's not because Vincent Van Gogh suffered. It's because [he] had a brother who loved him. Through all the pain, he had a tether, a connection to the world. And that is the focus of the story we need: connection.¹²⁷

In an interview, Gadsby is asked to clarify whether she is, in fact, quitting comedy, as it seems she is not: her new show *Douglas* appeared on Netflix this year. She said she meant it at the time. But she says,

¹²⁵ Gadsby, *Nanette*.

¹²⁶ Lawson, 'Where I am sometimes'.

¹²⁷ Gadsby, *Nanette*.

I fully expected by breaking the contract of comedy and telling my story in all its truth and pain that that would push me further into the margins of both life and art. I expected that, and I was willing to pay that cost in order to tell my truth. But that is not what happened. The world did not push me away. It pulled me closer.¹²⁸

This was echoed in the response to Lawson's raw and honest post. She broke the comedy contract, and her readers responded with care.

It may be true that on bad days there is nothing funny about being unable to button my own shirt, and as Gadsby argues, hiding my pain in comedy brings its own form of torment: the isolation that comes from the fear that my very existence is eroding the structure of a culture that only values stories of perfect bodies. Perhaps, though, instead of hiding, we should embrace the counternarrative that our bodies provide. We are the reminders that no one is perfect, and this is a good thing. If more of our bodies are represented in literature and film, then perhaps there will be more room for other non-normative choices, bodies, and ways of being. Comedy, I believe, has the power to represent the reality of pain, and it has the power to erode structures that do not serve us. Gadsby tears these structures apart, and in so doing, makes space for herself and others in the margins of society. Lawson makes us visible, and her funny stories remind us that it is not fair, but that we are not alone. Lawson tells our story.

¹²⁸ Hannah Gadsby, *Three Ideas. Three Contradictions. Or Not.*, online video recording, YouTube – TED 29 April 2019, <<https://www.google.com/search?client=safari&rls=en&q=Three+Ideas.+Three+Contradictions.+Or+Not.+TED+2019&ie=UTF-8&oe=UTF-8>> [accessed 18 August 2021].

Chapter Three

Apparitions of Chronic Invisible Pain: Haunting and the Haunted in *Cake* and *The Illumination*

For those of us living with chronic illness, it sometimes feels like we occupy Masahiro Mori's uncanny valley: we may look human, and have human movements, but pain contaminates our every encounter.¹ We are human, but not in the way others are human. We are not fully alive, and not quite dead. We are ghosts. The healthy live with the privileged myth that biomedicine has everything it needs to heal. The chronically ill are an unwanted reminder that we all die, and our bodies cannot always be controlled. Our pain is dismissed, ignored, contained, and buried. However, we are not dead. We live—buried yet alive.

The ghosts that appear in *Cake* and *The Illumination* provide much needed representation of the haunting lives of chronically ill women. There are three types of hauntings that occur within these texts. Nina, as I have previously discussed, haunts Claire in the film *Cake*. This is the most conventional of the three. This is a haunting of secrets, obsession, trauma, and shame. The second type of haunting is a social haunting where the ghost story 'reflects, or refracts its cultural contexts, and imagine[s] how the narrative might be changed, or [how] the historical, political, and social discourses located inside or outside it might be altered'.² In this sense, Nina in *Cake* can haunt those of us who will take the time to listen to her story. The third type of haunting is what Melanie R. Anderson and Lisa Kröger call 'ghosted characters, those who may be very much alive but [...] identify more with spectral characters rather than the breathing, living ones with whom they share their

¹ Masahiro Mori, 'The Uncanny Valley', *The Monster Theory Reader*, ed. by Jeffrey Andrew Weinstock (Minneapolis: University of Minnesota Press, 2020), pp. 89-94
<www.jstor.org/stable/10.5749/j.ctvtv937f.5> [accessed 25 April 2021].

² Esther Rashkin, *Unspeakable Secrets and the Psychoanalysis of Culture* (Albany: State University of New York Press, 2008), p. 18, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=3407470>> [accessed 16 August 2021].

environment'.³ In addition to representing their 'repressed status in society',⁴ these ghosted characters represent or occupy the liminal state those living with chronic illness also inhabit. Nina Poggione and Ryan Shifrin in *The Illumination* are alive and yet 'silenced' as they navigate 'the liminal space they inhabit'.⁵

For the discussion of Claire's psychic entanglement with Nina's ghost, the psychoanalytic theory I will mainly be drawing on was developed by Nicholas Abraham and Marie Torok.⁶ Esther Rashkin provides examples of using their psychoanalytic theories to analyse literary and film characters. These theories retain discussion of the repressed but move beyond Freud and Lacan's ideas. Rashkin notes that Abraham and Torok reject mainly the 'universalized' nature of the 'pre-set stages of psychosocial development'.⁷ They continued to see the relevance of the theories, just not in the sense that they should be applied universally to everyone. This allows for an argument that a character's or 'a patient's' symptoms can be attributed to something other than a fixation at a particular stage of development, producing, for example, an unresolved Oedipus complex or an inability to pass from the "imaginary" into the "symbolic".⁸ This does not mean however that nothing is repressed, or that some characters or people are not fixated in a stunted, unresolved stage of development. Rather, their theories expanded the possible explanations of what is repressed and by whom. By extension, the phantom also became more complicated. Abraham and Torok postulated that it was not necessarily only the haunted who had repressed some secret or trauma, but they argued the possibility that the ghost itself had repressed a secret. This then

³ Lisa Kröger and Melanie R. Anderson 'Introduction', in *The Ghostly and the Ghosted, in Literature and Film: Spectral Identities*, Kindle Edition ed. by Lisa Kröger and Melanie R. Anderson (Newark: University of Delaware Press, 2013), loc. 150.

⁴ Kröger and Anderson 'Introduction', loc 150.

⁵ Kröger and Anderson 'Introduction', loc 135.

⁶ See, for example: Nicolas Abraham and Maria Torok, *The Wolf Man's Magic Word: A Cryptonymy*, trans. by Nicolas Rand (Minneapolis: University of Minnesota Press, 1986).

⁷ Esther Rashkin, *Unspeakable secrets and the Psychoanalysis of Culture*, p. 16.

⁸ Esther Rashkin, *Family Secrets and the Psychoanalysis of Narrative* (Princeton: Princeton University Press, 1992), p. 16, JSTOR <<http://www.jstor.org/stable/j.ctt7zv01s.1>> [accessed 12 July 2021].

allowed for Esther Rashkin's layered psychoanalytic readings of fictional characters. Her work is my guide for navigating the psychoanalytic haunting in these texts.

The idea of ghosts in literature and film enacting a social haunting, as well as the concept of ghosted characters, emerged near the end of the 20th century. Derrida's work *Specters of Marx* is credited with what is known as the 'spectral turn'.⁹ Maria del Pilar Blanco and Esther Peeren describe this turn as the pivotal moment of the 'rehabilitation of the ghostly'¹⁰ from the Freudian and Lacanian ideas that a ghost needed to be expelled, and, in order to do so, one must learn its secrets and expose subconscious content. Now, after Derrida,

the ghost [can be] a conceptual metaphor signalling the ultimate disjointedness of ontology, history, inheritance, materiality, and ideology. [...] [T]he ghost ceases to be seen as obscurantist and becomes, instead, a figure of clarification with specifically ethical and political potential.¹¹

This shift allows scholars to read ghosts with multiple meanings. It allows us to explore beyond those foundational psychoanalytical discussions of haunting and consider the social constructs that surround the ghost. Ghosts are no longer limited to something that the characters in these texts have to acknowledge, overcome, or expel. They may eventually overcome or expel them, but that does not have to limit what the ghost can tell us as readers. In addition to this, Derrida's expansive ideas about ghosts meant that ghosts could be anywhere: even the living could be ghosts. (He discussed how our digitized and filmic world creates spectres of all of us in some ways. In an interview about his appearance in a documentary he is struck by the fact that the woman he has a conversation with has since

⁹ Maria del Pilar Blanco and Esther Peeren 'Introduction: Conceptualizing Spectralities', in *The Spectralities Reader: Ghosts and Haunting in Contemporary Culture*, Kindle Edition, ed. by Maria del Pilar Blanco and Esther Peeren (New York: Bloomsbury Academic: 2013), pp. 1-28 (p. 2).

¹⁰ del Pilar Blanco and Peeren 'Introduction: Conceptualizing Spectralities', p. 6.

¹¹ del Pilar Blanco and Peeren 'Introduction: Conceptualizing Spectralities', p. 7.

died, yet she still lives in some form on screen. She returns to him as a ghost.¹²⁾ Derrida's work allows for an expansion of the function of ghosts found in literature. We can now learn even more from them. We can learn what they have to offer the other characters, as well as the readers encountering these texts.

Avery Gordon describes these types of literary, social ghosts: 'The ghost or the apparition is one form by which something lost, or barely visible, or seemingly not there to our supposedly well-trained eyes, makes itself known or apparent to us'.¹³ Nina's ghost in *Cake* forces us to examine the 'barely visible' consequences of chronic pain. Western cultural discussions regarding independence and "quality of life" and biomedicine's "universal" protocols relegate women suffering from chronic pain to the margins of society. Claire, a ghosted character, and Nina who haunts her, both 'appear when the trouble they represent and symptomize is no longer being contained or repressed or blocked from view'.¹⁴ Nina Poggione in *The Illumination* is still alive, and yet her chronic illness has taken everything from her. This is not a constructed loss. Rather, her character embodies the way pain strips us of our identity. We are alive, and yet much of our previous life is dead. Ryan Shifrin is both haunted by his sister's death and represents the state of being alive but unable to live one's own life. He also is healthy and yet haunted by the pain around him. This allows for an exploration of the existential crisis that often accompanies illness. The ghosts in *Cake* and *The Illumination*, both alive and dead, provide fertile ground to examine how the ill haunt the healthy. And these ghosts have quite a few lessons to teach. They may not cause much change within the cultures of their narratives, but, because of this, they may have the power for social change. By leaving the status quo unchanged, Karley K. Adney argues 'a truly

¹² Jacques Derrida and Bernard Stiegler, 'Spectrographies', in *The Spectralities Reader*, ed. by del Pilar Blanco and Peeren, pp. 37-52 (p. 40.)

¹³ Avery Gordon, *Ghostly Matters: Haunting and the Sociological Imagination*, (University of Minnesota Press, 2008), p. 8, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=346045>> [accessed 16 August 2021].

¹⁴ Gordon, *Ghostly Matters*, p. xvi.

good ghost story should [leave readers] frightened that the situation may occur again'.¹⁵ She is discussing here narratives that leave characters to suffer the consequences of societal constructions that lead to marginalization (and even death). Adney argues, then, that these texts, if we allow them to haunt us, could initiate changes so that these tragedies can be avoided in our own realities. We must allow the hauntings in these texts to change us. Avery Gordon, who uses a sociologic approach to her study of literary ghosts argues, as scholars, 'we will have to learn to talk to and listen to ghosts'.¹⁶ I am listening for something in particular from the ghosts in these texts. I am listening for what these ghosts can tell me about the social structures around them that led to their isolation. Gordon argues:

Ghostly matters are part of social life. If we want to study social life well, and if in addition we want to contribute, in however small a measure, to changing it, we must learn how to identify hauntings and reckon with ghosts, must learn how to make contact with what is without a doubt, often painful, difficult, and unsettling.¹⁷

I wish to make contact and amplify the voices of these ghosts, in the hope that, in however small a measure, some changes will occur within the structures that add to the pain of women suffering from chronic illness.

The Myth of Control: Haunted Social Constructs

Before I engage with particular ghosts, there is already something we can learn from haunting itself. A fairly common feature of hauntings is fear. But what fears are they conjuring? At their very basic form, ghosts embody our personal and cultural fear of death. We don't

¹⁵ Karley K. Adney, 'These Ghosts will be Lovers', in *The Ghostly and the Ghosted*, ed. by Kröger and Anderson, pp. 47-58 (p. 47).

¹⁶ Avery Gordon, 'from Her shape and His Hand', in *The Spectralities Reader*, ed. by del Pilar Blanco and Peeren, pp.103-131 (p. 119).

¹⁷ Gordon, 'from Her shape and His Hand', p. 119.

understand death. We cannot predict it. We fear it. Therefore, we reject it and anyone that reminds us of its inevitability. We try to keep it in the distance. We run from it. But it is always there, on the horizon. The easiest way we avoid confronting the inevitability of our death is by shifting our focus ever so slightly. We all know we can't control the time of our death, and so we, with the help of the media around us, focus on what we think we can control: the health of our bodies.

Health is such a useful Foucauldian tool for self-policing because it prescribes narrow parameters into which bodies must fit, and a useful way of othering those who don't meet these standards. And "helpfully", for successful self-policing, because health is located within the body, one can create an image of what a "healthy" body looks like. Images of "healthy" bodies are also equated with ideals of beauty. This, in turn, allows for our cultural beliefs to define narrow ideals of beauty which can then be rigorously enforced under the banner of something that seems objective: a "normal" healthy body. There is discipline, and there are strict rules to follow, in order to attain the ideal healthy body. Susan Wendell argues that these parameters or 'disciplines of normality are preconditions of participation in every aspect of social life, yet they go unnoticed by most adults who can conform to them without conscious effort'.¹⁸ I tend to disagree that they go entirely 'unnoticed' as I have yet to meet an adult who meets every strict prescription for their body and, even if they are close, they feel flawed in some way. Indeed, Susan Wendell herself says it is more of a continuum. It is the degree of approximation to this ideal that we are able to achieve that allows us to form 'our identity and our sense of social acceptability, [and] our self-respect'.¹⁹ The closer we are to the "norm", the more worth we have within our social structures and the more we feel we can accept ourselves.

¹⁸ Wendell, pg. 88.

¹⁹ Wendell, pg. 88.

While fears are understandable, it pays to interrogate whether or not they are constructed, especially when the reaction to fear is banishment of a person. I have mentioned in the previous chapters that people often react to a woman in chronic pain with fear. This is based on the shared cultural illusion that we can control our bodies and that somehow the woman in pain has failed at controlling her body and that is why she is ill. However, it is a myth that our bodies *can* be under our control. Just run faster and farther, starve it until it fits into the mould fired in the kiln of culture. There is an assumption in Western culture that if we exercise enough, control every aspect of our bodies, we can avoid illness, avoid pain, avoid being “other”, and ultimately avoid—or at least postpone—death. The implications of this are twofold. First, they manufacture a “clear” cause of someone’s illness and for that cause to be blamed. One can easily dismiss chronic illness as the failure of the ill. They did not exercise enough or discipline their body, and the consequence is illness. This allows for the relegation of the ill to the margins of society, where they need not be looked at, because they have failed. The second is directly related to the first. If an encounter cannot be avoided, it reinforces the need for rigorous control to avoid a similar fate. Wendell articulates the need for those with healthy bodies to keep their distance from “uncontrolled” bodies:

In the societies where there are strong ideals of bodily perfection to which everyone is supposed to aspire, people with disabilities are the imperfect ‘Others’ who can never come close enough to the ideals; identifying with them would remind the non-disabled that their ideals imply a degree of control that must eventually elude them too.²⁰

The chronically ill body is the embodiment of both a failure to control and the inevitability of death. Therefore, it must be either labelled as wrong or completely ignored. ‘[I]t is not just from the fear of being or becoming abnormal that the rejected body is shunned. It is also

²⁰ Wendell, p. 63.

shunned from fear of pain, illness, limitation, suffering, and dying.’²¹ In the texts I am examining, this rejected body becomes the ghost. Its haunting makes visible ‘the things and the people who are primarily unseen and banished to the periphery of our social graciousness’.²²

Our bodies become the ghosts that require confrontation with our universal mortality. The ill body is feared and rejected. This leads to isolation and increased invisibility—which leads to ignorance of these bodies, which leads to more fear. Wendell argues that this becomes an endless cycle.

[T]he cultural banishment of the rejected body contributes to fear of those experiences by fostering ignorance of them. Even though everyone has or will have experiences of the negative body, if the cultural concept of the “normal” body is a young, healthy energetic, pain-free body with all parts present and a maximum range of graceful movement, then the experiences of the negative body need not be confronted and understood. They belong to those with disabilities and illnesses, who are marginalized, not ‘ordinary’ people, not ‘us’.²³

This is extremely important. If these “flaws” belong only with others, and if these bodies remain unrepresented in politics, medicine, and the arts, then the cycle will continue.

Acceptance of “flawed” bodies requires more visibility. Yet the more truthful the story of chronic illness (including the resistance to closure and redemption), the greater the likelihood of rejection, either of an individual or their illness narrative. Brett Smith and Andrew Sparkes discovered this in their study of reader response to chaos narratives.²⁴ As I showed in the introduction, audiences hate the authentic story of the chronically ill and will rewrite it as a more palatable story. So, we need these stories, and yet the current cultural beliefs and

²¹ Wendell, p. 91.

²² Gordon, *Ghostly Matters*, p. 196.

²³ Wendell, p. 91.

²⁴ Brett Smith and Andrew Sparkes, pp. 38–53.

prejudices preclude us from hearing the realities of these stories. Our bodies tell ghost stories. Our painful bodies become a confrontation with, as Julia Kristeva says, '[a] corpse':

It is death infecting life. Abject. It is something rejected from which one does not part, from which one does not protect oneself as from an object. Imaginary uncanniness and real threat, [the corpse] beckons to us and ends up engulfing us.²⁵

Even though their bodies are the cause of fear in others, women who suffer from chronic illness also feel this fear. Each stab of pain is a reminder that our bodies are hurtling towards death, quite possibly at an early age. Death haunts us too. The medications we take warn us that the relief they offer comes with possible side effects, like cancer, or an increase in our susceptibility to viruses or bacteria; so that each time we prepare an injection or shake a couple of pills into our hands, we must weigh up the possibility of a shortened life with slightly less pain or a longer life with much more pain. But even that is a false sense of choice and control, for we are still vulnerable to the innumerable accidents, injuries, or pollution that may befall "normal" bodies. The fragility of our bodies is not limited to our illness. The flesh and blood interaction with the polluted, precarious, highspeed mechanical world threatens the delicate balance of each beat of our hearts. The healthy, though, have the luxury of ignoring this.

Unspeakable Shame, Unspeakable Pain: Nina Haunts Claire

In *Cake*, Nina's first haunting of Claire occurs not long after a particularly vivid description of just how fragile bodies are. Claire has disrupted a group therapy session in which participants were meant to process their collective grief over Nina's suicide. Claire asks for

²⁵ Julia Kristeva, 'Approaching Abjection', *The Monster Theory Reader*, ed. by Jeffrey Andrew Weinstock, (Minneapolis: University of Minnesota Press, 2020), pp. 95–107. JSTOR <<https://doi.org/10.5749/j.ctvtv937f.5>> (p. 97).

clarification (fairly sarcastically) regarding the particularly gruesome aspects of Nina's death. Subsequently, Claire is asked to leave the group. The reality of death is not welcome in this group.

Claire exposes Nina's death in its reality, but she still has some unanswered questions. Then Nina's ghost visits Claire in a dream for the first time. Claire is "awakened" by a knocking at the sliding door to the pool. It is insistent, just as questions about Nina's death are beginning to be for Claire. For the moment, her questions are basic—she is looking for specifics about her death: 'She jumped off a freeway overpass. Right? Specifically, where the 110 meets the 105?' Now, on her own in the dark, Claire can no longer ignore the knocking, or her growing need for answers. She finally "gets up" and sees Nina's ghost floating on a blow-up chair. The steam and the green lights from the pool warn the audience that this may not be a benevolent creature. But Claire is annoyed more than frightened. Claire swears at Nina and demands that she leave. Claire tries to banish the ghost, but she cannot, because, as Abraham argues, 'what haunts are not the dead, but the gaps left within us by the secrets of others'.²⁶ The gap in Claire can only be addressed if she, as Gordon suggests, 'offer[s] it a hospitable reception'.²⁷ Nina's ghost asks for a drink. Claire complies, and they sit with their legs swirling in the pool. Now the pool looks inviting and warm. They drink crushed-ice margaritas—just two friends chatting as if they have both escaped the horror of their pain.

NINA Why are you such a cunt?

CLAIRE I hate to break it to you...but I don't believe in ghosts.

NINA That doesn't mean you're not a coward.

CLAIRE I know.

²⁶ Nicolas Abraham and Nicholas Rand, 'Notes on the Phantom: A Complement to Freud's Metapsychology', *Critical Inquiry*, 13.2 (1987), 287–292 <www.jstor.org/stable/1343493> [accessed 22 April 2021] (p. 287).

²⁷ Gordon, *Ghostly Matters*, p. 208.

NINA What's stopping you? You don't believe in God...Or heaven or hell...You don't believe in anything.

CLAIRE I know.

NINA Do it right now.

CLAIRE What?

NINA Just do it. *Nina grabs Claire by her hair.*

CLAIRE Stop it.

NINA Don't be such a coward.

*Nina shoves Claire into the pool and holds her under the water.*²⁸

Now the ghost is more recognizable. It has become 'frightening and threatening', as we tend to expect from a ghostly encounter.²⁹ The pool looks colder. We are with Claire under the water as her screams are muffled. Every attempt to shout fills her mouth with more water—silencing her. If we are 'listening' to Nina's ghost, what can we learn from this encounter? We can start with what Nina is not saying. The interaction is reminiscent of Abraham and Torok's discussion of something becoming "'phantomized" because it was *unspeakable in words*, because it had to be *wrapped in silence*'.³⁰ Nina never says the word suicide. She never says Claire should just kill herself in the entire film. Esther Rashkin says this type of 'unspeakable secret' is kept silent not to protect the incomprehensibility of the event but because it 'threatens the character's ability to be'.³¹ In other words, the verbalization of the word suicide would threaten Claire's existence. This makes sense if Claire is managing to keep suicidal thoughts repressed or (as she demonstrated in group) attempting to mask them with very black humour. But Nina's appearance is revealing a crack in what Rashkin calls an

²⁸ *Cake*.

²⁹ Gordon, *Ghostly Matters*, p. 204.

³⁰ Abraham and Torok quoted in Rashkin, *Family Secrets*, p. 29. Emphasis in original.

³¹ Rashkin, *Unspeakable Secrets*, pp. 18-19.

‘intrapsychic vault’.³² Claire here does not take Nina’s advice to ‘Just do it’.³³ It is Nina who forces Claire under the water. In the dream, Claire fights to live. She wakes terrified and sucking in vital air. But the intrapsychic vault has been compromised. The crack is growing, and the next day we see confirmation of this as Claire begins to face the unspeakable head on.

Claire is in another pool. This pool feels cold and vast. I feel pain in my body just thinking about what the cold water would do to my joints. Claire is in pain. She shouts in protest, but she is clearly trying.

CLAIRE Damn it, it hurts.

PHYSIO I understand.

CLAIRE Obviously you don’t.

The physical therapist is very ‘obviously’ done with Claire. She rolls her eyes and says with impatience, ‘You’ve had pins in your legs for over a year. It’s gonna hurt’. Claire lies back and tries the exercise on her own. The physio tells Claire that she has to provide a report on why Claire has not made any progress in six months, and Claire responds, ‘I have shown up to every fucking appointment’.³⁴ The physio then tells Claire she should work with someone else. Claire is failing to control her sick body. In the same way that society demands we control our bodies when we are well, new expectations about getting well are applied when we get sick. We are now expected to submit ourselves unconditionally to what Wendell describes as the ‘cognitive and social authority’ of Western medicine.³⁵ All aspects of healthcare, including the rehabilitative ones like the physical therapist Claire is working with, have ‘considerable authority’ and power.³⁶ The physio says to Claire, ‘you have to focus’.³⁷ Meanwhile, the audience watches her inability to focus on anything but the pain the exercises

³² Rashkin, Esther, *Unspeakable Secrets*, p. 19.

³³ *Cake*.

³⁴ *Cake*.

³⁵ Wendell, p. 117.

³⁶ Wendell, p. 117.

³⁷ *Cake*.

are causing. Claire answers, ‘I am focusing’. And the physio says, ‘No, no you’re not’.³⁸ The hubris that accompanies the healthcare professional’s knowledge allows for no other alternative. Is Claire’s grief holding her back? Is it the freezing pool? Is it her body screaming in pain that is not allowing her to ‘feel her hip joints opening up’?³⁹ It does not matter. For my purposes, the inability of the healthcare professional to see the body as a whole entity, to be unable to try something new, is the source of additional suffering. Indeed, Claire now sees no way out. She is in pain and shouting and swearing, but she is trying.⁴⁰ Her efforts and her honesty have gotten her nowhere. This physiotherapist has a professionalized view of what “success” looks like and an assumption that the therapy protocol could not possibly be flawed. Therefore, she decides Claire has failed. Arthur Kleinman, though, argues that it is not the chronically ill who are failing. He states that biomedicine’s devaluation of ‘psychosocial concern with meanings’ and its focus instead on a ‘scientifically [driven] [...] technical quest for the control of symptoms [...] disables the healer and disempowers the chronically ill’.⁴¹ Limiting creativity with protocol and devaluing individual human experience is problematic for the chronically ill and those who wish to support them. The physiotherapist telling Claire she should work with someone else puts the blame for this failure on Claire alone. Claire says, sarcastically, ‘OK great’, and floats away in the pool. Claire is out of options.

This feeling of powerlessness permeates much of the life of the chronically ill and yet we are meant to give over even more power and control to “all knowing” healthcare professionals. In addition to this, seeing every therapist and healthcare professional can feel like a full-time job. Sometimes I can’t even keep track. When I can, the amount of time it takes out of my day is rarely worth the benefit. One twenty-minute physio appointment can

³⁸ *Cake*.

³⁹ *Cake*.

⁴⁰ *Cake*.

⁴¹ Kleinman, p. 9.

take two hours out of my workday, sometimes more. I am then just living a life they are prescribing but not living my life. I am a ghost haunting the halls of physios and occupational therapists. They have developed their therapies on the healthy but acutely injured. I am neither of these things, and those therapies often do not work for me. Yet, when I decide to discontinue seeing a physical therapist who yells at me and does very little to help, I am the one who is failing. Kleinman argues that ‘the purpose of medicine is both control of disease processes and care for the illness experience. [...] The failure to address [the psychosocial aspects of illness] is a fundamental flaw in the work of doctoring’.⁴² Unfortunately, the pervasive view in biomedicine is that it is the patient who fails, not the protocol. After Claire “fails” at her physical therapy session, she is then left alone by the pool. Several times, she flashes to her imagined scene of Nina jumping from the freeway and back to the cold pool. Claire has been kicked out of her support group, and now her physical therapist is done with her. Claire may be done then with trying to live. Nina’s ghost has already exposed the secret that Claire has felt trapped for a while now and sees only one way out. She grabs some therapy weights and jumps in. She stays under for about twenty seconds and then claws her way to the surface. She does not look relieved but, rather, like she has failed. She did not have the “courage”. Nina is not forcing her this time. This time it is not a dream. Claire has been relegated to the margins of even the ill society she keeps. Claire is now nearly invisible. She may as well be a ghost. Claire has become the second type of spectral that Käkela-Puumala describes: ‘people who are socially invisible, [...] and thus resemble ghosts’.⁴³ Claire is powerless and has no place in either the healthy or the ill world.

⁴² Kleinman, p. 253.

⁴³ Tiina Käkela-Puumala ‘Postmodern Ghosts and the Politics of Invisible Life’ *Death in Literature*, ed. by Outi Hakola and Sari Kivistö (Newcastle: Cambridge Scholars, 2014), pp. 83-101, ProQuest Ebook Central, <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=1685901>> [accessed 28 April 2021] (p. 85).

After Nina's first ghostly visit, and Claire's own attempted suicide, Claire becomes obsessed with understanding Nina's death. She visits the site of Nina's suicide and asks a witness to describe it for her in detail. He asks if she was close to Nina—indicating that it would help him make sense out of her detail-driven questions. She lies when she realizes she has broken some social rules. Her questions appear as morbid curiosity which is not viewed as an acceptable social response to suicide. But of course, Claire is wrestling with her own grief, pain, and her body's daily confrontation with the reality of death. This analytical dissection of Nina's death and, later, her morbid conversation with Sam about the granite gravestone, seems to be an acceptance of death. However, as the witness finishes his story, she asks, 'How long before she jumped?' He answers, 'It was a pretty long time'. And Claire says, with astonishment, 'She wasn't a hundred percent certain'.⁴⁴ Nina's haunting is a projection of Claire's own internal fears and desperation. Claire's constant pain causes her to often feel there is no way out, and she cannot face the utterly pointless death of her son. Nina seems to have some secret answers that Claire is desperate to uncover. Claire needs to face 'within [her] unconscious, the burial of an unspeakable fact'.⁴⁵ She is wrestling with the reality that some pain, both psychological and physical, can sometimes make her feel like she has no way out. Claire's realization that Nina wasn't certain comes as a shock partly because Nina's suicide seemed certain in its finality. The witness says, 'I wouldn't say [she wasn't certain] 'cause—'cause she did it, and—and she was one hundred percent successful'.⁴⁶ She not only jumped off a freeway overpass but, as Claire says, 'she landed on a flatbed truck... that was full of used furniture that was heading to Mexico [...]. And [...] no one discovered the body until it reached Acapulco'.⁴⁷ Claire thought that these details meant that Nina was sure. The other reason it comes as a shock to Claire is because she is becoming more and

⁴⁴ *Cake*.

⁴⁵ Abraham, 'Notes on a Phantom', p. 288.

⁴⁶ *Cake*.

⁴⁷ *Cake*.

more sure that death may be her only way out. She has lost her son. Everyone in her life is abandoning her or she is pushing them away, and her physical pain is not easing, and those assigned to assist her with managing her pain have abandoned her as well.

Claire continues her relentless pursuit to understand Nina's death and Nina's ghost becomes relentless in tormenting Claire. As Claire forms a tenuous friendship with Nina's husband, Nina visits and reminds Claire that 'he doesn't even like [Claire]'.⁴⁸ And, in a later haunting, Nina pretends she doesn't even hear Claire yelling at her. Even Claire's visiting ghost is pretending she doesn't exist. And, when Nina does acknowledge Claire, Nina reminds her that no one loves her. Claire knows that Nina is a projection of her own self-loathing. In their conversations she frequently says, 'I know' to whatever Nina says or implies.⁴⁹ But that is not enough to allow Claire a 'victorious reckoning with the ghost', not yet at least.⁵⁰ However, thanks to Derrida and the spectral turn that followed his work, there is much more that we can learn from Nina. In particular, she can expose some flaws in some of our contemporary cultural beliefs and social constructs.

Better off Dead: Nina Haunts us With the Secrets of Quality of Life

For readers of the film there is an opportunity to investigate how 'ghosts and haunting are linked to the histories and social positions of specific subjects'.⁵¹ Some may argue, and in fact, when I initially viewed the film, I agreed, that the added aspect of Claire's grief actually detracts from the story that could authentically represent chronic pain. One critic called it a 'sticky gimmick'.⁵² However, a more considered reading reveals that it is Nina's suicide that

⁴⁸ *Cake*.

⁴⁹ *Cake*.

⁵⁰ Gordon, *Ghostly Matters*, p. 208.

⁵¹ Maria del Pilar Blanco, Esther Peeren, 'Spectral Subjectivities: Gender Sexuality and Race/Introduction', in *The Spectralities Reader*, ed. by del Pilar Blanco and Peeren, pp. 309-316, (p. 309).

⁵² Nicholas Bell, 'Let them have it: Barnz Banks on Adept Aniston' *Ioncinema*, 23 January 2015, <<https://www.ioncinema.com/reviews/cake-review>> [accessed 28 September 2019].

has more impact on the story of pain *because* of Claire's layers of grief. It allows Tobin to explore the idea that someone who is ill or disabled is "better off dead" because of a perceived lack of "quality of life". The decision to have Nina choose suicide when it appears she has so much to live for makes her decision more about the pain and, as David Morris argues, the culture in which she is experiencing the pain: '[P]ain is always deeply social. The pain we feel has in large part been constructed or shaped by the culture from which we now feel excluded or cut off.'⁵³ Nina's desperation is due to a failure to control her life the way her surrounding social constructs demand. Ultimately, her pain has been made worse by the culture that excluded her.

In a pivotal scene, Nina's ghost visits Claire in the hospital after another suicide attempt—this time an overdose. They discuss one of the group therapy sessions where each of the participants was asked about the one thing they wished they could do if they weren't living in pain. Claire, who 'always hated [Annette's] drippy little exercises', said she wanted 'to have sex with the entire Madrid soccer team'.⁵⁴ Claire's answer was meant to indicate that she did not think the exercise was legitimate. Her intention was to shock the group because having sex with every member of a soccer team is clearly meaningless, just like the exercise. Nina's answer was she would bake a birthday cake for her son, from scratch.⁵⁵ Interestingly, both answers are about (albeit very different) forms of connection. However, Nina's answer 'made everyone cry. Everyone except you,' she says to Claire as she places candles evenly on the cake.

CLAIRE I had my reasons.

NINA I know that now.

CLAIRE I know you know.

⁵³ Morris, p. 37-38.

⁵⁴ *Cake*.

⁵⁵ *Cake*.

Nina lights the candles on the ghost cake she has brought to Claire's hospital room.

NINA Make a wish.

CLAIRE I can't think of anything.

NINA It doesn't matter. Just blow them out.

*Claire takes a deep breath and blows out the candles and lies back on the pillow looking at peace. When she opens her eyes again, Nina is on the windowsill. She throws the cake, then jumps.*⁵⁶

What does Nina know now? Does she only now know Claire has lost her son? Or has she realized something about her wish? Why doesn't the wish matter? Because nothing we wish for comes true anyway? Has Nina realized that making a wish is a useless-platitude exercise? Does making a wish while suffering from chronic pain seem trite? All of these are possible lessons from the haunting. However, the most important question to start with is: who is Nina haunting here? Claire, of course: she may have some unfinished business in processing her relationship with her son. Claire has just attempted suicide herself, so it could be a projection of the fact that suicide may still be a not-so-well concealed 'driving force behind [her] actions'.⁵⁷ But in this scene Nina brings the cake she wished to bake for her own son. Therefore, there must be something significant about the cake for Nina as well. If we allow Nina to haunt us, we will be able to 'imagine more inclusive futures at the concrete level' of our societal structures.⁵⁸

Nina's ghost, as Gordon says, 'appear[s] when the trouble [she] represent[s] and symptomize[s] is no longer being contained or repressed or blocked from view'.⁵⁹ The film makes the clear connection between the shame from cultural expectations of "mother" and Nina's suicide. This is the moment when we are required to listen to the ghost. The scene is

⁵⁶ *Cake*.

⁵⁷ Esther Rashkin, *Family Secrets*, p. 5.

⁵⁸ del Pilar Blanco and Peeren, 'Spectral Subjectivities', p. 313.

⁵⁹ Gordon, *Ghostly Matters*, p. xvi.

in slow motion, with Nina holding the cake in her left hand. First, she tosses the cake and then she jumps. The quality of life that Nina subscribes to includes a standard of what a mother should look like. In particular, the meaning she attributes to the role of mother is directly correlated to her ability to put extra effort into making a homemade cake.

What this scene awakens in me is defiance. I feel myself wanting to stand up and shout at Nina that she is selfish—just as her husband Sam does in his therapy session. Her son wants *her* at his birthday and will take bites of cake that are too big for his little mouth whether it is from a store or made by her. It doesn't matter to him, and it shouldn't matter to her. Yet, if I allow Nina's ghost to haunt and challenge me, I find I subscribe to these same standards. How many times have I stayed up until four in the morning cutting out decorations for a party when a few balloons would have done just as well? Then I may have been able to see through the pain the next day instead of having it seep into the celebration, stealing bits of connection that I would have otherwise been able to enjoy. But this is what shame does. It makes us feel like we have no other option, or if we do not push ourselves to throw the “perfect” party for our kids, we feel like we have failed and are defective as humans. As Brené Brown has found, shame makes us feel isolated, powerless, and trapped.⁶⁰ Miller and Stiver argue that this isolation is so dangerous it can make those suffering feel a ‘sense of hopelessness and desperation’.⁶¹ Nina has subscribed to what Helen O’Grady calls a ‘cultural narrative [...] through which [she] has gained a sense of identity’.⁶² And when she fails to live up to it, because the pain in her body will not allow her to complete the intricate process of baking a cake from scratch, she sees herself as ‘personally deficient’.⁶³ It is this very focus on our own deficiency that keeps us from considering ‘cultural factors which may be

⁶⁰ Brown, ‘Shame Resilience Theory’, p. 45.

⁶¹ Miller and Stiver quoted in Brown, ‘Shame Resilience Theory’, p. 45.

⁶² O’Grady, p. 47.

⁶³ O’Grady, p. 34.

contributing to feelings of disempowerment'.⁶⁴ Nina's wish about the cake is particularly useful for understanding these feelings of deficiency and/or attempts at control. As parents, of course we try to protect our children from pain and suffering. In fact, it may be in this relationship that the reality of our lack of control of our bodies is the most terrifying. What is hidden in Nina's shame is that her pain has affected her son's life. There is guilt that she has not protected him. She was unable to perform the role of mother correctly. But del Pilar Blanco and Peeren argue that this idea of performativity (in the way Judith Butler defines it) is a haunted one itself:

Butler's theory of performativity [...] also invokes a sense of spectrality in the way the constant reiterations of the norm required for its maintenance are never perfect reproductions; a slippage occurs with respect to the ideal image, resulting [...] in a self-haunting by which the subject is constantly chasing—yet never catches—a posited “proper” self.⁶⁵

The less we are able to self-police ourselves into an acceptable image, the more terrifying this self-haunting becomes. Nina's belief in the construction of the childhood she is supposed to give her son means not just that she is failing but that she is failing him. But this failure is still constructed. Whether she was ill or healthy, she would be chasing the idea of a “proper” mother but never catching it. A perfect childhood does not exist, and connection, not perfect cakes, is where meaning and memories are made.

If there is no connection to others to realize that some of our ideas about being the perfect mother are constructed, and that this ideal of mother is not an absolute, one can feel there is no way out. O'Grady also argues: '[...T]he possibility of contextualizing one's experience is diminished further by the type of personal isolation that tends to result from

⁶⁴ O'Grady, p. 34.

⁶⁵ del Pilar Blanco and Peeren, 'Spectral Subjectivities', p. 310.

negative comparisons with others.’⁶⁶ Therefore, it is important to consider Nina’s attempt at connection with her group.

This is a tricky moment of connection in the support group. In order for there to be safe connection, Nina’s vulnerability needs to be empathized with, not criticized. Nina is expressing her feelings of powerlessness. Her desire to bake a cake from scratch feels like something she must do in order to be herself, in order to be a good mother, and the only thing stopping her is her pain. But it is an external pressure that she has self-imposed. So instead of everyone crying about her failings as a mother, maybe the group could have called into question the cultural standard of perfect, homemade, organic, birthday cakes and Martha Stewart decorations. There is a fine balance between listening and validating feelings of vulnerability and failure and the important aspect of questioning the source of the feeling of failure. Is this what Nina’s ghost finally knows: that exercises like the one Annette guides them through are so pointless? Focusing all hope on the one activity one would do creates more feelings of desperation. We may think, if only I were able to do this one thing, everything else would be worth it. But that is not even remotely true—just as we never attain happiness by acquiring the house, or car, or job we “always” wanted. These are cultural temptations that never deliver on their promises. Fixating on the one thing pain prevents us from doing is reducing something extremely complicated to something simple. Making a perfect cake for your child would not ever really offer more than fleeting happiness. There would be something wrong with the cake or the decorations might not be perfect. The “proper mother” is a ghost we can never catch.

The film succeeds in deconstructing the types of support groups that often don’t offer much support. Often these groups, rather than creating a platform for real connection, become about ‘how [illness] should be performed or lived out in “storied form” according to a

⁶⁶ O’Grady, p. 35.

gendered work of credibility as woman and as ill'.⁶⁷ However, these groups have the potential to be very supportive and even life-changing. Claire's sarcastic remark about sleeping with an entire soccer team would possibly be a great place to start for the convener. Its controversial nature already calls into question some cultural beliefs about what "proper" women do. According to Brené Brown, the fastest way to reclaim power in general is for women to connect and realize that most of us feel like we are failing, and then call into question the standard that we are failing to meet. Perhaps Annette could have used Claire's humour (this is certainly subjective, but I would have found it funny and cathartic) to foster a greater sense of belonging in the group. And this could have created space for Claire to discuss her ultimate guilt around failing to protect her child. Because, of course, we know that Nina's ghost is still projecting from Claire, so buried under Nina's feelings of failure is Claire's reality that her son died in the car accident that injured her. She "failed" at the very basic job of parenting: to keep our children safe. But of course, no matter how hard we try, we cannot ultimately control this either. If Claire had been in a group that provided safety for vulnerability, perhaps she could have voiced her feelings of failure. Then the group, who would be able to clearly see Claire's son's death was not her fault, together could have realized that there may be no 'ideal image' of a mother or even a woman.⁶⁸ Both Nina and Claire haunt us with the reality that we can control very little about our lives and the lives of those we love. Of course, feeding our bodies nourishing food and wearing seatbelts decreases risk of illness and death. But our cultural beliefs about decreased risk tend to veer into binaries of failure or success and these are constructed and extremely unhelpful. Binaries often lead to marginalization.

⁶⁷ Anne Werner Lisa Widding Isakson, Kirsti Malterud, "I'm not the kind of woman who complains of everything": Illness Stories on Self and Shame in Women with Chronic Pain', *Social Science & Medicine*, 59.5 (2004), 1409 – 1419, <https://www.sciencedirect.com/science/article/pii/S0277953602005208?via%3Dihub> [accessed 14 August 2021] (p. 1043).

⁶⁸ del Pilar Blanco and Peeren, 'Spectral Subjectivities', p. 310.

Understanding ideas of failure is vital when considering the important issue of assisted suicide. Susan Wendell gives a very thorough discussion of this in *The Rejected Body*. Nina's suicide exposes the complication of the culture within which a person is ill or disabled. This is not often considered when debates about euthanasia are taking place. Wendell discusses theorists who posit that it is difficult to ascertain if someone wishes to die because of their illness, or whether it is 'inadequate support services and poor opportunities [that] are rendering the person's life miserable and meaningless'.⁶⁹ Jenny Morris takes this argument further. She states, 'The prejudices against disabled people do not just exist out there in the public world, they also reside within our own heads, particularly those who become disabled in adult life'.⁷⁰ In other words, before we can know if death is truly better for an "imperfect" body, we have to confront our assumptions that may be labelling that body as worthless.

Currently in New Zealand there is an advertisement for Accident Compensation Commission—the government agency that provides medical funding for acute injury from accidents. The ad is called 'Have a hmmm'. There are a few versions, but the main gist is that someone is about to take a risk where they could injure themselves, and the question asked is: 'If you get hurt, who gets harmed?'⁷¹ The campaign's intention, according to the head of ACC Isaac Carlson, is to get people to think about how an injury impacts on loved ones who then have to take care of the injured.⁷² I am sure it is good to decrease our risky behaviour. However, the most interesting ad is the one about a mother who wonders: Who will drive her kids to their after-school activities? Who will visit with an elderly relative? And who will bathe her if she is unable to bathe herself? All of these tasks could be shared whether she is

⁶⁹ Wendell, p. 159.

⁷⁰ Quoted in Wendell, p. 159.

⁷¹ ACC New Zealand and VMLY&R and OMD, *Have a Hmmm – The Jandal*, online video recording, YouTube, <<https://www.youtube.com/watch?v=SnPCDfwB-iI>> [accessed 19 July 2021].

⁷² 'Star of "Traumatising" Fruit-E Bars ACC Ad Talks Scars, "Legendary" Status', *Seven Sharp*, 1 News, 21 April 2021, <<https://www.tvnz.co.nz/one-news/new-zealand/star-traumatising-fruit-e-bars-acc-ad-talks-scars-legendary-status>> [accessed 19 July 2021].

injured or not—except the bath, perhaps, but the shame from this is constructed too. With a collective change in our belief about the failure, and thus the guilt, of the sick or injured, we could also change the expectation that it is a problem to ask for help. These are the secrets Nina’s haunting offers our cultural narrative. Does Nina want to die because the pain is all she can see? Or have the cultural beliefs made her feel useless because she can’t stand at the counter all day and make her son a birthday cake from scratch? Has she used up every ounce of her energy, cleaning her house and getting groceries, so that she is unable to bake a cake or even see around her pain and connect with her family and friends? Or, if she has asked for help, does she feel guilty that she is dependent on her friends and family?

Perhaps Nina knows now it is our connections that matter. Claire has lost her son, and Nina has deprived her son not of a birthday cake, but of a relationship with his mother. His mother chose death. But is she better off dead? Nina is out of pain, but was it only the pain that made her choose to end her life? The scene with the cake indicates no. Morris shows that we make meaning from pain based on our belief systems: theological, economic, scientific, or psychological. We make sense of pain in much the same way that we make sense of the world.⁷³ Nina first throws the cake off the balcony, and then she jumps. In life, Nina’s belief systems framed her pain. She found herself worthless in a culture that places a very high value on independence.

This value is so ingrained it shapes not only our personal relationships but our structural systems that could offer help. Wendell argues that ‘independence’ is basically an illusion. She uses as an example someone who needs ‘help’ washing their clothes. Those who do not need this help are seen as “independent”. But, in fact, they are very dependent on water and electricity coming to their house. She states, ‘it is instructive to remember that, to people who meet their own needs for water, food, shelter, and clothing more directly, all of us

⁷³ Morris, p. 45.

who live in industrialized societies may seem helpless as infants'.⁷⁴ All one has to do is look at the utter helplessness of the inhabitants of a city after a natural disaster to see that our ideas about independence may actually be utterly arbitrary and skewed. We are all dependent, but our ideals of independence devalue certain people:

[T]here are people who will always need a lot of help from other individuals just to survive (those who have very little control of their movement, for example), and there are people who sometimes need a lot of help to survive (those who get sick from time to time). To the extent that everyone continues to consider "independence" necessary to respect and self-esteem, all those people will be devalued.⁷⁵

Nina feels devalued because she cannot make a cake for her son. The film makes a clear connection between this "failure" and her suicide. But again, is it the pain that Nina is in, or has she already expended all of her energy on proving her independence? Wendell points out:

[S]ome people will expend tremendous energy being "independent" in ways that might be considered trivial in a culture less insistent on certain forms of self-reliance; in a culture that valued interdependence more highly, they could use that energy for more satisfying activities.⁷⁶

If there was more value on interdependence, perhaps Nina could have had assistance purchasing the ingredients, cleaning her house, or doing laundry. Then she could have used her energy to bake a cake. Perhaps that is a creative outlet for her, and if the societal structures allowed for varying levels of interdependence, Nina could have chosen where to expend her energy. Wendell says that our constructions of "independence" can lead not only to loneliness and isolation but to sickness and death from neglect'.⁷⁷ Our cultural value of independence means people don't feel they can help even if they want to. I am less likely to

⁷⁴ Wendell, p. 146.

⁷⁵ Wendell, p.147.

⁷⁶ Wendell, pp.147-148.

⁷⁷ Wendell, p. 149.

call friends for help because they have pressures from work and the expectations of their role as mother. In addition to this, societal structures, like government assistance, require my independence. There is no box on a form that allows me to say, *I can spend my energy playing games with my daughter and finishing my PhD, but then I may be in too much pain to clean my house*. Because of the high value on independence, there is funding for me to quit all jobs and focus all my energy on cleaning my house, but not on finding fulfilling work and accessing help for those other tasks.

Wendell goes on to discuss how our ideas about reciprocity are prohibiting us from understanding that we all need care. It just looks different. People who receive physical care are often still very capable of giving emotional care.⁷⁸ Our cultural constructs frame helping each other as quid pro quo or heroic sacrifice. This prevents us from the meaningful relationships that can form with the giving and receiving of help. Not only that, but the societal requirements of healthy bodies are not that sustainable either. My healthy friends are pushed harder and harder in a capitalistic system that requires them to give more and more, all the time. Our cultural beliefs carry shame in asking for help or even resting when needed. Not only is this unhealthy and may lead to more illness and disability but it is disconnecting us. Wendell argues that our problematic views of reciprocity not only affect people with disabilities but also elder care, gender roles, and even the way we raise our children.⁷⁹ I would also add the environment to the list. During the pandemic, we have seen that making accommodations for people to work from home and with varied hours is not only possible but better for the environment. However, we race as quickly as we can to “get back to normal”, forgetting that “normal” is what we make it. If we are looking hard enough, Nina’s ghost becomes ‘that dense site where history and subjectivity make social life’.⁸⁰ Nina can show us

⁷⁸ Wendell, p. 150.

⁷⁹ Wendell, pp. 150-151.

⁸⁰ Gordon, *Ghostly Matters*, p. 8.

what bodies in pain can offer us. As Morris argues, ‘Pain can reorder priorities in a hurry. It can show what truly matters’.⁸¹ But we have to pay attention.

‘Ding Dong! The Wicked Witch is Dead’⁸²

Since we are paying attention, and since Derrida insists that ghosts are everywhere, and that film and ‘[m]odern technology [...] increase [...] tenfold the power of ghosts’,⁸³ I can consider that *Cake* may be ‘harbouring secrets of which [even it] is unaware but which the reader or critic may be able to elicit’.⁸⁴ If we allow the film itself to haunt us, what other secrets can it give? If we look a little closer at Claire’s multiple banishments, we may detect subtle clues in the film that suggest she has also been expelled because of her embodiment of another fearful creature: the witch. ‘The witch, of course, is a familiar female monster; she is invariably represented as an old, ugly crone who is capable of monstrous acts.’⁸⁵ If we revisit our very first introduction to Claire, it seems the witch has been with us all along.

When Claire’s character is introduced, she is “participating” in a group therapy session for chronic pain sufferers. In this scene, the facilitator of the group, Annette, asks everyone ‘to verbalize [...] how [Nina’s] suicide affected [them]’. The responses vary through “normal” grief responses from ‘why didn’t you reach out’ to ‘how could you abandon your son?’.⁸⁶ Claire shifts in her chair, clearly in pain, does not engage, and says, ‘no’ when Annette asks her directly. Annette continues to push, and so Claire begins to describe in vivid

⁸¹ Morris p. 45.

⁸² Harold Arlen and E. Y. Harburg, *Ding Dong! The Wicked Witch is Dead*, The Munchkins, cond. by Leo Arnaud (Culver City: MGM Soundstage, 1939) [on Spotify].

⁸³ Derrida and Stiegler, p. 38.

⁸⁴ Adney, p. 55.

⁸⁵ Barbara Creed, *The Monstrous Feminine: Film Feminism and Psychoanalysis*, (London: Routledge, 1993), p. 1.

⁸⁶ *Cake*.

minute detail the horror of Nina's death. Annette tries to stop her several times, but she does not stop:

CLAIRE And is it true that she landed on a flatbed truck...that was full of used furniture that was heading to Mexico?

ANNETTE Claire, we should be focusing on our feelings.

CLAIRE And that no one discovered the body until it reached Acapulco? That was, like, more than 2,000 miles away? And that they then sent her body back in a Rubbermaid cooler... which then got stuck in Customs for, like, a week... before Nina's husband could even claim it? Way to go, Nina. Personally, I hate it when suicides make it easy on the survivors. But please, continue.⁸⁷

Claire confronts the group with the reality of Nina's death, almost forcing the group to touch the violence and filth of it. In this particular group, Claire has sinned. She has become what Marina Warner calls the 'garrulous crone' and Claire's 'transgressions [are] disobedience, opinion, anger, outspokenness, and general lack of compliance'.⁸⁸ And while we no longer sentence witches to be drowned in rivers (or pools),⁸⁹ they still must be banished. Claire exposes Nina's death for all that it is—Nina chose death over life, and Nina's death couldn't have been more gruesome if she had tried. What is interesting is that Claire is incorrect no matter what she chooses. She initially tries to remain silent. This may have been the "better" choice; as Warner explains, since Aristotle, '[t]he Silent Woman was an accepted ideal'.⁹⁰ However, Annette insists that Claire speak, and then her participation in this cathartic time becomes a punishable offence.

⁸⁷ *Cake*.

⁸⁸ Marina Warner, *From the Beast to the Blonde: on Fairy Tales and their Tellers* (London: Random House, 1994), p. 43.

⁸⁹ Ronald Hutton, *The Witch: A History of Fear from Ancient Times to the Present*, (New Haven: Yale University Press, 2017), p. 160.

⁹⁰ Warner, p. 29.

The relationship between Nina as the ghost and Claire as the witch has echoes of the dichotomous choices seen in female gothic literature. Karen Stein describes the fiction that embodies the patriarchal binaries that women could choose from: ‘saint/sinner, virgin/whore, nurturing mother/devouring stepmother, angel/witch’.⁹¹ For women in chronic pain we may feel we are reduced to one of two choices. Either we can disappear, already dead, haunting our previous lives, or, if we are honest about our experience, anger included, we may be labelled and banished via what Jack Zipes has called the ‘demonized, stereotypical image of the witch as bitch’.⁹²

It is Nina’s first haunting that gives us another clue to identify Claire’s status as witch. Nina begins by calling Claire one of the most offensive and loaded derogatory words for women: ‘Why are you such a cunt?’⁹³ That evening Claire has had sex with Arturo, the man who cleans her pool. And later in the film, Silvana yells that Claire ‘sleeps with any low-life that walks in front of her’.⁹⁴ Claire’s ‘outspokenness’⁹⁵ in the group, her sexual promiscuity, and Nina’s derogatory term, combined with the witch-trial-like sentence of drowning, give the reader all the clues she needs.

What, then, does the witch have to offer us? The witch, of course, offers us a cautionary tale, as she has done in many fairy tales. As Diane Purkiss says, the witch is ‘a terrorising symbol of what might happen’.⁹⁶ Purkiss is discussing the witch’s messages to small children, but the witch in *Cake* cautions women in chronic pain about what they will become

⁹¹ Karen F. Stein, ‘Monsters and Madwomen: Changing the Female Gothic’, *The Female Gothic*, ed. by Juliann E. Fleenor (London: Eden Press, 1983), pp. 123-137 (p. 124).

⁹² Jack Zipes, *The Irresistible Fairy Tale: The Cultural and Social History of a Genre* (Princeton University Press: 2012), p.81, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=864785>> [accessed 19 August 2021].

⁹³ *Cake*.

⁹⁴ *Cake*.

⁹⁵ Warner, p. 43.

⁹⁶ Diane Purkiss, *The Witch in History: Early Modern and Twentieth-Century Representations*, (London: Routledge, 1996; Taylor & Francis Group,), p. 281, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=179374>> [accessed 19 August 2021].

if they drop the protective mask and are honest: about their pain, about their anger, about the reality of their life.

Nina, as a ghost, exposes our fear of the loss of control our bodies. Claire does the same but, as a witch, exposes an additional fear. Diane Purkiss says, '[The witch] represents what we cannot bear to acknowledge as ours, the feelings, violence, dirt and filth that we cannot own without destroying our pleased sense that we are good and kind and clean'.⁹⁷ The ghost and the witch cannot extract themselves from each other as they are the two options of existence for the chronically ill. Claire, herself, moves between the invisibility of her pain and the visibility of her honesty.

For a while, Claire seems to accept her fate as a witch. When her estranged husband agrees to sit with her until she falls asleep, he asks if she wants a bedtime story. She says, 'Yes, tell me a story. Tell me a story where everything works out for the evil witch'.⁹⁸ Claire is aware that this is not possible—nothing ever works out for the evil witch, not in real life or in fairy tales—just as there is often no happy ending for the woman in chronic pain. However, later she finds one of Jason's Billy Joel CDs. She sits on the couch with her glass of wine and the song plays 'honesty is hardly ever heard / and mostly what I need from you'. Then she tries to sing along, stumbling over the words, 'I can find a lover / I can find a friend', until she is incoherent. Then she picks up the remote, turns off the music, and says, 'Alright, enough with the fucking honesty'.⁹⁹ It is after this moment, as I discussed in the first chapter, that Claire tries dishonesty—wearing a mask and pretending. But it is not enough for the society around her. When she goes to deliver her apology gift to Annette, she is assured there is no way for a witch to re-establish connection. Annette tries to run away from Claire, but she shouts after her.

⁹⁷ Warner, p. 43.

⁹⁸ *Cake*.

⁹⁹ *Cake*.

CLAIRE [...] I come bearing conciliatory gifts.

ANNETTE Like what? A poison apple?’

CLAIRE [laughs] That’s good one. No, I actually brought you a really nice bottle of vodka.

Annette stops and turns.

ANNETTE What kind?

CLAIRE A big one, from Costco.

Annette will only accept the gift if Claire puts it on the floor. Perhaps she fears her ‘own sense [that she is] good’ will be contaminated by contact with the ‘dirt and filth’ of the witch.¹⁰⁰ However, along with the loaded reference to the gift of a poison apple, the important imagery in this scene is behind Annette. They have ended up in a large room with a small stage in the front. On the stage is the house from *The Wizard of Oz*, and the Wicked Witch of the West’s legs are twisted and tied together, poking out from under the house.¹⁰¹ It doesn’t matter if Claire is honest or kind; she will always be the witch. It is interesting that the legs are mangled and tied together as, historically, deformity was a sure sign of being a witch. Scott Eaton found: ‘The stereotypical witch was defined as the social and cultural “other” through her behaviour and her physicality, representing a deformed and deviant version of early modern standards of normativity.’¹⁰² Claire’s chronic pain and her external scars remind us that she is abnormal, and she is “other”. Perhaps, though, the film has another secret for us. If we revisit ideas of interdependence and reciprocity, perhaps the witch can grant my wish for transformation and change.

¹⁰⁰ Warner, p. 43.

¹⁰¹ *Cake*.

¹⁰² Scott Eaton, ‘Witchcraft and deformity in early modern English literature’, *The Seventeenth Century*, 35.6 (2020), 815-828 <<https://doi-org.ezproxy.waikato.ac.nz/10.1080/0268117X.2020.1819394>> (p. 816).

When Dorothy tells Glinda the Good Witch that she wishes to go home to Kansas, she responds, “Bless your dear heart, [...] I am sure I can tell you of a way to get back to Kansas.” Then she add[s], “But, if I do, you must give me the Golden Cap.” Glinda is more than happy to help Dorothy, but she also asks for something in return, something easy for Dorothy to give: “Willingly!” exclaimed Dorothy; “indeed, it is of no use to me now, and when you have it you can command the Winged Monkeys three times.”¹⁰³ With this in mind, as I look closely at the film *Cake*, I can see something that is, as Esther Rashkin describes, ‘not apparent, [but] is inscribed hermetically within the narrative’.¹⁰⁴ Claire catches a young girl, who has run away from home, trying to steal from Claire and Silvana’s rental car. Instead of reproaching her, Claire offers her a ride and asks her for help making a ‘yellow cake with fudge frosting’.¹⁰⁵ The girl agrees as Claire has offered to pay. Claire is able to rest while the girl makes the cake. Then Claire is able to bring the cake to Nina’s son for his birthday. In the end, the girl steals from Claire and disappears, but the relationship is an example of what is possible. Claire is able to do something special for Nina’s son and a young girl has the opportunity to be safe and get a job. Of course, as always, we must acknowledge Claire’s privilege in her economic status to pay someone to make the cake. However, if our systems allowed for the creation of jobs for these small tasks, those who are disabled, or in chronic pain, could spend their energy working and earning enough to pay others to do these tasks. Or if we take an even more socialized approach, if I am working, and deepening the tax coffers, this would allow for the creation of more paid assistance roles. Either way, the potential is not only for more interdependence, but also for meaningful relationships. Even though the girl leaves, a connection has been made, and perhaps she has learned Claire’s house is a safe haven. Tobin here subtly overturns the image of the bad witch

¹⁰³ L. Frank Baum, *The Wonderful Wizard of Oz*, (Chicago: George M. Hill, 1900; Ebook 1993), chap. XXIII, Project Gutenberg) <<https://www.gutenberg.org/files/55/55-h/55-h.htm>> [accessed 19 August 2021].

¹⁰⁴ Rashkin, p. 44.

¹⁰⁵ *Cake*.

who abuses or even devours orphans. And based on what we know of Claire's pre-pain life, we see that Claire has the potential to be fiercely good and powerful if her society would allow it. Perhaps, instead of spending the night cold and alone on the street, as many runaways do, the girl will ask for help when she needs it. We do not need to always do everything independently. In fact, this may be a value that is unhelpful for all of us. And even though nothing ever works out for the evil witch, perhaps Claire has traded her black hat for a magic wand. Perhaps Claire is not the mangled witch under the house but the good witch who grants wishes and provides safe passage home.

Cultural Ghosts: Nina Poggione and Ryan Shifrin Alive and Forgotten

Not to be forgotten, the ghosts in *The Illumination*, while still alive, provide a 'haunting reminder of the complex social relations in which the chronically ill live'.¹⁰⁶ Nina Poggione and Ryan Shifrin are 'ghosted characters'.¹⁰⁷ However, they may have more in common with traditional ghosts 'rather than the breathing, living [characters] with whom they share their environment'.¹⁰⁸ del Pilar Blanco and Peeren define ghosts in this way: 'Ghosts [...] violate conceptual thinking based on dichotomous oppositions. They are neither fully present nor absent, neither living nor dead. The ghost is the mark or trace of an absence.'¹⁰⁹ In this sense, Nina and Ryan exemplify the lived experience of women in chronic pain. The secret that their haunting reveals is the existential suffering caused by the pain itself. Rather than being socially imposed, this suffering spirals out from inside our bodies and interacts with the world around us. The pain and its meaninglessness slowly erode layers of our identity until we are nearly invisible. David Morris's premise for his book *The Culture of Pain* is that we

¹⁰⁶ Gordon, 'from Her Shape and His Hand', *The Spectralities Reader*, p. 120.

¹⁰⁷ Adney, p. 48.

¹⁰⁸ Kröger and Anderson, 'Introduction', *The Ghostly and the Ghosted*, loc. 150.

¹⁰⁹ Jeffrey Andrew Weinstock, 'from Introduction: The Spectral Turn' *The Spectralities Reader*, p. 64.

experience pain within the cultural belief system we are in. When our culture was largely religious, pain tended to have more meaning. Sometimes this was helpful and sometimes not.¹¹⁰ What is interesting is, he argues, ‘[t]he new world of chronic pain [...] is a world in which pain has become almost utterly without meaning’.¹¹¹ Not only have meanings of illness and pain evolved, but the chronic pain itself has no point. There is no constructive or protective inflammation that will eventually heal damaged tissue. Meanwhile, our bodies are a constant reminder of the fragility of life, and this tends to foster questions of its purpose. We then are ghosts that ‘inhabit a realm between the physical and the spiritual—caught between this reality and the next one’.¹¹² As the pain extends out from our bodies, the boundaries between death and life start to blur with the haze of its ineffable nature.

Besides anticipating the pain of dying, the most terrifying aspect of death may be the pain the living experience following the death of their loved ones. For those who experience both grief and intense physical pain, for a time, there is not much difference. Writer and chronic pain sufferer Stephanie de Montalk discusses this after the death of her brother. ‘[T]he memory of my brother [...] and the circumstances of his death caused an ache in my chest indistinguishable from physical pain. So acute was the ache, I rarely spoke of David.’¹¹³ Nina uses the novel she is writing not only to express this pain, but she uses it to show that her illness has left her suspended in a liminal space between death and life. In her fictional country, once someone has died, their loved ones are forbidden from speaking to them. Instead, the living write letters that they will pass to the dead through cracks in the ground that appear during a brief dry period in a mostly rainy climate. The never-named title character’s fiancé has died, and her own connection to the living world grows more and more tenuous:

¹¹⁰ Morris, p. 48.

¹¹¹ Morris, p. 56.

¹¹² Kröger and Anderson, ‘Introduction’, *The Ghostly and the Ghosted*, loc. 57.

¹¹³ Stephanie de Montalk, *How does it Hurt?* (Wellington: Victoria University Press, 2014), p. 101.

The truth was the thread connecting her to the world was as thin as it could be. A sunrise here or there, the feel of suede against her skin, the aroma of strong coffee [...], and a few moments of forgetful wellbeing—that was it, that was all she had, and she knew that it could snap at any moment.¹¹⁴

As I previously discussed, people who suffer from chronic illness can inhabit a strange ghostly existence. Their former life is dead, but they are not dead. They are alive but not living. Through the character in the novel Nina is writing, she explores this nearly invisible thread that connects us to the world of the living. As the pain takes up more and more of life, those moments of connection and enjoyment grow more and more sparse. What is interesting is that Nina does not give her character physical pain, but in this passage, she discusses those moments of forgetful wellbeing. Nina no longer has moments of forgetful wellbeing. For those in chronic pain, any moment of relief from pain never goes unnoticed. '[S]he kept flattening her tongue against the sleek patch [in her mouth] where her sore had been, reassuring herself that it scarcely hurt anymore, though her tongue itself was already perforated where she had rasped it against her teeth.'¹¹⁵ Nina cannot even enjoy her relative reprieve unless she ignores a new pain. As de Montalk writes, even when pain 'is less relentless, [...] the memory of severe chronic pain is not diluted by time. It waits in the mind haunting the wood of an instrument long played, storing and orchestrating sounds for the future'.¹¹⁶ Forgetful wellbeing is reserved for those who can ignore the inevitability of death. In reality, none of us is very far from death, but ignoring this is the privilege of the healthy. For the chronically ill, it can feel as though we are dangling by a thread above the abyss of our own pre-dug grave.

¹¹⁴ Brockmeier, p. 210.

¹¹⁵ Brockmeier, p. 211.

¹¹⁶ De Montalk, p. 79.

In her novel, Nina wrestles with our tenuous grasp on life, but also uses the metaphor of death to articulate what her illness has taken from her. She does this by forbidding her characters from speaking to each other except in written form. The woman's fiancé is dead and cannot speak, and the woman is forbidden from speaking to him. And, just like Nina because of her illness, her communication and the expressions of her grief are restricted to the page. She can write him notes, but she must wait many months until 'the earth split[s] open', collecting her words and grief in 'three heavy baskets'.¹¹⁷ They both must wait, trapped between two worlds, in silence. In addition to the excruciating pain, Nina's illness robs her of her voice. This is devastating. She worries that her inability to use most words and the effort it takes to find the simplest, ideally non-verbal, response will destroy who she is—a kind of homicide.

She was afraid that the voice she used in public would change the voice she used in the privacy of her thoughts, that fluid, unfearing voice with which she had once written her books. Presuming of course, that it had not already. Your mind was not free of your body.¹¹⁸

Her illness may not be deadly, but it threatens *her*. Her ability to find the exact right word and to thread those precise words into an elegant string is part of her identity. This slow erasure of self can make one feel more and more transparent. It begins to take not just the constructed part of our identity but our talents, our time, and our mind. I remember feeling for a while that just a breath of wind would make me disappear. I no longer had substance. I was a ghost. The woman in Nina's story writes her questions to her dead fiancé, and they echo Nina's fears about her loss of identity: 'what am I going to do?'¹¹⁹ Nina and her two voiceless characters must wait for answers to their questions, and the answers may never come. Here

¹¹⁷ Brockmeier, p. 192.

¹¹⁸ Brockmeier, p. 178.

¹¹⁹ Brockmeier, p. 192.

we are not dealing with a constructed “normal” that Nina feels she must ascribe to. There are some things illness takes from us that no amount of social justice can overcome. Wendell states,

many people with disabilities, even those with the strongest social-constructionist perspective, admit that there are often heavy personal burdens associated with the physical and mental consequences of disabling physical conditions—such as pain, illness, frustration, and unwanted limitation—that no amount of accessibility and social justice could eliminate.¹²⁰

Nina’s illness threatens her voice by literally making it hard to speak. The constant pain starts deleting words from her vocabulary.

Each time her lips came together or her teeth bit into a letter, she had that terrible sewing needle sensation. [...] [S]he reflected that she should write a story that used no *b’s, f’s, m’s, p’s, or v’s*, one she could deliver without aggravating her mouth. “A Story to Combat the Pain,” she would call it. But what if it wasn’t her lips that were ulcerated? She would have to write a second story to avoid her hard palate, one without any *c’s, d’s, g’s, h’s*—oh so many letters.¹²¹

‘A Story to Combat the Pain’ with nine letters missing from the alphabet would be nonsensical, impossible to understand and communicate. Not only has Brockmeier captured the incommunicability of pain, but he has captured what pain takes from us. Nina is no longer able to use the most elegant word, but, rather, the word she can say with the least amount of pain. She feels she may no longer be Nina. She has died but is not dead. Nina Poggione is a ghost who, Gordon says, haunts ‘as the tangled exchange of noisy silences and seething

¹²⁰ Wendell, p. 154.

¹²¹ Brockmeier, p. 180. Italics in original.

absences'.¹²² Both Nina and her character represent a life lost. And it must be mourned if we are ever to truly live.

Many of the questions that appear when one is grieving can be distilled down to: why? And the first stop in getting answers to the why of disease is the doctor's office. As I have already discussed with Jenny Lawson's experience, often for women with chronic illness that initial trip brings more distress and more questions, either because they are misdiagnosed, or they are not believed. This reality is entirely constructed by our society: our bodies should be controlled; if they are not controlled, we have people who will get them back under control. We then become the reminders that medicine fails everyone at some point. We all eventually die. Wendell states:

In the societies where Western science and medicine are powerful culturally, and where their promise to control nature is still widely believed, people with disabilities are constant reminders of the failures of that promise, and of the inability of science and medicine to protect everyone from illness, disability, and death. They are 'the Others' that science would like to forget.¹²³

Women in chronic pain are the ghosts that medicine would like to forget. Most of the time, for women with chronic illness, the most they can hope for is partial control of the pain—no cure, no death. This is complicated for the physician as well. They are taught that their skills are powerful, and when those skills fail a chronically ill patient 'they may either blame themselves or blame the "customer"'.¹²⁴ And, as I have shown, more often than not the person who carries the blame is the chronically ill patient. Some of them won't even get a diagnostic label, and for those who do, it still does not answer the question of *why*.

¹²² Gordon, *Ghostly Matters*, p. 200.

¹²³ Wendell, p. 63.

¹²⁴ Scott Fishman, 'Clinical Commentary', *Inside Chronic Pain: An Intimate and Critical Account* (Ithaca: Cornell University Press, 2011), p. 166, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=3137972>> [accessed 26 July 2021].

Myths about control continue to be pervasive because we don't understand the why of death and illness any better than when medical wisdom was sure TB was caused by bad humours.¹²⁵ Today we may know about bacteria, or significantly more about how the body works, but we are still desperate for answers. It doesn't help much to understand that my body's immune system is attacking my joints. The question is: why is *my* immune system attacking *my* joints and *your* immune system is not attacking *yours*? I do not want your immune system to attack your joints. Instead, I am desperate to understand what it is about me that has "allowed" this to happen. And what is it about you that has prevented it? This is also where the fear coalesces for the witness to pain: why is it attacking your joints, and how can I prevent it from attacking mine? As I discussed in Chapter One, often a witness may feel a compulsion to explain it because an explanation seems to offer the promise of a "solution". It is a way to feel in control of something all of us have very little control over. For those who become ill, knowing the scientific answers to the question of which cells are doing what damage still does not answer the question of why. Nina Poggione articulates this: '[W]hy this sickness, why this pain, why not some other? Take my eyes so that I cannot see. Take my legs so that I cannot run. Anything, anything but my mouth so that I cannot speak.'¹²⁶ It is a desperate plea to understand and even negotiate. Hidden in her bargain is the societally constructed belief that something or someone can control it. Who is she offering her eyes and legs to in exchange for her voice? Her repeated 'why' assumes someone has to get sick—even that she herself has to get sick—but Nina does not ask why that is.

The woman in Nina Poggione's novel does this for her. Nina has the character ask the question of why—what is the point of any of it? She asks, '*why did I spend my whole life waiting to fall in love with the right person if you were just going to leave and it would all be*

¹²⁵ Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (London: Penguin, 2002), pp. 77-79.

¹²⁶ Brockmeier, p. 178.

*for nothing?*¹²⁷ It is a privilege that the healthy can choose, if they wish, to ignore certain existential questions. What are we doing here? Is there any meaning to our lives that we have not constructed? And if we have constructed all meaning, what is the point? Especially if we are ill and are incapable of creating and maintaining these constructions of meaning. People who grieve the loss of someone they loved with such depth, wrestle with these questions, just as the woman in Nina's story does. Sometimes, as the waves of grief get further apart, a sense of gratefulness emerges for the time that they did have together. However, this ebbing of grief never occurs for the woman in the novel. Nina does not send her on a journey of self-discovery that ends with healing. In the end, her character disappears into the ground, summoned by the ghost of her dead fiancé. 'There she was, and then there she wasn't, and two large, pale ants were exploring the impression her knees left in the grass.'¹²⁸ Women who suffer from chronic invisible pain are often trapped in these questions as their life gets smaller and smaller, breaking it into more manageable pieces—just make it through this event—just make it through this morning—just make it through this hour—just sit up in bed—just open your eyes. It starts to look less and less like life and more and more like death. A reader picks up on this in Nina's story and asks her about it at one of her readings.

"What's wrong with your people? [...] You write these stories about characters who have great sectors of what one would ordinarily regard as the common human experience entirely unavailable to them. I mean, they don't seem to realize it, but they do. I'm just trying to understand why," and the only answer she could think to give was that she had spent the last four years doing exactly the same, trying to understand why.¹²⁹

¹²⁷ Brockmeier, p. 192. Italics in original.

¹²⁸ Brockmeier, p. 211.

¹²⁹ Brockmeier, p. 212.

Nina has been wrestling with a question with no answers for four years. And the unsettling reality is that this is the case for those of us suffering from chronic illness: all that is left is the impression of our knees in the grass and our questions hanging in the air.

Another ghosted character in *The Illumination* is Ryan Shifrin. He is already neck-deep in loss. When we meet him, his sister is dying of cancer. She seems sure of life's meaning or at least holds a sure belief in a being who knows the meaning. She does not need to ask why. Her peace comes from a belief that there is a God and that He has a will. Yes, she wants to live, and she prays for healing, 'but always and only if it be God's will'.¹³⁰ She finds meaning in the belief that, even if life doesn't make sense, there is an overall plan, and she can trust in it. Ryan lacks the same surety but finds meaning in his love for her. However, after Judy's death, Ryan has no idea how to make meaning except in the way that Judy would have if she had lived. He is alive but not living his life. He is her ghost. Each step Ryan takes in his life is a step Judy would have taken, not him. He continues her work as a door-to-door missionary while she is sick and after she dies.¹³¹ And then with each assignment her church asks him to take, he answers in the way he knows she would have answered. Many of us in chronic pain go through life just taking the next step, as Ryan does. We must choose what our illness allows us to do rather than what we want to do. Then, before we know it, our life has become unfamiliar. Ryan's haunted life 'capture[s] those singular and yet repetitive instances when home becomes unfamiliar, when your bearings on the world lose direction'.¹³² Nothing about our lives remains the same. The space around us becomes liminal. We live in our own uncanny valley. We have, in a sense, died, but we have not become still. We are in Miro's 'valley animated by the living dead'.¹³³

¹³⁰ Brockmeier, p. 153.

¹³¹ Brockmeier, p. 134.

¹³² Gordon, *Ghostly Matters*, p. 197.

¹³³ Miro, p. 93.

Brockmeier has the sister with the faith die and gives the miraculous life to the man already filled with doubt. However, Ryan feels he must keep Judy's life 'warm for [her]'.¹³⁴ And it is not only when she is ill. He lives his life as if she will return to it at any moment. At his retirement in his eighties he asks, 'What do you think Judy? [...] Did I keep it warm enough for you?'.¹³⁵ Women with chronic pain also live in this suspended state, as if we might be able to get back to our "normal" life any day now. And the sometimes-episodic nature of many of these illnesses makes this seem like a tantalizing possibility. So, we are suspended. We are the haunting that Gordon describes, 'in which these binary oppositions (visible/invisible, real/imaginary, dead/alive, past/present) are experienced as both fluid and maddening'.¹³⁶ The binary between ill and healthy is so fluid it is maddening. We live our lives in the episodes of surviving pain and waiting for health—trying to keep our previous life warm. In Ryan's retirement service, the pastor asks them all to stand and sing the 'song that exemplifies the spirit with which Brother Shifrin has dedicated himself to the church [...] "Teach Me Lord to Wait"'.¹³⁷ Sometimes we are stuck waiting for the pain to end.

There is very little dialogue in Ryan's section in *The Illumination*. This serves to confuse time. As Anne Lamott says, dialogue provides 'a complete change of pace from [the slower] description and exposition'.¹³⁸ This lack of change in pace creates a sense of time stagnating. It is difficult to even determine how long Ryan has been in a particular place. This is Brockmeier's intention, as this echoes how Ryan feels:

It seemed to him that he had grown old not in the usual way, day by day, but in a series of jerks. His sister died, and ten years fell on his shoulders. The flames burst from the

¹³⁴ Brockmeier, p. 134.

¹³⁵ Brockmeier, p. 170.

¹³⁶ Gordon, *Ghostly Matters*, p. 42.

¹³⁷ Brockmeier, p. 170.

¹³⁸ Anne Lamott, *Bird by Bird: Some Instructions on Writing and Life* (New York: Pantheon Books, 1994), p. 64.

building in Ouagadougou, and down came another twenty [...] the years fell over him like rain.¹³⁹

When you become ill or when a person you love becomes ill, time seems to fall in jerks and at other times slow right down. At the end of Ryan's life, he too experiences his life in a maddening mix of past and present—never sure if he is sitting in a pew at his retirement service or 'wait[ing] to start high school next fall'.¹⁴⁰ In one sense we seem to be rushing towards death, in another our pain keeps us trapped in one moment.

The sparse use of dialogue also creates a sense of distance for the reader and a sense that Ryan is haunting his life rather than living it. Anne Lamott says, 'dialogue is *the* way to nail character'.¹⁴¹ Reading dialogue is when we feel the most connected to the character. Ryan rarely talks to anyone and, when he does, the interaction is either short or hostile towards him. There is irony in the fact that Nina's voice is literally destroyed, and Ryan chooses not to use his. But they both serve as good representations of the woman in chronic pain. Sometimes the pain literally takes our voice, and we are unable to utter a single word. And sometimes we feel so alienated in life that silence seems to slowly engulf us. Ryan's silence descends on him over the years of isolation. In the end, the practice of isolation causes his voice to disappear.

There is intimacy, however, between the reader and Ryan because of Brockmeier's use of free indirect speech. This makes the reader feel alienated just as Ryan is alienated from his own life. When we find he has made friends, it comes almost as a shock, because we only learn how much he loved them after they die. He seems so isolated; it is difficult to imagine Ryan has made any kind of real attachment. It represents the isolation felt by the ill who are alive but not able to live their lives. Ryan has lost everyone he has ever loved. '[W]hy should

¹³⁹ Brockmeier, p. 169.

¹⁴⁰ Brockmeier, p. 169.

¹⁴¹ Lamott, p. 67. Emphasis in original.

he even bother to learn another person's name again.'¹⁴² Ryan assumes they will all die, and he will survive them. For women in chronic pain, we may not bother forming friendships because our experience tells us they will not stick around for long. Moss and Dyck found that 'even if a woman has a supportive network of family and friends at onset [of the illness], this does not guarantee that such support continues'.¹⁴³ I have experienced this myself. And my experience makes me hesitant to form new relationships. They will grow tired of me and my story, so why should I be close to them? Why be honest? It is too exhausting to calculate when that person will feel the need to, as one friend said to me, 'change the relationship to a more sustainable level'. According to him, to remain friends with me is hard work and requires time he does not have. So, now, I rarely bother.

Brockmeier looks directly at questions about life's futility from within the body of someone who almost miraculously avoids illness and violent death. It is interesting to consider that Brockmeier himself suffered from the mouth ulcers he gives to Nina, and that he gives a male character supernatural survival. Could this be an indication of the amount of shame that is attached to chronic illness? Did he feel a woman was the more acceptable body for chronic pain? Was Brockmeier needing to push the pain as far from himself as he could? Or was it actually Ryan who was providing some catharsis in writing? As a writer I understand this instinct. I live vicariously through my characters, giving them cathartic moments that I will never have in real life. Ryan may have a healthy body, but Brockmeier doesn't let him off easily. Ryan's increasing detachment begins to expose hidden implications about a god with the capability of being involved in our lives. I call Ryan's survival "almost miraculous" because in each instance—a bomb, an earthquake, and a tsunami—a scientific or coincidental explanation could be applied. But Brockmeier does not

¹⁴² Brockmeier, p. 159.

¹⁴³ Moss and Dyck, p. 149.

point that out, leaving it to the reader to conclude. This has the effect that the whole chapter could be stamped with a giant red “why?” stamp. Why does his sister’s faith fail her but seem to save him? Why does he continue proclaiming the ‘Good News’ of a God he is not sure exists?¹⁴⁴ And if the God of his religion does exist, the questions of why become endless. Brockmeier puts these questions in a healthy body in order to force the reader to confront them. Ryan is in effect Judy’s ghost, but his haunting lacks her sure faith. He is ‘profane but nonetheless charged with the spirit that made [him]’.¹⁴⁵ This allows his critical questioning eye to examine the faith that has become Westernized and used as justification of inequalities.

Ryan’s particular religious institution professes a belief in an omnipotent God. This means that Ryan’s miraculous life causes his own existential crisis: Why would a God, who is capable of saving, not save everyone?

*The lord must be looking out for you. Sixty-four years and never a major illness. Sixty-eight years and still going strong. Seventy-years and seventy-one and seventy-two and seventy-three... and he would say to himself: No. One word: No. He did not believe—and who could?—in a God so hawk-eyed and brutal, a God who bestowed a cancer here, a deformity there, for you a septic embolism and for you a compound fracture, selecting one person for grief and another for happiness like a painter experimenting with degrees of light and shadow.*¹⁴⁶

Brockmeier explores this view of faith and illness that the pious healthy like to discuss: when they are well, someone is looking out for them. If they are ill, or someone they know is ill, there are several answers that are helpful to maintain this world view that promotes a sense that someone or something is in control. First, the person must be sick for a reason: a sin

¹⁴⁴ Brockmeier, p. 140.

¹⁴⁵ Gordon, *Ghostly Matters*, p. 204.

¹⁴⁶ Brockmeier, p. 163.

committed; or a lesson of some sort. Next, they may say God just hasn't healed them yet—it is not his will. Or they will say that the person just does not have enough faith—as if there is some threshold of believing; when crossed, you gain health. This is religion's version of 'the myth of control'.¹⁴⁷ The secular version disguises the myth under "health" and science. The religious version creates its own way of explaining illness to reassure the healthy.

However, Ryan has never been sure of anything. '[N]othing was so clear to him as that life presented a riddle to which no one knew the answer.'¹⁴⁸ For Ryan it is his health that torments him in this world of shining pain. Brockmeier is, in a sense, "playing God", and he is particularly cruel to Ryan. Most of the world has returned to ignoring suffering, but something has kept Ryan watching from the unique vantage point of the healthy body. All around him people suffer, and he wonders again and again what it is all for. Brockmeier uses Ryan's story (and his almost supernaturally healthy body) to explore the way illness and death often send our human minds looking for answers. After 'The Illumination' occurs, Ryan notices that, initially, the seats at church start filling:

Some of the seats at Fellowship Bible were taken by visitors, some by the Christmas-and-Easter set. It didn't matter—each new face showed the guilt, fright, or confusion of someone confronted by a game whose rules had suddenly changed.¹⁴⁹

While Brockmeier is discussing how a global event would affect people, the event is pain. It is an interesting way to discuss how the sudden visual expression of pain makes people confront the inevitability of death. At first people are desperate for answers—some guarantee that everything will be okay. And when the world doesn't end, everyone leaves church and returns to their lives. Antje Rávic Strubel articulates the healthy person's ability to ignore death coming for them:

¹⁴⁷ Wendell, p. 93.

¹⁴⁸ Brockmeier, pg. 144.

¹⁴⁹ Brockmeier, p. 138.

We are experts at distracting ourselves. [...] Death reaches us only by proxy, through others, acquaintances die, friends, celebrities; it affects us, but we are not affected directly. It won't happen to us. Or at least not too soon. We make long-term plans. [...] Every threat, either by natural disaster or technical failures immediately gets pacified. We are watching out. We have everything under control. Those are the slogans.¹⁵⁰

However, the chronically ill do not have this luxury. We are left continually confronting our death. Our bodies remind us that we don't have long on earth, that we can control very little. This simultaneously makes us want to do more—make the most of the time we have—and limits us in what we can actually physically accomplish. We are left without answers and without the ability to comfort ourselves with the distractions of busy societal life. This leaves us alive but not living and wondering what the point of existence is.

When I wrestle with questions of faith, as Ryan does—really wanting to find some sort of meaning or perhaps just some sense that someone might be in control—I find myself tailoring my prayers, clipping the edges and requests so that it might be possible to get an answer, any answer. So, I go from praying *God please heal me* to *God please help my meds to work* to *God please just help me get the garbage the ten feet to the curb*. That way, if I make it to the curb, I have a sense that someone has witnessed and responded to my cry. This doesn't really work though. Because sometimes I only make it to the curb with tears in my eyes and the cold sense that, no matter how loud I beg for help, no one will come and take the bag from my hands. I must do it no matter how many spoons I have left.¹⁵¹ While I still feel a

¹⁵⁰ Antje Rávic Strubel, 'We Tell Ourselves Stories', in *Death in Literature*, ed. by Outi Hakola and Sari Kivistö (Newcastle: Cambridge Scholars, 2014), pp. 3-14, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=1685901>> [accessed 28 April 2021] (p. 5).

¹⁵¹ Spoon theory is a common colloquial term especially in mental health and chronic illness circles. It is from an essay by Christine Miserandino and explains the way those in chronic illness have limited energy (spoons). Each task, such as making breakfast, takes away a spoon. There may be no spoons left by the time she needs to leave for work. Christine Miserandino, 'The Spoon Theory', *ButYouDon'tLookSick.com*, (2019) <<https://butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/>> [accessed 2 July 2021].

connection to someone or something out there pulling the world forward, and connecting us all together, the chronic-pointless-pain problem is never satisfactorily answered by trite sound-bite religion. However, there is quite a big difference between the preacher shouting about God's will and my sin from the pulpit and theologians and philosophers who wrestle with the unanswerable questions. These thinkers offer comfort in the form of connection rather than answers.¹⁵²

Brockmeier opens Ryan Shifrin's chapter with a quote from Simone Weil:

Whoever has finished his apprenticeship recognizes things and events, everywhere and always, as vibrations of the same divine and infinitely sweet word. This does not mean that he will not suffer. Pain is the color of certain events.¹⁵³

Weil's argument seems to be that our experience of pain is based on our ability to see it as part of the sweetness of life. For sure, suffering and loss make moments of connection and joy much more vivid. And I think Weil is drawing comfort from that—I do too. But Brockmeier has put this quote at the beginning of Ryan's journey, and for him, the meditation leads to more questions. For the duration of Ryan's journey, he is trying to understand the implications of a world where things and events share 'vibrations' with the divine. It is a puzzle piece he cannot fit into place. He cannot conceptualize the suffering he sees with something 'infinitely sweet'.¹⁵⁴ Many who suffer find much comfort in this world view. I would not want to contest its power to give hope by providing a sense of purpose to something so senseless. And it is not just religious answers—when science fails, people will go looking for answers in all sorts of places. The problem is not with the hope this search can generate for those who are suffering. The problem lies with the way religious surety is used as a defensive weapon for the healthy to protect against the fear exposed by those who are

¹⁵² Particular contemporary favourites of mine are Richard Rohr, Pete Rollins, Rob Bell, Alexander John Shaia Harold Kushner, and I find particular comfort in the Buddhist Parable of the Mustard Seed.

¹⁵³ Brockmeier, p. 130.

¹⁵⁴ Brockmeier, p. 130.

suffering. When faith or science is used to imply that their illness indicates they have failed, when it is wielded to explain the unexplainable, it isolates the sufferer and can cause even more suffering.

McDonald's French Fries and Saint Jude: a Few more Secrets from *Cake*

Before I close, there is one more secret that Nina's ghost in *Cake* has to give us. After her second suicide attempt, Claire detoxes off all her drugs. She is suffering a great deal with Silvana at the drive-in movies. I can feel her pain as she reaches for Silvana and cries out. At the same moment, the train whistle blows in the distance, and Claire leaves under the pretence that they need more Coke and that she needs to 'get out of the car'.¹⁵⁵ It is then that she has one more encounter with Nina at the train tracks. Nina is waiting for Claire as she struggles to crouch through an opening in the fence, groaning in extreme pain.

NINA It's harder without the drugs, isn't it?

CLAIRE So much harder.

NINA What would Saint Jude do?

CLAIRE I bet that son of a bitch would lay [sic] down on those tracks and just let Union Pacific put him out of his misery.

This is not the first time the 'patron saint of lost and desperate causes' has come up.¹⁵⁶ His statue has carried illegal drugs across the border for Claire. Claire was in a desperate situation for pain relief then, and she is desperate now. But she has decided: no more drugs. Her body has pulled her to the train tracks, and Nina's ghost is waiting. They both lie across the tracks, and Nina begins coaching Claire through the suicide process.

NINA Your last thoughts are important.

¹⁵⁵ *Cake*.

¹⁵⁶ *Cake*.

CLAIRE McDonald's French fries; Coppertone sunscreen—I love that smell.

Claire cries at these memories. These are the tastes and smells of parenthood: endless arguments of *Can we eat McDonalds?*; negotiating weeks of salads for one six-pack of chicken nuggets; holding squirming slippery children trying to escape the slathering of sunscreen. You can never get those white smudges out of swimsuits, and it is the lingering smell around the house all summer long. Those moments of negotiation are not what we automatically assume create quality of life. In our culture, we tend to think the important moments are those in pictures, in snapshots of birthdays with perfect cakes, and Christmases with expensive gifts. This is what Nina thought was important, but a life worth living is composed of those little moments where joy does not necessarily rely on being pain free. Nina held an ideal of parenting in her head about the idyllic childhood that her son deserved. But her son deserves her. Claire realizes what she misses about being a parent has nothing to do with what she wouldn't be able to do for him. It is those moments of connection that do not require two working bodies, just two souls.

NINA We're running out of time.

The train whistle blows off camera.

NINA Say it... Say it.

CLAIRE I was a good mother... I was a good mother.

Claire may have lost that part of her identity, but she is still a person who is worthy of life. She realizes, despite her "failure" to protect her son, she was a good mother. Now Nina's ghost disappears, and, disappointingly for the potential of the pain narrative, overcoming grief seems to be the resolution the film was driving towards. However, I am looking for lessons the film can teach even outside of its intention. Claire sits up and chooses to live just as Silvana finds her. It is not dramatic, and we wonder if she ever really intended to die. Was she just giving herself permission? She seems to have lost everything that is worth living for;

and she is now fighting pain without the help of powerful drugs. As Wendell discusses, many “healthy” people might think she is better off dead.¹⁵⁷ We have just seen her in so much pain that she is unable to even focus on the drive-in movie she and Silvana have gone to see. And yet, now, the decision to sit up seems easy (but still painful) and in plenty of time—we don’t even see the train in the distance yet. The power in this story is that the “easy” script would have been that Nina had lost her son and was in pain, and therefore she had nothing to live for. Instead, Tobin explores this concept of a life worth living: Claire seems to have nothing left, but she has worth, nonetheless. She does not get to be a mother to her son anymore, and she is in extreme pain—so much that many would not see the point. But she chooses life. By contrast, Ryan never really chooses his life. He has moments of connection, but these are all stripped from him, just as the pain can rob women in chronic pain of their moments of connection and joy.

When we become ill, or when a person we love becomes ill, many of the ways we normally find meaning become irrelevant. We find ourselves often wanting to give up or holding on with aching fingers to each minute we get to stay alive. In my discussions about the contemporary cultural obsession with avoiding death, I mainly portrayed it as a negative thing. But there is something important about it as well. In order to make sure our species continues to exist, our bodies have certain instincts. We avoid the snake and fear the spider. We keep within our bodies the memory of the trauma from the saber-tooth attack, so we know next time what to do when we encounter one. We are revolted by the pus from an infected wound and recoil from the chesty cough of both family and stranger. Our instinct to survive is ingrained in us. We fear death so that we will fight to survive. But now we are living longer, and the ill walk among us—not dying, not getting well. They are ghosts. This doesn’t fit with our body’s desire to thrive and pass on our DNA to future generations. This

¹⁵⁷ Wendell, p. 159.

leads to the isolation and invisibility of the chronically ill in order to give us a sense of control over our inevitable death. However, our biological need to survive does something important too. We invent new cures. We are creative about safety, all in response to the genetic need to survive and to save the ones we love. What the ghosts in these texts warn us about is the way our avoidance of death creates an “us” and “them” mentality: sick and healthy; disabled and abled. Fear is the most common reason we shun others or think of ourselves as superior. So, we must learn to carry our fear carefully. Let it lead us to the endless world-changing discoveries that the human mind is capable of, while embracing and accepting those that remind us of our fragility. What we can do is realize death is one of the things that unites us. Rather than banishing the ghosts that remind us of it, perhaps we could see them as a reminder to connect with each other with a little more intention, because we are all running out of time.

Conclusion

I am not the same person who embarked on this research several years ago. I was scared. The stakes for me felt high. I have successfully hidden my own illness from others for years. I chose to live in isolation rather than risk the vulnerability of connection that could result in rejection. I don't think I have ever admitted to the realities of my illness as many times as I have in these pages. Yet, as I walked 'beside' these texts, they actually ended up walking beside me. Both the characters and the writers walked with me on this journey. Claire gave me permission to interrogate the absurdity of the social constructs that surround me. Nina in *Cake* and Nina Poggione in *The Illumination* allowed me to confront and hold with care the fact that I am confronted by the reality of my own death on a daily basis. Due to a privileged chemical balance in my brain, I am rarely suicidal. However, I am hyper aware of my body's continual disintegration. Nina and Claire, from *Cake*, also gave me language to discuss what has been bothering me for years about the euthanasia debate: not all voices have been heard, and until the structures of society have adjusted to reduce the suffering of those in chronic pain, we need to change the parameters of the debate. Hannah Gadsby showed me how to address injustice with clarity and strength. Jenny Lawson became the trusted friend who allows me to laugh through my tears. Ryan Shifrin helped me articulate the existential questions I often wrestle with. These texts walked with me. They made me brave.

These stories exposed the difficulty in communicating, and the difficulty in connecting, and yet connections occurred. This was encouraging. However, because I was using a multidisciplinary approach, incorporating insights from sociology, psychology, feminist and disability studies, as well as the medical humanities, a sense of dread accompanied my forward progress in my analysis. The communication I saw in these texts is not reflected in the contemporary memoirs and anecdotal stories of chronic pain. The communication of pain

is often not occurring in real life. As I turned the corner toward the last stretch of my thesis, I returned once more to Elaine Scarry:

So, for the person in pain, so incontestably and unnegotiably present is it that having pain may come to be thought of as the most vibrant example of what it is to “have certainty,” while for the other person it is so elusive that “hearing about pain” may exist as the primary model of what it is “to have doubt”. Thus pain comes unsharably into our midst as at once that which cannot be denied and that which cannot be confirmed.¹

The certainty of the body in pain is undeniable. And unfortunately, in the Western culture that I inhabit, just as certain is a reception of that body with scepticism and doubt.

However, as I suspected from the start of this project, there is more to the issue. It is not just the pain that needs to be communicated. And perhaps, it could be said, the pain is only a fraction of what needs to be communicated. As I write this conclusion, I am in the middle of a particularly bad flare of rheumatoid arthritis. I contracted a minor illness a few weeks back, which turned into a chest infection, and so my specialist recommended pausing all of my medications. I am losing the use of my hands, elbows, shoulders, knees, and feet in this particular episode. I am a children’s song of pain. It is glaringly obvious that not only are the social structures around me failing me, but also, I have not learned how to ask for help. I have three very close friends who would come over and assist me with any number of tasks. However, the social structures also put pressure on them, and taking time out of their day to help me cut vegetables for dinner would be very inconvenient. Not only that, but it has become hard to think again. I live with pain every day, and so I have learned how to push it to the background; but when I am this bad, I remember how impossible it is to form a coherent thought—how impossible it is to know what to ask for help with. Sure, I need help cleaning the shower, I need help vacuuming the floor or mowing the lawn, and it takes me longer to

¹ Scarry, *The Body in Pain*, p. 4.

get dressed. But when I am in this much pain, nothing else matters. I couldn't care less about the pink mildew in the shower. I find delight in long green grass with gold and red leaves like Christmas-tree skirts at the base of my trees. There are some things I need help with for safety and some things that just do not matter. But I do not have the brain power to decipher which is which. The mildew is a health hazard. Our collective cultural agreement about grass length is the ultimate example of an arbitrary construct that, yet, is an expected standard that requires energy I do not have. More importantly, I am realizing that it isn't just the pain that I cannot communicate. I do not know how to prioritize what I need. I do not know how to articulate it. My pain is a tantrum-throwing toddler who demands all of my attention, and yet I must also "pick my battles" as I did when I had my own two-year-old. Do I ask for help getting my daughter to school, or do I ask for someone to bring me a meal? I have all of the ingredients for the meals I planned this week—will they go to waste? Do I rest? Do I go to the gym and try to move so that I do not end up frozen in place? Every single thought is a negotiation with that tantrum-throwing toddler who is demanding my undivided attention. Even though I have friends who ask how they can help, I do not have the brain power to figure out what I need. More importantly, there should be systems in place to support women in chronic pain so that in times of confusion we do not also have to organize our own collection of volunteers.

The most obvious problem exposed in this flare is the disconnection between me and my specialist. I was advised to stay off my immunosuppressant meds and sent on my way. No one took into account any other aspect of my life: that I am a single parent, working, and a student at the end of a PhD; that I am living halfway around the world from my family, that I have no economic means of hiring help. No one asked how I would actually go about *living* while off my medication. My 20-minute appointment was over. Not only this, but the system designed for treating bodies, plural, is incapable of seeing what is best for one particular

body, singular. There is an advice line I could call, but they are still giving protocol-driven advice. For example, do gentle exercise, like walking. This, for me, is the worst possible advice. I will arrive home in more pain than when I left. My physicians and I are not in an ongoing dialogue about what works for me as an individual, so I cannot ask them for help when I am in this predicament. These are just some of the problems with biomedicine and they are not going away. This is despite the fact that, for many decades, medical humanities professors and teachers have been working hard to push back against these inherent flaws that seem to be imbedded in biomedical training.

Take, for example, the writings of two doctors, one from 1988 and one from 2011. Arthur Kleinman wrote his “seminal work” *The Illness Narratives* in 1988. I use scare quotes around seminal work because although his work is very helpful, quoted in many other texts about illness narratives, it inevitably reiterates biases reflective of the Western culture at the time—particularly regarding illnesses specifically relating to women.² I also use seminal with caution, because even though *The Illness Narratives* has been used as a text in medical schools, not much has changed in the time between the appearance of his work and that of Scott M. Fishman, who wrote a clinical commentary for Lous Heshusius’ *Inside Chronic Pain* in 2011.

Here is Kleinman in 1988:

One unintended outcome of the modern transformation of the medical care system is that it does just about everything to drive the practitioner’s attention away from the experience of illness. The system thereby contributes importantly to the alienation of the chronically ill from their professional caregivers, and, paradoxically, to the

² Kleinman, p. 24.

relinquishment by the practitioner of that aspect of the healer's art that is most ancient, most powerful, and most existentially rewarding.³

Here is Fishman in 2011:

Although we are learning more and more about the mechanics of pain, the suffering associated with it is more elusive. The experience of suffering is informed by everything in our lives, including the emotional, spiritual, and social aspects that physicians too often feel unprepared to encounter. Because of this, suffering patients may feel abandoned, left playing what may seem to them to be a shell game in which they are disadvantaged, with little control and few options.⁴

Nothing has changed within the system. The experience of pain is still not taken into account.

In this flare, I am left playing a shell game. I must weigh up, on my own, the increasing inflammation damaging my arteries and joints against an infection in my lungs that is not serious now, but could be, if I go back on my immunosuppressant medication too soon. I must wrestle, on my own, with the fear that when I do administer my injection again, it may not work—as has happened previously. No consideration was given for the fear that accompanies an illness. This is something Kleinman thinks is imperative.⁵ Both of these concerned physicians—nearly a quarter of a century apart—are arguing passionately for the care of the whole patient, which requires understanding all of the aspects of chronic pain, not just the disease or the pain itself. But nothing is changing within the system that dictates the care of the chronically ill.

Some doctors do wish to practice in this way. However, as Arthur Frank found, they are so rare they call themselves marginalized within the profession. He says, ‘these physicians bring a heightened self-awareness to their work. Each, by virtue of one or more personal or

³ Kleinman, p. xiv.

⁴ Fishman, p. 132.

⁵ Kleinman, p. 22.

professional qualities, feels marginal either to medicine or to society as a whole'.⁶ Frank goes on to carefully differentiate between what he terms demographic marginality (i.e., statistical and cultural, and the way it is commonly used in academia) and the marginality of competing values. The clarification about marginalization is imperative because, while Frank's point is important, it is difficult not to be dismissive of an argument claiming doctors feel marginalized, since they tend to have a great deal of power within Western society. However, Frank's point illustrates that these types of doctors are in the minority. I myself have encountered anecdotal evidence from caring physicians as well. When they try to do things differently, they encounter conflict, sometimes aggressively, from those resistant to change.

The problem is not in the doctors themselves but in the system that trained them.

Foucault articulated this in 1963:

[...] the doctor's gaze is directed initially not towards that concrete body, that visible whole, that positive plenitude that faces him—the patient—but towards intervals in nature, lacunae, distances, in which there appear, like negatives, “the signs that differentiate one disease from another, the true from the false, the legitimate from the bastard, the malign from the benign”.⁷

Dr Kleinman articulated the same problem in 1988:

The way of the specialist diagnostician, which is not to credit the patient's subjective account until it can be quantified and therefore rendered more “objective”, can make a shambles of the care of the chronically ill.⁸

⁶ Arthur Frank, *The Renewal of Generosity: Illness, Medicine, and How to Live* (Chicago: University of Chicago Press, 2004), p.82, ProQuest Ebook Central <<http://ebookcentral.proquest.com/lib/waikato/detail.action?docID=557566>> [accessed 25 May 2021].

⁷ Michel Foucault, *The Birth of the Clinic* [1963] (3rd ed.), (London: Routledge, 2003), pp. 7-8, Taylor & Francis eBooks <<https://doi-org.ezproxy.waikato.ac.nz/10.4324/9780203715109>>.

⁸ Kleinman, p. 17.

And Dr Fishman shows how this ongoing problem affected the care, or rather, lack of care of Lous Heshusius in 2011:

Experiences like those of Lous Heshusius are the result, in part, of the reductionist nature of our health-care system, in which the focus is on dissecting people and disease down to the smallest possible objective elements—detecting a molecule in the blood, capturing an image, illuminating receptors, visualizing cells, determining an immune footprint, or searching for some other small but incontrovertible finding in support of the ultimate cause of the disease that troubles a patient. Once it determines the cause, then the system focuses on reversing that cause and thus curing the disease.⁹

The problem is that chronic illness often cannot be cured, or the physician has performed or prescribed all of the treatments that “should” have cured an injury or illness, according to the system that has trained them, and this, once again, leads to doubting the patient rather than the system. The problem is in the training. As Foucault observed, the system’s reliance on proving illness through tests has made the patient a series of numbers and images, rather than a whole person experiencing their pain within a culture. These tests are very helpful and have advanced our abilities to save lives, but they are not the whole picture. And, if untrained, the physician may never be able to see the whole human picture—the one that not only includes the results of the test, but the meanings of illness ascribed by the cultural beliefs surrounding them. This, as we have seen argued by David Morris, often makes the pain worse. Kleinman and Fishman both offer solutions in their work, but still, not much is changing, or if it is, it is happening at a glacially slow pace. The similarities between Foucault’s observations in 1963 and that of these two doctors are depressing. Scarry too adds her voice to the discussion. In people’s experience, she says,

⁹ Fishman, p.131.

physicians do not trust (hence, hear) the human voice, that they in effect perceive the voice of the patient as an “unreliable narrator” of bodily events, a voice which must be bypassed as quickly as possible so that they can get around and behind it to the physical events themselves.¹⁰

Very little has changed. And while there may be a desire to care for the chronically ill, we are the ones suffering the most from this inertia. As Kleinman states, ‘While there is much to admire and recommend in current medical practice, the care of chronic illness is not one of the great success stories of contemporary medicine’.¹¹ And as Fishman echoes, ‘the system compounds the pain because it does not offer an integrated model for approaching this amorphous condition of being in chronic pain. We do not have a model that is able to first see the whole person and then coordinate their care.’¹² Not only is this a problem for anyone suffering from chronic pain, but it is compounded further by the intersection of being female. The system is in its infancy of understanding female bodies—not to mention illnesses that are only seen in bodies that are genetically female. In 2014 male bias was still found to be rampant in medical studies.¹³ And, as I have already shown, women are even more likely not to be trusted.¹⁴ Furthermore, for an even more horrifying picture of inequality in medical care, add the intersection of race.¹⁵ The situation for women in chronic pain is dire. The system we rely on most still labels us as ‘reproductive bodies with hysterical tendencies’ or even, as one doctor says, ‘batshit crazy’.¹⁶

¹⁰ Scarry, *The Body in Pain*, p. 6.

¹¹ Kleinman p. xiv.

¹² Fishman, p. 134.

¹³ Gabrielle Jackson, ‘The Female Problem: How Male Bias in Medical Trials Ruined Women’s Health’, *The Guardian*, 13 November 2019, <<https://www.theguardian.com/lifeandstyle/2019/nov/13/the-female-problem-male-bias-in-medical-trials>> [accessed 9 June 2021].

¹⁴ Anke Samulowitz and others, “‘Brave Men’ and “Emotional Women”: A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain’, *Pain Research and Management*, (2018), 1-14 <<http://dx.doi.org.ezproxy.waikato.ac.nz/10.1155/2018/6358624>>.

¹⁵ Bonnie Bruce, James F. Fries, Kirsten Naumann Murtagh, ‘Health Status Disparities in Ethnic Minority Patients with Rheumatoid Arthritis: a Cross-Sectional Study’, *The Journal of Rheumatology*, 34.7 (2007), 1475-1479 < <https://www.jrheum.org/content/34/7/1475.short>> [accessed 8 June 2021].

¹⁶ Jackson.

However, there is hope. Lous Heshusius speaks of several physicians who made a difference. Importantly, none of them “cured” her, but they did help her and reduce her suffering. Here are some of the ways she describes her interactions with several doctors she has labelled ‘the fine ones’.¹⁷ She describes them showing ‘compassion and genuine kindness’ and she repeats the words ‘listens attentively’ several times.¹⁸ Most importantly, they all seem to share an attitude of learning and enquiry. Importantly, she acknowledges her privilege in being able to afford to seek out these rare careful physicians who give her an hour-and-a-half consultation. Most work in their own private practice—perhaps because there was no place for them in the system.

In this discussion of how we can possibly spark change, I started with the healthcare system first, because it is the glaring problem for me personally in the midst of this flare. Secondly, and more importantly, this is the least abstract of the many social systems I am discussing. By this I mean that you can visit a medical school, change its curriculum, quantify the outcomes of that change in hospitals and clinics. But by no means is the experience any better within the other societal structures women in chronic pain navigate. As I have shown throughout this thesis, the structures of work, and the cultures of family and friends, not to mention the act of just trying to get a bottle of milk from the supermarket, are just as problematic for women in chronic pain. However, if we start with the medical system, if it changes the way it interacts with women in chronic pain and with women in general, its recommendations could start to influence social policy. After all, a note from a doctor still has significant influence on other structures of power. Our cultural beliefs still attribute power to the institutions and the graduates of medicine. And, as always, when social change is required, those already in power have the greatest ability to initiate change.

¹⁷ Heshusius, p. 59.

¹⁸ Heshusius, pp. 60-62.

Things are not as they should be. The contemporary stories I have discussed have exposed the many cultural beliefs that contribute to the suffering of women in chronic pain. They have shown our contemporary social structures not only do not support women in chronic pain but become the exclusionary structures akin to a prison. So where to from here? How do we go about changing this? How can we become less isolated within structural systems that are biased and built for our exclusion? First, we begin with representation. Second, we allow stories to change us. Third, we incorporate pedagogical changes that include that representation.

First, we need stories. On my first reading of *The Body in Pain*, I read with a bias of frustration. I am desperate to communicate pain for myself and for others. As I discussed in the introduction, many scholars who quote Scarry suggest she is arguing that this may be impossible. I felt, in one sense, seen; because no matter how articulate I am, communication sometimes feels impossible when confronting the blank stares of physicians and the dismissive waves of former friends. But in another sense, I was desperate to prove her wrong. I needed to find a way to make others listen. In my haste and desperation, however, I missed a key point: ‘Physical pain has no voice, but when it at last finds a voice, it begins to tell a story.’¹⁹ The story pain tells contains all three of the following: ‘*first*, the difficulty of expressing physical pain; *second*, the political and perceptual complications that arise as a result of that difficulty; and *third*, the nature of both material and verbal expressibility.’²⁰ The scholars who use Scarry to discount the possibility of articulation of pain have missed a prescription she offers as a cure: stories. And these stories must include the entire experience of chronic pain. We need many more stories. Arthur Frank argues:

¹⁹ Scarry, *The Body in Pain*, p. 3.

²⁰ Scarry, *The Body in Pain*, p. 3. Italics in original.

Stories stand better together, each increasing the resonance of others like it. The literary scholar Northrop Frye defined resonance as how “a particular statement in a particular context acquires a universal significance.” This “universal significance” of stories is not some truth for all times and places. It’s their ability to pose questions and offer examples that inform lives lived far from the story’s particular time and place.²¹

Stories allow us to see other perspectives. Even though women in chronic pain occupy the current time and place, our experience of the social structures and cultural beliefs are far from normal. We need our stories to be told. Our stories may not have universal significance, but they have significance for millions of people suffering around the world.²²

However, one could argue, we already have stories. We have clear, cogent, and eloquently written memoirs of chronic pain in easy reach. So, what is missing? Memoirs are important, but they need other stories to stand with them. I believe we also need fiction. My recent experience reading the illness memoirs by Hilary Mantel and Sinead Gleason²³ was interesting for my research. As a writer, I loved both of these books, but as a chronic pain sufferer, and as a human, I found them a struggle. Why would this be? I believe in non-fiction. A significant amount of my own published work is non-fiction. I believe in its importance and yet both of these books took me several years to finish. The simple answer is my particular preference for stories to be an escape. I love a story’s ability to give me a break from the reality of my life. But the more complex answer points to what Sontag warns of. When I read these works, I feel helpless. I want to take Mantel by the hand and march into every single doctor’s office and scream at them. I want them to admit that they treated her as less than human. I want accountability. I want them to admit that they took her reproductive

²¹ Frank, *The Renewal of Generosity*, p.7.

²² Julie C. Hill and Lindsay S. Harrell, ‘Women and Chronic Pain: Understanding the Challenges and Empowering for Change’, *Journal of Feminist Family Therapy*, 32.3-4 (2020), 243-262 <<https://doi-org.ezproxy.waikato.ac.nz/10.1080/08952833.2020.1755168>> (p. 243).

²³ Hilary Mantel, *Giving Up the Ghost: A Memoir* (New York, N.Y.: Picador, 2003); Sinead Gleason, *Constellations: Reflections from Life*, (Hampshire: Picador, 2012).

organs without her consent and that this was not just a mistake but an assault. I want them to apologize for not treating her pain, and instead prescribing antipsychotics. I think Sontag is right: Sometimes our lack of empathy is because we do not care. However, sometimes the images we witness leave us dumbfounded.²⁴ We are utterly helpless, and we do not understand how to just bear witness. I can bear witness to Mantel's suffering, but I also want to fix it. And, as a chronic pain sufferer, I know better. I know that trying to fix someone's pain is not the same thing as empathy. I had to remind myself to listen to Mantel. True to Sara Wasson's theories, I found Gleason's work easier to digest and witness. She has written in fragments. And, while I am not sure she would call her work chaos, it fits the parameters for my purposes. She wrote short prose pieces interspersed with poetry and jumped in and out of time. This was something I could put down without the pull of tension in Mantel's work that begged me to keep reading even when I was overwhelmed. This is why we need more stories. We need a wide range of voices. And, this is why we need to incorporate more fiction. Fiction has the power to show us what is possible. We can imagine a different future. When reading non-fiction, I am distracted by the very real people standing in the way of change. Instead of focusing my attention on how things could be, I am focused on what they did wrong. We need both. We need people to write memoirs of pain so that we know we are not alone—so that each of our voices is 'increasing the resonance of others like it'.²⁵ But then we need fiction, so that we are not overwhelmed with feelings of helplessness, and to show us it is possible to create a world that can be better.

The field of psychology has made significant attempts at quantifying the correlation between reading fiction and empathy. Eva Marie Koopman has written an extremely helpful collection of research, collating multiple studies. She shows that non-fiction stories may

²⁴ Sontag, *Regarding the Pain of Others*, p.101.

²⁵ Frank, *The Renewal of Generosity*, p.7.

produce too much empathy, which may lead to feeling overwhelmed, as I felt reading Mantel. She then presents evidence that fiction may be a way of bypassing this. She explains:

As these [fictional characters] are not presented as existing in the real world, we may be less defensive and more inclined to indulge in feeling. We can care for characters without having to worry about our ability to actually come to their aid. This is important for us because, overall, we are social beings who are biologically very well prepared to feel what others feel and to deduce what others think.²⁶

In an ideal world, we would not be ‘defensive’ when encountering a non-fiction text. The use of the word defensive can sound similar to what I have been discussing in regard to scepticism and doubt. However, if we shift the focus slightly to include the self-protection implied in the word, we have another discussion entirely. As I attempted to show throughout this thesis, much of the difficulty in connection is because people encountering our stories feel helpless and afraid of the implications of a body that turns on itself. More importantly, when we feel the need to come to someone’s aid but have no way of doing so, we can feel helpless and give up. I cannot help Mantel, and because her work is non-fiction, I tend to read it as a singular story that I have no power to change—because I cannot undo the horror that was done to her. I am so focused on her story (as I should be) that I cannot see the systemic failures around me. Her story becomes the most important (again, as it should)—even more important than my own when I am reading. This is in line with what Sontag was speculating when we encounter a true traumatic story, for instance, in the news. When we have no way of knowing how to help, we may turn away in order to protect ourselves.²⁷ And, as Brett and Sparkes showed, when a true story is chaotic, and has no satisfying ending, we may protect

²⁶ EM (Emy) Koopman, ‘Does Originality Evoke Understanding? The Relation between Literary Reading and Empathy’, *Review of General Psychology*, 22.2 (2018), 169-177 <<https://doi-org.ezproxy.waikato.ac.nz/10.1037%2Fgpr0000107>> (p.170).

²⁷ Sontag, *Regarding the Pain of Others*, pp. 90-91.

ourselves by rewriting it.²⁸ Koopman offers evidence that fiction may hold the key to providing more visibility without alienating readers:

When reading or viewing fiction, the “self-loss” caused by empathy is not threatening, because the limited length of the story promises “an end to the empathic engagement when the development has come to an end”. To some extent, this goes for all narratives, but fictional narrative constitutes a clearer separate realm to “bypass the blocking mechanisms” that people commonly use to protect themselves from an excess of empathy. [...] Through the fact that fictional characters are not “real” and that a fictional engagement has a time limit, the context of reading fiction may create an optimal aesthetic distance to engage with other people’s tribulations.²⁹

In other words, fiction has a way of looking after the reader while also cultivating empathy. Because non-fiction characters are still “out there somewhere”, their story still holds centre stage after I close the book, whereas an experience with a fictional character can leave me looking outward to its connections to my world and my experiences. This is encouraging because it offers a way of understanding why things are not changing despite the brilliant, brave, and honest work of illness-memoir authors.³⁰

I believe there is hope. First, if we can be more aware of our fears, we can be more effective witnesses. We can be self-aware readers of non-fiction. We can hold those stories carefully by becoming aware of our tendency towards defensiveness. We can learn from them, look for ways we can help here and now—a friend, a colleague—or if we have power, we can turn our attention to systemic injustice. Second, as the studies Koopman presents

²⁸ Smith and Sparkes, pp. 38–53.

²⁹ Koopman, p. 170.

³⁰ See: Christina Crosby, *A Body, Undone: Living On After Great Pain* (New York: NYU Press, 2016); Amy Berkowitz, *Tender Points*, (Oakland: Omni Commons, 2015); Porochista Khakpour, *Sick: A Memoir* (New York: Harper Perennial, 2018); Kylie Maslen, *Show me Where it Hurts: Living with Invisible Illness* (Melbourne: Text Publishing, 2020).

suggest, if there is more representation in fiction, we may start to see real lasting change.

Scarry, though, gives us two potential hazards for fictional representation:

[T]here is always the danger that a fictional character's suffering (whether physical or psychological) will divert our attention away from the living sister or uncle who can be helped by our compassion in a way that the fictional character cannot be; there is also the danger that because the artists so successfully express suffering, they may themselves collectively come to be thought of as the most authentic class of sufferers, and thus may inadvertently appropriate concern away from others in radical need of assistance.³¹

Once again, we must be self-aware of our tendencies to look away from suffering and our tendency to "rank" suffering. There may be a risk that people will encounter a fictional story and make comparisons that, in some way, allow them to ignore the suffering right in front of them. Or, one who is not able to articulate their pain with much clarity may be compared to a writer who has a talent with expression and then discredited. However, this is not a good enough reason to not write fictional stories, because the suffering is already being ignored. With increased representation comes the potential that suffering will be responded to. A way to overcome this potential problem is education.

It is not enough for there to be just an increase in numbers of stories. Ann Jurecic argues that reading may only accomplish what we want if it includes teachers and a pedagogy that includes these stories.³² Scarry argues this is particularly important when factoring in social change.

[T]he main work of the humanities is to ensure that books are placed in the hands of each incoming wave of students and carried back out to sea. Probably, though, teachers

³¹ Scarry, *The Body in Pain*, p. 11.

³² Jurecic, Ann, p. 123.

and readers need to do more. We should give more attention to making clear the lines of responsibility to real-world injuries and the call to that work that is embedded in the three key features of literature. For even if changes in sensibility will occur without instruction or explicit intervention, less mystification and more clarity might make it easier for people to find their way.³³

I believe this is especially true in the medical humanities. And, clearly, work is already being done in these departments within universities. However, we need more texts written about women in chronic pain, and for both memoir and fiction to be studied.

I am not suggesting adding years of study to an already strenuous medical education. I do believe, though, that doctors need to be taught that when they leave university (like other scholars) they are only an expert in what we know about the body *so far*. There is always more to learn. And, more importantly, they are not an expert on culture, or on the unwieldy powers of the brain, and they are certainly not an expert on gender and gender-related illnesses—because the research their entire curriculum is based on is biased. Perhaps the literature that is taught in medical school needs to remind doctors that there are many experts in many fields of study, and the primary expert about a patient's body is the patient. This does not mean the patient knows everything. How could she? Rather, she is an expert in what normally occurs, and she seeks advice when an anomaly appears. Something has occurred that is foreign, causing pain, and she has sought out an adjunct expert in that specific area. As we have seen, when a patient, particularly a female patient, seeks this advice, she is met with scepticism. A doctor should be trained to interact with patients as if they are encountering another professional with information that they need. The patient may have used her own considerable research skill to find a legitimate therapy or practice that works for her. If a

³³ Elaine Scarry, 'Poetry, Injury, and the Ethics of Reading', in *The Humanities and Public Life*, ed. by Peter Brooks, (New York: Fordham University Press, 2014), pp.41-48, ProQuest Ebook Central <<https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz/lib/waikato/detail.action?docID=3239866>> (p. 48).

doctor cultivates a desire to understand and to listen, then patients may have more encounters with *fine* doctors. Heshusius describes just such an encounter. She is in extreme pain and gets herself, barely, to the doctor. She tells him she knows he does not have any answers. ‘He quietly respond[s], “But I can listen.”’³⁴ This act allows her to trust him enough to ask him to refer her to an alternative therapy she wishes to try:

I asked him to refer me to Dr. Nasif Yasin for prolotherapy. He had never heard of prolotherapy but was immediately interested. I brought him Ross Hauser’s book on prolotherapy. Looking through it, he said, “This is exciting for me too.” He went on, “Perhaps I should learn how to do that. There must be places where they train you.” To be so open about his lack of knowledge was a key to my trust in him— a doctor who had no problem exposing the limits of his knowledge, welcoming what I brought him.³⁵

This exchange brought tears to my eyes. Every single time a physician does not know of a connection or therapy I am asking about, they dismiss it. Any link I have noticed between the consumption of certain foods and increased pain is labelled as coincidence. Any question about why my body is behaving differently to the protocol, or differently to gender-biased research, is deemed irrelevant rather than evidence that may be helpful.

The training in medicine, then, should encourage an attitude of enquiry rather than authority. All information, especially the information that does not fit into the norm, rather than being useless, may end up being the most valuable. Perhaps if every patient was seen as a wealth of information rather than a grateful beneficiary of the benevolent gaze of the doctor, we would find cures. At the very least, trends would emerge, and the next patient with odd symptoms that doesn’t fit the box would learn that they are not alone. The assessments and assignments in medical schools should cultivate the skill of discovery rather than mastery

³⁴ Heshusius, p. 61.

³⁵ Heshusius, p. 61.

of knowledge that will be constantly changing—this is the gift of the humanities. It offers discovery of realities and possibilities without reliance on biased quantified data. The curriculum should include the memoirs that show the reality of how it is. It should also include the fiction that shows how it could be.

These fictional texts are still few and far between. And, of these I have found, the main character is typically male. Cat Sebastian has written several queer romances that include chronic pain. Sebastian herself recommends *Half* by Eli Lang. It is exciting to see that writers are representing LGBTQIA+ characters in addition to representing chronic pain. But we need more representation of the particularly gendered experience of women in chronic pain. This is the gap my creative practice aims to address.

My novel, *Happy Birthday Kelly Wisely*, was at times easy to write; the words poured out of me in a rush. At other times, every word was a negotiation with my body to let it go. I admit to this in the hope that this too comforts someone out there. As Scarry says,

[T]he person in pain might find it reassuring to learn that even the artist—whose life work and everyday habit are to refine and extend the reflexes of speech—ordinarily falls silent before pain. The isolated instances in which this is not so, however, provide a much more compelling (because usable) form of reassurance—fictional analogues, perhaps whole paragraphs of words, that can be borrowed when the real-life crisis of silence comes.³⁶

I offer my words in the hope that they can be borrowed when someone finds themselves silenced either by the pain or by the person in front of them refusing to listen. I also offer my words to the person refusing to listen in the hope that they, rather than being overwhelmed and paralysed by empathy, will be inspired to act. Scarry describes the art I have attempted

³⁶ Scarry, *The Body in Pain*, p. 10.

here. ‘The making of an artifact is a social act, for the object [...] is intended as something that will both enter into and itself elicit human responsiveness.’³⁷

At the beginning of this journey, the story was inspired by the Buddhist parable of the mustard seed, but it has veered away from that inspiring trailhead.³⁸ It is now two narratives. The first is Amanda’s quest journey, and, imbedded within, is Kelly Wisely’s chaos. Sara Wasson, Arthur Frank, and Susannah Mintz provide the parameters of my narratives. Mintz wonders ‘whether certain literary forms [are] somehow more amenable to a representation of pain than others, especially given its notorious elusiveness’:

Lyrical outbursts might be particularly suited to the cries of intense pain, for example, whereas novels and memoirs might shape pain according to the arch of chronology, utilizing conventional structural patterns like quest or conversion narrative to reinstate the pained individual along the arc of an ongoing story.³⁹

Frank argues that we need stories with a recognisable structure in order to overcome the difficulty in witnessing stories of pain. He says, ‘heuristic frameworks can help [others] to hear them. [They are] a means of heightening attention to stories that are their own truth.’⁴⁰

Sara Wasson, on the other hand, considers whether these recognizable frameworks create more problems for communication. She states that the narratives (mainly restitution and quest) are so expected and known by a reader that these ‘dominant narrative forms can contribute to moral insularity’.⁴¹ She speculates about whether it is more effective for illness stories to be told in fragments that focus on the moment. For Wasson, a structured narrative makes the reader focus on the journey of the character rather than on the present. The reader’s expectation of how a journey narrative will play out distances them from the lived

³⁷ Scarry, *The Body in Pain*, p. 175.

³⁸ Peter Goble, ‘Bereavement in Buddhist Teaching and Practice’, *Bereavement Care*, 27.2 (2008), pp. 31–2, <<https://doi-org.ezproxy.waikato.ac.nz/10.1080/02682620808657718>>.

³⁹ Mintz, p. 7.

⁴⁰ Frank, *The Wounded Storyteller*, p. 24.

⁴¹ Wasson, p. 3.

experience of the chronic pain. Wasson agrees with Judy Segal, who says that conventional structures may undermine any learning that could have been achieved by the reader because the narratives are ‘too readily available’.⁴² Wasson considers whether a fragment may be more effective for communication when combined with

a willingness to surrender—even briefly—to the instant of the textual encounter, to the passage, the excerpt, the troubling episode, and to let that extract sit with you, remain with you, haunt you without closing it off within a narrative arc.⁴³

My creative research, then, poses the question: can the predictability of a narrative arc instead be used intentionally as a writing tool to pull focus to moments of chaos?

This divergent perspective is the driving force behind my creative practice. I am interested in a combination of Mintz’s, Wasson’s, and Frank’s theories. Can a quest narrative shape, that holds fragments of chaos narrative, be effective at representing the often chaotic yet never-ending nature of women’s lives in dealing with chronic invisible pain? Can it give enough shape so that the reader will have been offered something tangible to hold onto, since the nature of chronic illness resists the normal narrative structure? This in itself is my quest: to represent and honour not just the chaos but the fact that the chaos is unending. Yet the woman in chronic pain must persevere—she is ill, she may need to be exempt from some aspects of life; she may need help, but she still deserves a life. She will go on new quests, and she may fail, and she may succeed. Her life just may not look like the life that was socially constructed for her.

The experience of writing academic research and a creative work was at times invigorating and at times horrific. It was exciting and refreshing because I could put into existence, immediately, some of the images of social changes I so desperately long for.

⁴² Wasson, p. 3.

⁴³ Wasson, p. 6.

However, confronting the mirrored reality between the texts I have studied here and my creative work often left me in despair for the future. Parts of this novel are works of autofiction. I write what I know.⁴⁴ Just because I was diagnosed with an autoimmune disorder when I was a teen, does not mean I get to escape any other of life's cruelties. I write of painful abandonment because of my illness. I write of mindboggling encounters with strangely cruel humans. The fiction is there to protect me as the author, to cultivate my honesty in anonymity which, hopefully, allows it to flourish. And the fiction protects the reader, I hope, from the helplessness that can lead to inaction. The most exciting reason I chose fiction was so that my characters get moments to see a different world—moments of connection and a few moments of cathartic release where they get to say exactly what I wish I had been able to say. That is the privilege of the author. I get to imagine every possible future and live it vicariously. This novel is not a utopia; not all is resolved. Perhaps I will get to write that book in the future. But in this one, I use my voice to speak of exactly what it feels like in my body and look through a grimy window at a world in the future. Frank says this is my duty:

An ethic of *solidarity and commitment* is expressed when the story teller offers his voice to others, not to speak for them but to speak *with* them as a fellow sufferer who, for whatever reasons of talent or opportunity, has a chance to speak while others do not.⁴⁵

I want this work to speak with other sufferers and I offer my voice in solidarity with theirs.

In addition to the humanities helping students 'find their way',⁴⁶ we cannot underestimate the power of reading or watching films and the learning that can occur with

⁴⁴ Please note I have written the novel in American English because both characters are American and all of Amanda's story takes place in the US. In addition to this, please note there are word definitions that are pieced together or occur in full form online dictionary sources. These appear in italics and are usually most closely copied from: *Merriam Webster Online*, <<https://www.merriam-webster.com>>.

⁴⁵ Frank, *The Wounded Storyteller*, p. 132. Emphasis in original.

⁴⁶ Elaine Scarry, 'Poetry, Injury, and the Ethics of Reading', p. 48.

close friends and relatives. If, as writers, we can provide language to start the conversation, then the “pedagogy” has already begun. If our work can incite the questions—Is that what it is like to be you? Do you feel like that? Is that how other people make you feel? Do you feel alone? Am I hearing you?—then connection has occurred, and women in chronic pain are no longer as alone as they were yesterday. This is my goal: not to cure, but to provide language to alleviate three easily treatable symptoms of chronic illness: feeling powerless, trapped, and alone.

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Happy Birthday Kelly Wisely

Prologue

My phone chimes. I try to focus my eyes to find the blue sparkly case. I grab at it. I can't see the message, but I can see the giant numbers that say 6am. At first, I think it must be a school day and I have something I'm supposed to be early for, and then I realize it's Saturday.

It's one of those weird moments in life when you think to yourself 'Someone better be dead'. If you really thought about it, a 6am notification that someone has died will only be for someone you really love so you don't actually want someone to be dead—but it's the principle: if someone you love has decided 6am is a good time to get in touch, and it's not an emergency, then maybe they shouldn't be someone you love.

My eyes clear a little.

It's Kelly Wisely's Birthday tomorrow

It's a conspiracy, I decide. Not like a governmental one that gets uncovered in the secret compartment of the president's desk—I'm not that important. Just one of those universe ones, where I'm not allowed to get extra sleep on the weekend. I don't know a single person named Kelly, let alone a Kelly Wisely. I try to get back to sleep, but it scratches at the inside of my brain. I double check my friends list on Facebook—no one even named Kelly. I'm too confused to be mad. And the name seems conspiratorial as well—Wisely—like if I ignored it, I might be messing with the space-time continuum—not that I know what the space-time continuum is or anything, just I'm pretty sure, maybe, I shouldn't ignore it. And then I wonder what do you do when one is confronted by the universe, and it demands that you celebrate a stranger's birthday?

You damn well get your ass in gear and buy a cake.

Glass

The glass sits there, beside the sink, just one inch of dark soda in the bottom. She watches as one bubble, and then another, loses its grip on the base and pops to the surface. She is leaning against the counter, one ankle crossed over the other. She swirls the coffee in her sunshine mug like a finger of whisky and throws it back in one shot. The glass seems to teeter right on the left corner of the sink.

‘Let’s go, Junebug!’ She rinses out the coffee and flips the mug upside down in the dishwasher.

The six-year-old thunders down the steps accompanied by significant jingling from various clips and dangles she has managed to attach to her school bag.

‘You look ready!’ Kelly eyes the rainbow-striped tights that Junebug has demanded to wear for the entire week and her bright red light-up shoes. ‘What’s the extra bag for?’

‘Maddy and I are playing Pony Hospital.’ She unzips the bag to reveal her three prize purple and pink ponies.

‘Hmmm cool! Are you sure you want to take your favorites? You might have to share with the other kids, not just Maddy.’

Junebug opens her mouth to protest, then her eyes wander through sharing with Stephanie as well as Maddy. She sets her bag on the floor and takes out her most favorite, Willow, with the pink and purple braided hair, and sets it on the dining room table.

‘The rest OK?’ Kelly waits as Junebug checks and nods. ‘Still have room for your lunch?’ She holds out the soft-sided *Little Einsteins* lunch bag, and Junebug strains the zipper of her backpack over it. Kelly wonders how many moldy peanut butter and jelly sandwiches she will find in the bottom of it when she cleans it out on Saturday morning. Inevitable. ‘Go hop in the car, chick-a-dee.’

Junebug jangles away. Kelly eyes the Coke in the glass and pushes it away from the edge an imperceptible amount. Inevitable. *Incapable of being avoided or evaded.* Her fingernail clicks on the glass in the silence that Junebug has left behind her.

Research

I give up on sleep and wake up the computer. Google is celebrating the *100th Birthday* of someone with a name that I can't pronounce and who's not Kelly Wisely. I do a Google search first. Turns out there are over a hundred and fifty in the United States alone, and turns out, it's really difficult to figure out when their birthday is, so I'm going to have to assume they all might have a birthday tomorrow. There are twenty-four alone in my hometown of Denver. I'll have to get moving. I don't think it would even be possible to see twenty-four people in one day—not when taking public transportation, which I'll definitely have to do because I'm for sure not telling Mom.

Telling Mom *what* though; *what am* I going to do? It's proving trickier to figure out when people's birthdays are; there are some Kelly Wiselies on Facebook, but the online White Pages which has a terrifying amount of information, like where they live now and where they lived before, gives an age range but no birthday. The no-privacy era is good news for me though, because I have a nice list to get me started. I first cross-reference it with any names on Facebook that have a birthday, which eliminates one. I still won't be able to get to twenty-three people in one day—even two. And then an idea starts to form: what if I could wish every Kelly Wisely in the world a happy birthday—like not this weekend, but in my life. What if it's like the thing I'm supposed to do?

I can't seem to do a worldwide search, but this feels too overwhelming anyway. What about every Kelly Wisely in the United States? At the moment, there are one hundred and fifty-four. I can't buy a cake for every single one of them...maybe cupcakes? I could make them to save money, but Mom will definitely be suspicious if I bake a bunch of cupcakes and then try to disappear. I dig through the mess on my floor and eventually find my wallet—it's a bit too babyish, (two cartoon owls, blue and pink on the side) but my mom bought it for me

for Christmas, so I still use it so she's not sad. The Velcro is even more embarrassing as it rips open. I still have twenty dollars in there from Grandma's birthday money. I'd say that'd buy a lot of cupcakes—iced and everything, maybe even actual birthday cupcakes. I grab my list and my backpack making sure to shove the kid wallet in the very bottom. Mom and Dad aren't up yet; it's Saturday and the universe has apparently not deemed them worthy of such an important task. I scrawl a note and tell them I have my phone. I don't exactly lie on the note—I say I'm going to see Kelly. I'm sure at some point my mom will ask who Kelly is, but I'll deal with that when it happens. I grab my coat. It's been cold out but not as cold as it usually is in October—it almost always snows on Halloween in Denver—who knows why. Halloween is two weeks away and I'm still not sure what I'm going as. I should probably be more concerned with whether or not I'm too old for Halloween but there's free chocolate so I'm still in. Plus, Claire promised she'd go with me—not that Claire is the standard of cool, but still, if she's there it won't matter what we're doing.

As I slip out of my room, I'm greeted by Bongo's clicking claws on the hardwood floor—his tongue hanging out of a big smile expecting a walk. He keeps tripping me up.

'Bongo, cut it out!' I whisper, but he's too excited, and he can't tell I'm growling at him since I'm whispering. His excitement could derail my whole plan.

He starts whining as I slip on my coat and tugs at the leash that hangs on a hook by the door. I go grab one of his favorite chews that we only give him when we're leaving for a while. He starts running back and forth. I tell him to get on his bed, and he sits with one paw still on the floor, his butt barely touching the fluffy purple oval. I tell him to leave the treat and he watches as I back step to the front door. Right before I slip out, I say, 'go' and he attacks the fake bone, and I disappear before he notices.

Etiology

Kelly readjusts Junebug's slumped head from a painful angle. The seatbelt is digging into her neck—Kelly's not sure how she's still breathing. She's in that passed-out sleep that hits toddlers in complete exhaustion.

'So, June's what, about eighteen months now? Just the right age for you to...uh?'

Kelly's father-in-law says from the driver's seat. He has just picked them up from the Taranaki airport.

Kelly flinches at the use of Junebug's formal name. She never uses it except when filling out a form or at the doctor's. It feels foreign and aggressive. She was part of choosing it, of course, and she still loves the reason—she's named for Kelly's aunt who lived in New York and danced ballet and was a liberal, when it was crazy to be a liberal, and wore flowing skirts that looked like they were made from fifty different fabrics. June refused to marry her husband for thirty-five years but scandalously lived with him for thirty. But this June, her June, has been Junebug since before she was born. No one who knows her calls her June. They have moved closer to Dan's family, to where the family doesn't know her, doesn't know that they call her Junebug. She swore she would never return here and now she is living here...again. Swear. To swear. *To assert as true or promise.*

'We thought we would have had a grandson to pass on the family name to by now.'

Her father-in-law gives a nervous laugh.

'Mmm, names are important.' She looks out the window. One drop of water is streaking diagonally across the glass. It seems like it should have blown off by now, but it clings to the pane.

'So, John and Nina are out?'

Kelly flicks her eyes to Dan. Sometimes he can be very useful. He redirects his father's line of thought to his brother and sister-in-law's refusal to procreate. Names. She had loved her maiden name because it sounded like someone had started a sentence to a novel. *Kelly Wisely thought to pack her swimsuit. Kelly Wisely grabbed extra cash for her bus ride. Kelly Wisely took fourth street instead of fifth street that day and it changed her life forever.* But the name she had taken when she married Daniel was Hutchinson. It feels itchy, a too-tight sweater. Hutch: *the thing you put things in; things that aren't useful and shouldn't be touched.* And son, not daughter. She feels erased. Her finger flicks at the little compartment in the door. She never used to have to spell her maiden name for others. But she always has to spell Hutchinson, emphasizing the t and the i, so they don't write Huchenson, which isn't really a name but tends to be how people want to spell it. She says, *Kelly Hutchinson H-u-T-c-h-I-n-s-o-n*, right away without waiting for them to ask, as if apologizing for the inconvenience of such an obtuse name. She feels the dread of it settle in her stomach with every spelling. She tells herself it doesn't matter. It's just a name, a way of a labelling—just the sticky thing on the surface that doesn't really give an indication of the stuff inside. She runs her fingernail along the seam in the leather seat. But it feels like it does matter, it changes her somehow. Each time she utters it, her teeth clench, and she feels her cells alter until she forgets who she was before; each letter she speaks, replaces one of the GATC of her DNA. Now she is a new rearranged version of herself. She doesn't even like it for Junebug, and nearly changed her name when she was born, but she couldn't hurt Dan like that. She glances at his profile. He looks happier than he has in a long time. She tries to protect him from the disappointment she feels when she looks at him. It is toxic. Toxic. *Capable of causing death or serious harm. Harm. To damage or injure.* Dan's father is saying how they were sure they had secured their legacy by having three boys. He *tsk tsk*s the gender of her child. She considers that there are only girls in her family, so she supposes her name, Wisely,

is already dead. Dead. Dead. *Deprived of life. No longer alive. Lacking power to move feel or respond. Grown cold. Extinguished. No longer having interest relevance or significance.*

She watches the foreign countryside pass out the window. She's at the bottom of the earth: any further south and she'd be in Antarctica. The hills roll differently here as if they can't really be bothered to climb. She's from the *Mile High* city where the mountains shoot out of the earth and reach as high as they can. They don't let clouds or lightning stop them; they just push against the atmosphere. Battered by one-hundred-mile-per-hour winds on a weekly basis and buried but still breathing under twelve feet of snow and ice for nine months of the year.

These hills are relaxed. Calm. She could do with a bit of calm in her life. Maybe if she was a bit more intentional about rearranging her DNA, she could become a calm version of herself. Start scrubbing away at the letters a-c-h-i-e-v-e-r. Maybe she could settle for the B+. Be happy with an A-. The hills roll right up to the sea, and the whole earth slopes towards flooding. Maybe these hills have something to teach her about slowing down. About not taking things too seriously. Things like someone only washing half of the dirty dishes. Things like the annoying texture of wool. Things like how much she hates her name. Things like how many oxycodone Dan shakes into his hands four times a day. Things like how much his mother hates her. Things like how much she misses her own mother—just twenty-four hours since goodbye. She works at the distance, cutting at the ropes that tie her to her parents—remembering their faults, trying to blur the image of them crying at the airport. She grasps at things like how they still believe in Jesus and that men are just better at being in charge, and how they bicker; but at this distance those things aren't flaws at all—they maybe never were. And *don't it always seem to go / that you don't know what you've got...*? Kelly tries to blur other things too. Like how Junebug won't get to bask in her grandmother's love that is so intense it borders on neurotic. The do-you-want-a-smoothie; the can-I-make-you-a-sandwich;

the you-hated-peanut-butter-when-you-were-two-so-you-still-must sort of love. Junebug won't get weekly lunches with Kelly's father—where he'll press her for information on *what she is learning right now*. She can be okay with that. She can learn to be okay with that. Maybe she will stop nagging Dan—*are you sure it's safe to take that many?* Maybe she will stop caring that she has to make sure six times. Everything is six. Dinner with friends—remind Dan six times. Things to get from the supermarket. Six times. We need milk. We need milk. We need milk. We need milk. We need milk. We need milk. Sometimes it's eight times. But everyone forgets things. Everyone forgets people in their lives.

Maybe the scream she's holding back will be rolled up in these hills with the soft grass. His dad is asking if she will have more children. He's stopped beating around the bush. She leans out of the view of the mirror and unsticks a curl of brown hair from the sheen of sweat on Junebug's forehead. Doesn't answer. She does want Junebug to have siblings. Someone to say, 'Hey, Mom and Dad are crazy right?' And the sister nods, 'Yep, they've lost their damn minds.' Kelly cuts at the threads connecting her to her sisters Sarah and Lanni. But there aren't enough flaws, there aren't enough disagreements to make the distance okay. Maybe these hills will convince her now is the time to try to have another baby. She doesn't really want to be convinced. She is not even sure she can. She wants another baby, yes, but her body is inhospitable. Inhospitable. *Harsh and difficult to live in*. Dan is ambivalent. Ambivalent. *Sure, whatever you want*. What does she want? What has she ever wanted? She doesn't really know. When she was young, she was pretty sure she would be dead by now. Then she got sick, and she was pretty sure she would be dead by now. Then she was just getting through the next day, the next hour, the next minute. She might be dead in the next minute, why should she want anything? She would ask, *Should we buy a house?* Sure, whatever you want. *Should we go see my family?* Sure, whatever you want. Accommodating. Accommodating. Accommodating.

‘What do you want for dinner?’ Dan asks at her over the seat.

‘We’re having fish and chips,’ his father says.

She hates fish and chips. She hates fish. The flavor always slightly spoiled. She hates the texture on her tongue. She hates the coating on her fingers she can never wash off. Her eyes flicker to Dan to see if he remembers.

‘Hooaha! Yes!’ Dan says, rubbing his hands together. ‘I’m hungry.’

The hills could teach her to love fish and chips. Love is the thing you do when you don’t feel it. It’s the thing you do when they don’t deserve it. The hills could teach her to roll with dinner choices. She doesn’t really care. It’s just food; why make it into a UN level negotiation? It all starts to taste the same anyway. Chicken, right? That’s what they say. Everything tastes like chicken. It doesn’t really, she never really thought that. Maybe the hills could teach her that everything tastes like chicken. Her hand hurts. She’d spent most of the twelve-hour flight trying to keep Junebug’s head from falling on the stranger next to her. Dan had wanted an aisle seat too, so he sat somewhere else, took prescription sleeping pills that he didn’t have a prescription for, and passed out. She’d watched four movies as she tried to redirect Junebug’s little body to sleep on her instead of the stranger in the other seat. Junebug’s little face was so angry in sleep. Kelly had quite enjoyed it, but now she’s tired and can’t really keep her eyes open. She lays her head against her window, and the hills put her to sleep.

Bites

I'm used to taking the bus. I check down the slushy street for its arrival. When I turned fourteen my parents gave me an RTD pass; it felt like a new world. I don't think they were supposed to with all the safety issues, but I was always wandering off anyway, so I guess they figured it was better if someone in a uniform got me around. It's not that I like hate home or anything, everything is definitely normal which is great; some of my friends at school have really shitty parents, like punishing them when their GPA falls or making them run at 5am so they will get a scholarship—mine are cool. But I just sometimes feel like everything is too small, almost like my clothes don't fit, but they definitely do, it's just that sometimes I feel squeezed. And I find I have to wriggle out into the open. It's not like I love the outdoors or anything. Usually when I wriggle, I like to go downtown. I like the way there's a buzz in the air all year round. I can't figure out where everyone is always going. They walk so fast, but I find it fascinating that so many people have somewhere to be right then—like right at that moment—almost as if they're all late. One time I sat downtown all day across from the one of the painted pianos—the one that had the night sky where sheet music would usually sit. Sometimes people played, sometimes not. I just tried to see where everyone was going. I really want to see New York—pretty clichéd I know, and I'm pretty sure I wouldn't like it quite as much as Denver because there's such a thing as too much buzz but still, I would like to visit there; it's definitely near the top of my bucket list.

The bus hisses and grinds to my stop and the door squeaks open. A big smile greets me. She looks soft—sort of spilling out of the driver's seat—I like her.

'Where're you headed so early on a Saturday?' she says as I swipe my pass.

'I've been given a mission from the universe.' I slip into the seat behind her, so she can talk to me and see me easily in the mirror.

‘Oh yeah?’ Her accent sounds like my neighbor. A little added *t* before her *s* and her *r*’s roll as the bus protests its acceleration. ‘What sort of mission?’

‘Oh, you know, saving the world type stuff.’

‘Don’t tell me, finally a girl got bitten by a radioactive spider and it’s you.’

I laugh, ‘I wish. Nope, just, you know, normal being nice to people stuff, but I’m pretty sure it involves cupcakes—which is why I need to get off at the King Sooper’s stop.’

‘Okie doke, I do think you might be able to save the world with cupcakes. I think it’s a good place to start anyway.’

‘Well, that’s true. I don’t think anyone offering a cupcake stopped any wars, but it definitely never started one.’

‘Very true!’

We spend the next five minutes of the drive breaking down if any dessert has been involved in any crime. Neither of us has a history degree, but we are fairly confident that delicious cupcakes are only friendly. We nearly hit a snag when considering Marie Antoinette’s famous line about cake, causing the revolution. However, it all comes right when we realize that it was indeed the absence of cakes that started this particular bloody confrontation.

She guides the bus into the grocery store parking lot. I hop off and give her a wave.

‘Good luck spider girl!’

The store is pretty empty, but I can smell the fresh bread baking in the back. I head through the candy aisle slightly tempted to use some of my birthday money. I’m glad I have an ounce of self-control because when I reach the back I’m hit with the shiny untouched rows of donuts. I’m definitely getting one of those—or two. The display cupboard is a little disappointing. All of the general birthday baking is cakes decorated with giant pink roses or generic primary-colored balloons. They say *Happy Birthday* in cursive with just a little space

left blank for a name for those people who forgot it was someone's birthday. I need cupcakes.

A tired-looking lady carries out a tray of rolls and sees me.

'Help you?'

'Umm I was hoping for some birthday cupcakes.'

She sizes me up—not one of her usual clients. 'Well, we don't really have any besides these cookie monster ones and the princess ones down the end there.'

This isn't really good as I'm pretty sure most of the people will be older than six.

'Otherwise, you can just get a tray of those ones over there, and we have these happy birthday plastic thingies you can stick into them.'

I turn and see the cupcakes in clear plastic containers of all different colors.

'How much are the plastic thingies?'

'Twenty-five cents each,' she says, leaning over at me like she needs the counter to hold her up.

'OK great. I'll take twelve.'

I skirt around to the cupcakes and pick a dozen red velvet because I always want to eat red velvet, but I never get to. Then I decide, if I'm going to give all of them away, I can get a donut; because I probably won't be able to sit staring at these all day and not steal one. I take my time, narrow it down. I eliminate the ones with caramel first—because I hate caramel; the ones with sprinkles next because I learned several years ago that while they look exciting, they have no taste. Next, I eliminate the plain donuts—not because I don't like them, but they feel too boring for the start-of-the-universe-quest day. I'm down to the bear claw, which is bigger, or the chocolate glaze that has so much frosting it's filled up the hole. That one.

I slip it into a white paper bag and balance it on top of my cupcakes. The cupcake container is made of some sort of pretend plastic; if you grab the corner or the edge it doesn't

hold its shape at all. I have to support the whole thing with both of my arms. The lady sees me, rolls her eyes, hobbles around the counter and plops the little bag with the happy birthday sticks on top.

Masks

Kelly drops Junebug off at school. The mother mask slips off. Kelly likes that one best; it feels the most like her. Most of the time she's performing. Forcing her stick figure arms to gesture and no-knee legs to bend and sit in a comfortable I'm-listening posture. She wants to love and care, and she does, technically, but she's always wondering what the fucking point is. Why even bother? Why do we bother talking, touching, creating connections? Why do we kiss? Just mixing bacteria for a brief distraction from the planet melting. And, until then, we are working at jobs as useless as moving rocks back and forth between two unsteady piles.

She feels like she's the director of her life. Stand here. Face your sister. Say these loving words. Put your arms around your husband and sway back and forth like you feel some sort of connection. All of the roles in her life make her feel like she's in a one-woman play. She's pretty sure that's what romance is—just a re-enactment of the movies everyone loves. A hug: this is when you feel protected and connected. Note: you should not be counting to six to make sure you stay long enough before disengaging. A coffee with a friend: nod and look concerned when she says she thinks her husband is cheating, and she's worried about how much time her children are spending on screens. Note: focus your face on hers. Don't say out loud—

They need bread. She could get it after work but by then...

She ignores the shrill honk of the shiny black pickup truck that she cuts off. It looks like it has just driven off some lot. What kind of a prick needs a pickup that pretty? The traffic isn't moving. It's not like the guy would get to work any faster if she had slid in behind him. Asshole. Her foot presses on the brake as the cars in front of her inch forward, and she smiles a little when he honks again. But the satisfaction is swallowed in the reflection of her own eyes in the rear-view mirror. It's not the brown color, or the dark circles that are

so permanent now it looks like she drew them on purpose. It's that she can't hide from her own eyes. *Chronic. Persistent or constantly reoccurring.* It also means *of very poor quality*. She looks anywhere else. The billboard for 'Bike to Work Week' has the silhouette of a biker who is riding so fast his documents fly out behind him. The dates are for October 8-10. She flicks on her phone to be sure. Yep. Friday 10 of October. Not a bike in sight.

She can feel the cars pressing in around her. The minutes in her day squeezed tight until all that's left is the split second before she has to wake up and do it all over again. Do they really need bread? Who's to say that crackers are any different? Just crispy bread really. The red convertible in front of her races ahead and then slams on its brakes. She tries to keep the needle of her speedometer from even reaching the first notch. The pickup is so close she could be towing it. The sole of her shoe brushes the brake and, for a second, she lets herself consider whether it's worth the hassle—just to shatter one of that guy's sparkling clean headlights on the cobwebbed bumper of her Honda Civic. She sighs and inches forward. They're out of milk too. Kelly flicks on her blinker and the man in the blue Prius waves her in. She waves back, a little sick at the candy sweet smile she forms on her face, makes a left onto Bridge Street and into the supermarket parking lot.

She texts Laura to tell her that she will be late. No one will notice anyway. Lately she has wondered if she is invisible. *Chronic. Invisible. Incapable of being seen.* At one point, she had seen Joan in the hallway and said, 'hi', and Joan had walked right past her. It wasn't like Joan was being mean—Joan could be very mean, and, in fact, Kelly had fantasized about clotheslining her on multiple occasions when passing her in the hall. But this was like the word had never been uttered. It didn't cause a raise of the shoulder or even a puckered lip. Joan hadn't been looking down at a paper or on the phone. She just walked straight past her. Kelly had stood there for a moment and, after checking no one was watching, grabbed her upper arm, feeling the shape and the way the muscle moved under her skin as it rolled over

her bone. She felt real, but then sometimes she wonders if she had made everyone up in her life. Junebug is just a little too easy to be a kid and a little too fabulous to be a person. But no matter how much Kelly hates herself, there's no way she is prosaic enough to have invented the utter asinine nature of her job. And then there is the pain. She doesn't think it would be possible to conjure this much pain in a fake body.

She debates the shopping cart on the way in, picturing the handle-bar slobber from a drooling toddler—named something strong like Max or Drake. The meds she takes to suppress her immune system from attacking her joints turn Drake's drool into Ebola. She rejects the row of tightly packed carts and reminds herself she's coming here for bread and milk. Bread and milk. But they hadn't eaten anything green in over a week, so she veers to the heads of broccoli. Then she tries to peel away the thin plastic bag from its spool. There is no edge. She pictures the presentation that Junebug had done the week before, with the image of the sea turtle growing around the tightly bound bag. The shell shaped like an hourglass and the turtle close to death. She can't find the end of the roll. She just keeps spinning it. With each turn, her stomach twists with accusation. She catches the edge with her fingernail. Licking her fingers, she pulls open the bag and shoves the broccoli in. It catches and squeaks, refuses to go in. They're out of cheese too.

She grabs the big milk—once again convincing herself it means more time between supermarket trips, but it never makes any difference. They're out of turkey for sandwiches. She chews her fingernail. The latest research shows that the lunch meat they'd been telling everyone to eat because it's low fat is now causing cancer because of all of the preservatives. *Top ten foods to help you lose that last fifteen pounds. Seventeen foods that cause inflammation and chronic pain.* Sandwich turkey is on both lists. She eyes the other lunch meats hoping one of them says: *Great for weight loss, decreases inflammation, and does not cause you to have the cancer where they remove your stomach, and your fecal matter has to*

be collected in a bag. She can't see it. She chooses cancer turkey. She pinches the plastic package between her thumb and forefinger. They're out of shampoo and conditioner—which are on sale. She shoves two of each under both armpits. And grabs the peanut butter on the way past. The turkey slips a little from her fingers with each step. Her knuckles scream at her to let go. She tries to take any additional bounce out of her step.

'Should've gotten a cart.' Kelly drops everything on the conveyer belt. She puts on another one of her dripping-with-syrup smiles for the checkout girl whose purple lips move as if contemplating whether it's worth the effort to smile back. Instead, Coral (the name hand-written on a white sticker and stuck on the badge of some better employee who now probably works in finance) concentrates on dragging each item across the scanner with a pace that seems designed to punish the attempt at human connection. Kelly busies herself finding her card which is where it always is—but pretending to be busy helps her keep her mouth shut. There's this thing curling and slithering under her skin. She's scared of it. She's pretty sure at any moment it will break out and she will finally become: a bitch. She slides her credit card through the machine and can't help saying, 'Have a nice day.' There's a little too much edge in the tone, too much: *Hey we all hate our jobs sweetheart, maybe we should try and keep it civil.*

The trunk door gives a squeal like the last death throes of a zebra being mauled by a lion. As she folds herself into the front seat, she can see the checkout girl giggling and tucking a strand of her black hair behind her ear. The customer who has won the favor of her human interaction is a guy with an arm tattoo of what looks like a surfboard. Kelly yanks the gearshift into reverse. For a brief second, she wishes the girl had been standing behind her car so she could run her over. She puts the car back in park and takes a deep breath. This has to stop. Chronic. *Persisting for a long time or of very poor quality.* Her cell phone does a shrill

squawk—she needs to change that. She checks the screen—Laura. *Where are you? Mr. Poxman is on his way.*

Been her is ten, she texts back and reverses out of the spot.

She speeds from the parking lot and merges onto the highway. The fucking black pickup is ten cars up ahead.

She forgot the bread.

Risk

I sit at the bus stop. It says the next bus I need won't be here for another fifteen minutes. I slide the donut from the package trying not to catch any chocolate on the bag. I take a bite. It's so big some of the chocolate sticks to my nose. And I can feel it sloping up from the sides of my mouth. I lick it all off with a loud smack. It's so good, but I wish I'd bought milk. My birthday money is down to nine dollars and fifty-one cents. I take another bite; it was worth it.

I smooth out my list. My first stop is only 20 minutes away, and it's not even 9am yet. Not really the best way to say happy birthday if they're sleeping in. I get on the bus anyway, my platter of cupcakes teetering as I swipe my card. This guy, I can tell, doesn't want to talk, so I head back to the middle of the bus. It might take me a while to find the place anyway, and maybe I can wait at a park or coffee shop nearby.

When we reach the stop, it's 8:30am. It's not the best area, and I get my first wave of fear that I might've made a mistake. Too late now. I'm in it for the universe and all the people who forgot to celebrate poor Kelly's birthday. I remind myself no one ever dies delivering cupcakes and make my way down the street. It looks a little like a TV scene where my body will be found soon—complete with a foreboding big dog barking and the wail of police sirens just far enough in the distance to make it sound like they don't even come here. The numbers aren't very visible, and it takes me a while to find 3698. It's still not 9 yet, so I make my way to a bench where I can still see the house.

I watch as the neighborhood wakes; people heading off to work—one guy slams the door so hard it bangs shut again and again as if it's making sure to follow his orders. People pad out in robes and slippers. An old lady paces, smoking a cigarette, with a long-white-fur yapping dog at her heels. I check my phone again—nine thirty. Still no sign of life from

Kelly's house. But I have more Kellies to visit today, so I need to get started. I summon some courage and push through the squeaking gate. The porch needs paint. It's a sort of grey that might've been white at some point. And the screen door is hanging open part of the way like it's afraid of the house. I knock. Nothing. I knock again.

The door opens, and a wave of cigarette smells gush out. I can almost feel it—it's so heavy even though there doesn't appear to be actual smoke.

'Yeah?' I can't really see her—since I'm in the bright morning sun, she's just a misshapen shadow.

'Umm hi. Are you Kelly Wisely?'

'Who are you?'

'I'm Amanda.'

'Yeah, I'm Kelly.'

'Is it, by any chance, your birthday tomorrow?'

'No,' her voice is all gravel, and it sounds like she's talking around something—a cigarette, I think, because now I see the smoke leaking out into the fresh air.

'Oh.' I should've thought this through better. If it's not her birthday, do I just leave, or should I offer her a cupcake anyway? 'Do you like red velvet?'

'What?'

'Cake. Do you like red velvet cake?'

'Look kid, are you lost? Do I need to call your parents or something?'

'No, I'm fine. I'm just—'

'Then get the hell off my porch.' The door slams. I guess she doesn't want a cupcake.

I wander—a bit deflated. Then there's a loud bang, not right near me but close enough I hear the yelling that follows—gun shot or car backfire, but I'm not sticking around for

forensics. I take off running down the street to the bus stop. I don't even know which one it is, but I get on the first bus that passes and I pull out my phone.

Cuts

Kelly mows the lawn, but she cuts around the wild mushrooms, leaving them in place. One is so white she thought it was a bit of plastic cut from those new opaque milk bottles. The other is mottled grey. She contemplates sending a photo to Dan, who loves mushrooms. Years ago, he would have taken a photo for her. She would have tried to be excited for his discovery. If she was mad, she would have made that patronizing face reserved for children who have offered you a pie made of dirt. If she was not mad, she would've asked follow-up questions. Where did you find it? Is it poisonous? He never noticed there were two different responses. Next, she cuts around an overturned bird's nest. She can't pick it up. She can't mow over it. She wonders if this is what relationships are. Just someone to help peek under the bird's nest to see if the baby birds flew off to safety or if they are dead. Kelly shoves the lawnmower back into the tight space in the shed. It hits the box of curtains that came with the rental, and they fall. She tries to pick them up without moving the mower, but she can't reach. When she jerks it back out of the way, she scrapes the back of her hand on the barbeque. She never grills anything. And it now sits on a tilt, the wheel broken in the move, and the grease and dust are shrapnel caught under the flap of her skin. She crams the curtains back in their box and slams the door. Kelly stands in the driveway and eyes the short grass, straight neat lines, except for this tangled wild patch with the growing mushrooms and the dead birds.

Rescue

Claire was the last person I called, so she's the number at the top. I tap her name.

'What?' The word sounds all smooshed like she hasn't opened her mouth.

'Claire?'

'What?' Now there's a whine in her voice, and I realize she probably didn't look at the caller i.d.

'It's Amanda.'

'What time is it?'

'I don't know—it's early, but can you come do something with me?'

'Yeah, sure but later.'

'It'll be fun I promise.'

'Yeah, I know, but later.'

'No now. I have heaps to do, and I really shouldn't be going alone. I think I almost got shot.'

'What the heck are you doing?'

'Just...' I look out the window to try and see where this bus is taking me. I'm on Colfax heading to the less deadly end. 'Meet me at the Starbucks on Wads and Colfax.'

'Colfax! Why are you on Colfax getting shot, and why do I have to go to Colfax and get shot?'

'We won't get shot, and I'll explain when you get here.'

'OK but you're buying coffee.'

'OK but you have to bring money, and I'll pay you back.'

'What?!'

'Just Claire come on!'

‘Fine but I’m going to be slow.’

‘Claire please!’

‘OK, OK calm down. I’ll be there in a few.’

‘And don’t tell your mom—I mean tell her you’re with me, but not where I am OK?’

‘Fine whatever.’

I get off the bus across the street from the Starbucks. I push the button to cross, and then have a panic—what if I’m not allowed to bring in the cupcakes. I’ll have to order something, but I don’t have enough extra money for the kind of whipped-extreme-chocolate things I usually get. I step through the door, and the girl behind the counter smiles at me.

‘Welcome to Starbucks! What can I get you?’

‘Ummm may I please just have a plain coffee?’

‘Sure, what size, hun?’

‘Umm tall thanks.’

‘You want room for milk?’

I nod. Maybe I could say just half a cup of coffee then I can just have a cup mainly of milk—I wish I still had my donut.

‘Here you go. You got a big party planned?’

‘Huh?’

She points at the cupcakes. ‘You heading to a party?’

‘Oh, ummm sort of.’

‘Well have fun!’

‘Thanks.’ I balance the coffee on top of the flimsy plastic cupcake container. Then I add two sugars and all of the cream that will fit in the top. I take a sip and cringe—two more sugars.

I head over to the corner table, so I can see out the window. Colfax and Wadsworth are normally horrible if you are late for school or anything. Even on Saturday it's still busy—the side effect of living in the city—the best side effect. I imagine where each of the drivers must be going. I wonder if any Kellies pass by on their way to work or to visit family across town. The coffee is still bitter, but I take a couple big gulps and then add more cream till it tastes more like warm sweet milk—perfect. I wonder then about my first Kelly. I wasn't really prepared for rejection of my cupcakes, but I realize I'm not entirely prepared for acceptance either. Like, what if these people are really cool or something, and I just offer them cupcakes and leave. I take out my phone and Google *how to get past small talk fast*. The first results are all about dating—this doesn't help. But I get on to some good questions that I glean from a combo of dating and business sites. Top of my list is: *what is the most badass thing about you?*

The coffee is long gone before a lopsided Claire stumbles through the door. She orders a coffee—something elaborate like I would have—and then plops down across from me.

'What the heck are we doing?'

I show her the banner on my phone.

'Who the heck is Kelly Wisely?'

'Exactly! I don't have any friends with even the name Kelly. Do you know anyone?'

'There was that super mean girl in kindergarten who stole my Dora the Explorer eraser.'

'Oh yeah I forgot about her! She left like after one week.'

'Yeah. With the eraser.' Claire sits back and crosses her arms. I can see the shadow of the face of my six-year-old friend. 'I don't think her last name was Wisely though...something like...' She snaps her fingers, 'Kelly Snider.'

‘More like Kelly Swiper!’

She rolls her eyes at me but snorts a laugh. ‘Kelly Klepto.’

We toss back and forth new last names for a bit. Kelly Larson; Kelly Mugger.

‘Anyway, so you don’t know who she is or why her birthday is in your calendar?’

‘Right. So, I thought, either I put it there for a reason or...’ I wave my hand toward her for her to finish.

‘Or...’ She looks at me like there’s no logical end to the sentence, and I sigh.

‘Or the universe wants me to wish Happy Birthday to all of the Kelly Wiselies!’

Her jaw drops. And the silence extends out.

‘How many are there?’

‘Twenty-four just in Denver, and I already went to see one.’

‘What?! Are you crazy?’

‘Well, she was a little mean, which is why I called you...’

‘What, why me?’

‘Because you’re my best friend.’

‘Well thank you, and I know, but I don’t think you realize you’re my *only* friend.’

I nod—I know this, but I’m still confused.

‘If I’m doing something with people, I’m doing it with you—there’s no meeting other people—there’s just I’m inside, or I’m out with you.’

‘Yeah, I know, so?’

‘SO, I don’t want to go meeting a bunch of people named Kelly!’ She looks around to see if her ‘so’ attracted any attention.

‘Well, you don’t have to; you could just wait outside, and make sure I don’t get murdered?’

‘How the heck am I supposed to do that? If you get murdered, then I either have to watch you get murdered or watch you get murdered and then get murdered while running away, and I don’t want to get murdered!’ She’s yelling at me, but we’re trying to keep our voices down, so she has to use her body—she keeps leaning closer to me to make her point, and then flopping back in her seat. Because she’s whispering but trying to yell at me, she sounds like she has been smoking for all of her life which she hasn’t because we’re not stupid, but the whole effect is pretty funny.

‘Oh, come on, how many people named Kelly have killed anybody?’

‘I don’t know, but I definitely don’t want to meet the one who does!’

I chew my lip.

‘Are those for me?’ she says, pointing at the cupcakes.

‘No!’ I wrap a protective arm around them. ‘They’re for Kelly!’

She throws her arms up in exasperation. ‘Great, I don’t even get a cupcake!’

‘Well maybe if we run out of Kellies. I was going to give one to the woman this morning, even though it wasn’t her birthday, but she was pretty annoyed that I came.’

‘I’m pretty annoyed that you came too, and I wasn’t even there!’

‘What!? That doesn’t even make any sense!’ I pout, and now I sound like a smoker.

‘OK well you don’t have to come. I just thought it might be fun, and if you were with me, I was being smarter.’

She’s pouting too.

My phone rings.

‘Hi Mom,’ I answer.

‘Hi. Who’s Kelly?’

‘Oh, I’m having coffee with Claire now.’

‘Where?’

‘At Starbucks.’

‘Amanda. Which. Starbucks?’ she punctuates each letter in my name and then each word.

‘Colfax and Wadsworth.’

‘What are you doing all the way up there?’

‘We’re just on an adventure.’

‘Ugh. Please be careful and check in every half an hour. And I’m going to be tracking you.’

‘Ugh Mom.’ I feel equal parts happy and not that she will know where I am. I feel safer, but it feels one step closer to the whole plan being canceled.

‘Love you.’

‘You too.’ I hang up.

‘Look Mom’s going to be tracking my phone so you can go,’ I say not looking up at her but spinning my phone on the smooth fake wood table.

She eyes me from under her long brown hair. And sighs, ‘Where’s the next one?’

I giggle. ‘Oh, thanks Claire it’s going to be great!’

I put the next place into my phone and get the directions.

Pit

Kelly can't breathe. Luke's text says, *A bit difficult, eh?* A bit difficult? Is it? The pain is making her whole body shake. This is new. She has never experienced this before. Usually, it catches her off guard—a repeated stab or a jolt that makes her eyes water or an ache that pulses, it has bad peaks but brings relief in the trough. But this is constant and increasing. This might be the pain that doesn't go; it just continues until it consumes, any resemblance of a human body vaporized. She is stuck in her car in the damn Pita Pit parking lot. She texted Luke because he is it; her only lifeline left. No more ask the audience, take away two wrong answers. Only phone a friend. He's the only one who she has told exactly how sick she is, how bad it hurts, and how the fear catches up to her if she doesn't run fast enough. The fear has the consistency of lava—sometimes slow and thick like jam, sometimes as thin and fast as water. But either kind burns, starting from her feet all the way up until the tips of her hair are on fire. *It is a bit difficult, eh.* His text seems to flash like it's blinking. She screams back at the text every insult that she can think of. They mainly all sound like sonofabitch. He's a liar. He doesn't care about her. He doesn't know what real pain is. He doesn't know what it means to be on duty every minute of every day. She texted him because he promised she would never be stuck in her car. He would come. When Dan had been caught stealing drugs, Kelly contemplated returning home to Denver or trying, once again, to make it with Dan. She said, 'You don't understand. I can't be alone. I might get stuck in my chair or anywhere else and die there.' She had tried to phrase it as a joke. She included cats. It wasn't funny because her voice had cracked. And he said, 'I will never let that happen to you. You can do this. If I can't come because, I don't know, whatever, I'm out of the country, or something,' he joked, 'I will send someone.'

He texts, *tell Junebug, ask her for help*. He is passing her off to someone else, anyone else, even a fourteen-year-old. He doesn't know what it's like to hide the pain from her daughter. Because if Junebug saw Kelly right now—on the verge of vomiting, her muscles trying to shake loose from their attachment to her bones—Junebug's world would fall apart. Kelly has left Dan, Kelly has disintegrated Junebug's family. And now this young girl walks on the edge of a cliff trying to find her footing. Each step she takes slips a little closer to either the drop or to the solid side of the mountain, and if Kelly crumbles, so does Junebug's ground. So, she hides. And Junebug isn't even fucking here. She is alone. He isn't paying attention. She screams again at the phone, calling him names—asshole, bastard, sonofabitch—he promised he would be here for her when she thought she should run home to her sisters, he said he would be her family. She breathes. Be careful. Focus on each letter of the text. Keep talking. Don't get mad at him, he's all you've got. The words track on a loop in her head *it's a bit difficult. It's a bit difficult*. She's holding her body together with just the tips of her fingers. Maybe he had never promised. Maybe she misunderstood. Maybe she just dreamt it. But then it wasn't just one time. He said it every single time she worried. Even when she didn't say it out loud. She remembers exactly, *I will be here for you. You are not alone. There are people you can trust here. There are people who care about you*. She is alone. In the car. Outside the Pita Pit. Junebug wants Pita Pit. She can't go inside because she can only take breaths in, not out. She won't be able to order anything; you need air to push past the vocal cords to form the words 'regular grilled chicken'.

She can tell he's done—he needs a break. He wants to go back to his life, his woman, his own...whatever it is, nothing could possibly be as important as this. She keeps grasping at the blue speech boxes on messenger, like they're a dangling frayed rope over the cliff. Not sure it will hold, but her only option. Keeps pushing just one more time. This pain needs to matter. Someone needs to see this. That she's not making this up. That she matters. She

searches the car for something tight she can wrap around her body. She can feel the pieces of herself spinning off. Like that movie where the astronaut gets spun so fast her body rips into shreds and just the blood and one glove is left in the shot spinning alone in the blood-spattered spacecraft.

He stops texting now. Just nothing. No, I-have-to-go-sorry. Nothing. She knew it was coming. Was that why she kept pushing, ignoring the finality of the tone of the previous text? The increasing gaps in the response time? So that he would eventually hurt her, and she would have an excuse not to reach out anymore. A reason that she couldn't possibly say, I need you. Please come and just order a damn sandwich, put your arms around me; help me hold my skin together so my organs don't spill out of my spinning body. Come tell me that no one has ever suffered like this and that it's not fair and I have the worst life anyone has been given. Then you can go. Go live your life. I just need fifteen minutes. Drive here. Hold me together for one minute. Order the pita in a voice and body that isn't shaking and then you can go. She can't say that though because what if this gets worse, and she really does need someone or she will die? And she has already used all her lifelines? So instead, she texts, *I'm stuck*. She texts, *I can't do this*. She texts, *it hurts so much*. She texts, *I'm scared*. But he isn't coming, and she is alone and will always be alone. And that's what she wanted all along. Because underneath the fear that she will always be in pain, and she will need him more later is the fear that he's just tolerating her. That he will just say, *No, you are not worth fifteen minutes*. Or worse, if he came—drove six minutes to meet her; one minute for a hug; two minutes to place an order and six minutes home—that instead of fixing it, she would see the disgust in his eyes, the sighing, the impatience; that she would know that she really is taking up too much space in his already pre-packaged life. If she doesn't ask him outright, there's always the possibility that she's still worth something. She can maintain the illusion that she matters. Because despite what he says, you can't make a found family; because your made-up

family never takes priority in a life that already has all of the spaces used up. And really the space she needs isn't available in anyone's life. If she had left when everything fell apart and lived near her sisters, would Kelly have let them see the pain? Would she have asked Sarah or Lanni to go into the Pita Pit—to hold her? Probably not. It's too much for any person. She is too much and will always be too much. And she pushed—that one last text, one too many—so that she could feel the truth of that slide right in, past the layers of skin through the ligaments of her intercostals straight to the lower lobe of her right lung so that it would bleed and collapse and there would be a reason why she stopped breathing. Why has she stopped breathing? Why is she alone in the Pita Pit parking lot?

Junebug is hungry. Kelly takes a deep breath. She is alone. If she doesn't move, she might be stuck here. And Junebug will be scared and home alone. She opens the car door. She puts a hand under her knee and lifts one leg out, setting it on the pavement. A sob escapes from her tight lips. She waits a second, tries to check no one has pulled into the parking lot, but she can't see through the pain. She puts her hand under her other knee and lifts her leg out. No sound, this time she's ready for it. She's crying, but she lost her tears years ago. At least the people in the Pita Pit might not know. She grips the door with both hands. There are cobwebs; dead bugs stick to her fingers. She hasn't been able to clean the car out for months. She hoists herself out. It takes her breath away, and she can't find it. She wonders if she should text him again. Beg him to help. Even if they won't be friends anymore. Even if he never speaks to her again, if he could just do this one thing, she could let him go. No. She is on her own. She is too much of a burden. The distance to the door seems farther than when she pulled in. She didn't want anyone to see her weird crying face with no tears, so she chose an awkward parking spot. Her tear ducts are a casualty of her illness: it has taken all of her tears. Even her crying looks fake. Like one of those girls on *The Bachelor* trying to get the guy to kiss her—she's been crying, of course, because one of the other girls

said she was manipulative. Kelly gets her legs moving. The pain at least makes her able to feel where her feet are placed, she doesn't think she will fall. She makes it to the door. It feels heavy. She hadn't noticed how much pain her hands are in because the pain down her legs is so severe. But now as she tries to grip the handle, she notices the swelling and the awkward angle of her middle finger. It looks broken. She knows it's not, but what if this time the swelling doesn't go down? What if she loses the use of her hands? She squeezes through the small opening she's able to create, but she fails, and the door catches her heel, and she has to stop where she is from the shock of pain. She tries to give a smile to the confused twenty-year-old who looks concerned.

'Can I help you?'

Help. Please help me. Please take me back to my car and drive me home. 'Can I get a grilled chicken please, and put the mushroom and onion on the grill too please.'

'Sure thing. What else would you like?'

Can you please drop it off at my house and look after my daughter while I curl up in a ball here on this cold floor? 'That's it thanks.'

'Salads?'

Junebug hasn't eaten vegetables in three days. She adds both spinach and lettuce. She glances out the window to see if maybe he came. Maybe that's why he stopped texting. She told him where she was. Maybe he got in the car, and he will be there in a second. He will get her home, put her to bed, check on Junebug and then go home. He isn't coming. She is alone. She starts crying but no tears, thank God.

'Sauces?'

Her phone pings a text. Oh, thank God he's back.

It's Junebug.

Mom where are you? I'm starving!!!

Crying emoji.

Sirry ling line. Be back soon!!!

Kiss emoji.

‘Sorry what?’

‘Which sauces would you like?’

It’s like a foreign language. Kelly doesn’t understand the question. It’s a decision that she can’t make. She can’t remember what anything tastes like. She can only taste pain. She can’t think of how to mix the right flavors. The girl is looking at her. Just pick.

‘Barbeque and mayo.’

‘Sorry, we’re out of mayo.’

Please just choose. ‘Umm just I’m not sure.’ The girl is growing impatient. This decision feels big and impossible. Please just put whatever sauce will taste good. ‘Just,’ she clears her throat. ‘Just barbeque, I guess, sorry.’

She watches the girl finish off the wrap and realizes she hasn’t moved. What if she is stuck here now? What if her legs won’t move, and she will be stuck in the Pita Pit and this girl will have to call an ambulance and it will be so embarrassing? She tells herself, even though it feels like she can’t move, she can. It’s just pain, and when her joints lock into place they will unlock. They will unlock. They will—

‘That’ll be \$14.50.’

She shuffles her feet forward.

She can’t get her fingers to grip the card in her wallet. She looks for cash instead. None. She has no choice; she has to get the card out. She holds her breath and gets one fingernail under and then shoves her finger in, catching her cuticle on the card below it. It slices and bleeds. The pain is nothing compared to her legs. She puts her finger in her mouth to stop the bleeding. She manages to slide the card out and make the transaction. She shuffles

back to the car, holds on as tight as she can to the door, and falls back into the driver's seat. She drives home. She's not sure she should be driving. She screams the whole way. Just one long exhale connected to the next. She's still crying when she gets home. She takes a deep breath. Junebug is watching TV. She can see the flicker in the window. It's dark now. How long was she in that parking lot? How long did she make Junebug wait? She can't get the key in the lock; her fingers aren't working, and her knuckles keep grating against the door frame.

She hands the sandwich to Junebug.

'Where's yours?' Junebug looks a little concerned she will have to share. Kelly is always making her share—Junebug hates sharing food. It will be the thing, that deal breaker. Some nice boyfriend will try and share her piece of cake, and she will break up with him. Kelly loves this about Junebug. It will save her from a lot of pain.

'I don't like Pita Pit,' Kelly says with a silly face that makes Junebug laugh.

'Sorry Mom, we could have gotten something else.'

'Na there's yum stuff in the fridge, that I need to eat up.' She feels her throat close at the thought of food, and she begins to cry again. 'I'm going to take a shower.' She shuffles down the hall before Junebug can see.

She stands in the shower gripping the wall. With the stream of water, the absolute zero value of her worth washes over her. That point, like the absolute zero of cold, where she cannot be worth anything less and no further energy should be spent on her. No matter how little she tried to ask for. She is too much. The friend who said she would never be too much just confirmed it. She has driven everyone away. It's not his fault. It's hers. How can anyone expect to have someone drive and help them order a sandwich? But, for just a second, a thought circulates, swishing in and out of the accusations: What if one of her friends needed help? She would go. She wouldn't even wait for them to ask. She would say, *Where are you?* and go. She never thought of this as heroics. Because she gets to see the friend. She gets to

make sure they are no longer in distress. Why is it heroics when it's for her? Because who would want to be around her? Because even seeing her face is annoying. Because she is whiny. Because she is nothing.

Seed

When we get on the bus, Claire says, ‘what if, like, you meet someone who like changes the world?’ I see her eyes brighten.

‘Or like someone who did something cool that not many people know about.’

We spend the ride coming up with different dreams: one Kelly cures cancer, of course. Another one works out how women can only have periods if they want to have kids, *and* there’s no pill involved. This one is more elaborate because we can’t quite remember all of the particulars from health class, so we are just mashing bits of information together.

Our next stop proves easier to find than my last one. It’s an old white house but looks like it has been loved. It has a blue door that sort of glows the color because the sun is shining right on it like a spotlight.

We head up the walkway and Claire hides behind me. As I ring the doorbell, it makes a little song. I hear a slow kind of walking with maybe a limp until the door opens wide and welcoming.

‘Hello?’ The old man is sort of stooped, but he’s smiling at us.

‘Hi, I’m Amanda. Are you Kelly?’

‘Why no, young lady, that’s my wife, and who are you? You’re too young to be one of her former students.’

‘No sir, I was just wondering if it was her birthday tomorrow?’

‘Gosh I hope not, otherwise I’ve really started to lose my mind!’

‘George, who is it?’ a voice calls from deeper inside the house.

‘Some girls are here looking for you.’

‘For me?’ The voice materializes into a woman so small the flower dress she’s wearing seems to be two sizes too big.

‘Yes, they were wondering if it was your birthday tomorrow.’

‘Gee I hope not!’

‘Ha! That’s what I said.’ He scoots out of the way, so they both stand in the doorway making a little framed picture. She leans into him like they are posed. I’m enjoying the way he tucks his arm around her. It takes me a minute to realize it’s my turn to speak.

‘Oh yes sorry, it’s just I think I’m supposed to find Kelly Wisely whose birthday *is* tomorrow and, I guess, wish her a happy birthday.’

They both look confused.

‘Do you like red velvet?’ I try.

‘Well now who doesn’t like red velvet?’ Kelly says, and George nods.

‘Wouldn’t think we’d even be friends with someone who didn’t like red velvet,’ he confirms.

‘Well, would you like a cupcake?’ I hold out the tray.

They look at each other.

‘Why don’t you girls come in, so we can understand what you’re doing? I’ll make some tea!’

I take a look at Claire who has crept out from behind me, probably drawn in by the magic that seems to emanate from the way these two people treat each other. She shrugs.

‘Thanks!’

Kelly zips off too fast, it seems, for someone of her age, and we follow George into the living room. It’s a little scary how everything seems to fit with what I would expect—like if I was writing a horror novel, and the twist was these kind people are the killers, I would set up their living room this way—doilies and little figurines of animals on a built-in glass shelf. And the tinge of green everywhere from an era that thought the color avocado was en vogue.

We sit on the white couch with green velvet roses, and Kelly bangs around in the kitchen.

There are pictures everywhere of kids and an old one of a soldier with his arm around a beautiful girl straight out of a magazine. She's looking at him and laughing, and he is looking straight at the camera. Her foot is kicked up behind her as if whatever he said actually moved her body.

He sits across from us in an avocado chair that matches the flowers on the couch.

'So, I'm on a mission—'

He holds up his hand. 'She'll want to hear it all from the beginning.'

'Don't start! I want to hear it all from the beginning!' she shouts.

He gives us a wink as if we're in on a secret.

'Is that you?' I ask, pointing at the picture.

He turns, craning his neck to look over his shoulder. 'The soldier one?'

I nod. I should have clarified. There are over twenty photos on the mantel all squished in.

'Yep, sure is. Hard to tell but, that was us.'

'Were you a soldier?'

'Yep, two tours in Vietnam.'

'What kind of soldier were you?'

'Oh, the mechanic kind. I used to fix up the planes and help load on the bombs.'

My eyes go wide as Kelly appears with an elaborate tea set.

'Yep,' she says, joining right in. 'He can fix anything that's broken.'

'Well except all the new things with computers—wouldn't know the first thing about those boxes.' George's face clouds a bit.

Kelly places her hand on the teapot lid like a blessing. ‘Now this just needs a few minutes to steep—why don’t you tell us about your mission.’

‘Well...’ I clear my throat—it seemed more obvious and ordained by fate before I had to explain it to an adult. ‘You see, I got this notification on my phone this morning at 6am that it’s Kelly Wisely’s birthday tomorrow. Only I don’t know anyone named Kelly Wisely.’

‘Oh, those phones,’ George interjects. ‘Always telling me stuff I don’t want to know.’

‘Just yesterday we tried to FaceSkype with Jordie. He’s starting school tomorrow, and he had so many questions for me. He was mainly concerned with when he would get to eat his snacks.’ Kelly rubs George’s arm.

‘Fair enough too, that boy is always hungry!’ George and Kelly share a laugh.

‘Sorry honey, you were saying?’

I wave off her apology. ‘My phone told me it’s Kelly Wisely’s birthday tomorrow. But it was from my calendar which means I had to have entered it myself, or someone put it in there. So, then I thought maybe the universe wants me to find this Kelly Wisely and make sure she has a happy birthday.’

‘How extraordinary,’ Kelly says. ‘So why are you on your mission today?’

‘Well, it turns out there are quite a few Kelly Wiselies in Colorado, so I thought I better get started.’

‘Of course, and who doesn’t want to start celebrating their birthday early?’

I smile. She starts pouring the tea, and I hold out the cupcakes.

‘Oh, don’t you want to save those for when you find them?’

‘Well, I got extra. I’m sure there isn’t more than one with a birthday on the same day.’

Kelly doesn’t look convinced, but she glances over at Claire whose face resembles Bongo when we eat dinner, and he’s sure if he sits just the right way, we’ll give him a plate as well.

‘How about we all share one?’ She checks with me, and I nod. I really do want to try the cupcakes.

She goes to collect matching plates and a small knife that curves up a little at the end.

She cuts the cupcake in four and it falls open like a flower. She gives us each our petal and our tea. Claire and I can’t seem to figure out how to eat the cupcake and drink the tea while holding both. I don’t want to put the dainty plate on my knee like Kelly is doing so I slide my cup and saucer back on the table and take a small appropriate tea-type bite of the cupcake.

Claire has already finished hers and she’s eyeing the box.

‘So what grade are you girls in?’

‘Eighth grade,’ we say together.

‘Oh! So high school next year?’

‘Yep.’ I share a look with Claire, the looming date seems too far and too close all at once.

‘So that would make you thirteen.’

Claire says, ‘Yes,’ and I shake my head. ‘I turned fourteen last month.’

‘Is that right?’ George wipes the crumbs from his chin. ‘And did someone bring you red velvet cupcakes?’

I laugh and shake my head, ‘No my mom says it has too much food coloring, so my back-up favorite is white cake with chocolate icing, so we had a sleep over and that cake. And lots of other things too!’ I realize I’m talking a lot about myself. These people will have cool things to tell me if I ask the right question. I want to ask what makes Kelly a badass, but I’m not sure I can say ass to these people.

‘That sounds great,’ George says, and there’s a pause. I realize I have no choice, or my chance will be lost.

‘From your picture there you both look pretty badass. What do you think makes you a badass?’ The question from my research sounds kind of clunky like I don’t have enough grown-up in me yet—which I don’t.

But Kelly laughs a lovely loud laugh, and George looks a little younger and a little proud.

‘I guess we were badasses then, I used to be an elementary school teacher. But back then,’ she points to the picture, ‘I was in college and marching for women’s rights,’ Kelly says.

‘Go get your pictures Kelly!’

‘Oh, they don’t want to see those,’ she says, but she’s already out of her chair. She selects a large black album with gold decal and wiggles in between me and Claire. The pictures are like something out of a movie. She has long hair—her head topped with daisy-chain crowns. She looks like she’s shouting, her fist raised and the other hand holding a sign about equal pay. She flips through page after page of meetings, protests, and pictures of her and the girls on the road in a brown V-dub.

‘At this protest in Washington, you can see, I’m pregnant!’

Sure enough, there’s a little bump altering the cascade of her flowing dress.

‘That was Tom. Our oldest.’ Her voice catches, and the room feels too tight. She touches the bump in the picture. I look over at George whose eyes have tears.

‘We lost him last year.’ He says lost in a desperate way like he’s still looking, but I know that’s not what he means. I don’t know what to say.

The skipping-small-talk advice didn’t prepare me for this. I’m desperate to take away their pain, but I have no words for this sort of loss. Then Kelly takes a deep breath and says, ‘But Tom and his wife had three boys!’ She gets up and goes to the mantle to grab a picture of three boys in a pile of orange and red leaves.

They have four children and nine grandchildren. Kelly does a presentation of each one with each picture. ‘This is Tom.’ It’s a young man who looks a lot like George in his uniform. She touches the bottom left corner of the frame but then moves on to Kyle their youngest who just had a new baby. They try and pull up the photo on their phone. They are so frustrated that I have to offer to do it for them. They are so impressed with how fast I pull up all their pictures. But then we are lost in a photo fest of all the grandbabies. Before we realize how long we have been there it’s after 1pm.

‘Oh dear! You both better be on your way. Do you have any lunch?’

‘No, but we’re OK.’

‘Nonsense! Let me make you a sandwich.’ Kelly hurries to the kitchen.

‘Kelly, they need to go!’ George calls after her.

‘Yes, but they’ll get hungry.’

‘We’re OK Ms—’.

‘Oh, just call me Kelly,’ she says and hands us two granola bars. ‘Take these at least and come back soon and tell us if you solve the mystery!’

We both say thanks and give a wave at the gate like we are in some sort of 1950s story where people wave at white picket fences. It’s just the type of picture that I expect, and I hope I get to see both of them again one day.

We realize that we’re hungry and would prefer sandwiches to the granola bars. But we get on the bus and are holding empty wrappers before it even pulls away from the curve.

‘I should have brought more money,’ I say. ‘How much you got?’

‘Fifteen dollars about.’

‘Well, we better save it in case we get lost or something—we’ll only use it if we are really hungry.’

‘I want Dino’s.’

‘Mmm,’ I say, my mouth already salivating at the thought of the giant subs with their secret mayo sauce. ‘Or at least some Chick-fil-a.’

‘Oh, that’s just mean,’ she says, eyeing the cupcakes, and I slide them over towards the window. She gives me a glare. ‘Where are we going now?’

‘Downtown.’

‘Yeah, but where downtown? Downtown...’ She sing-songs this word, it’s the chorus of one of our favorite songs. ‘Or scary-drugs downtown?’

‘Umm it seems like downtown, downtown.’ I sing back in response.

Carve

It stops Kelly in her place. It's an awkward place to stop, in front of the table against the wall in the living room. She tells herself to move. She's not sure why, but she wasn't expecting it. It's her wedding photo. Why would her parents still have it up? It has been a year and a half. A year and a half. She tries to quantify that in her mind, give it shape. It is liquid. Why would they have taken it down though? They're still hoping she will go back to him. Ironic, because they took some convincing about him at first. She was eighteen. It was the first and only time she had their disapproval. But they trusted her so much they never said no. They sent her overseas for six months to make sure. To be sure. To convince her. To convince them. Sure. *Lack of wavering or hesitation. Admitting of no doubt.* Junebug is fifteen, just two-and-a-half years younger than she was then. Kelly knows she would not send Junebug away to decide. How can anyone that age be sure of anything? But the photo is there. She looks for something in her innocent smile. Her teenage face. Some sort of indication that she knew this was a mistake. In the photo, they are standing in front of two pine trees, the big ones where the branches go all the way to the ground so that there's no way you could get around them, a wall of impenetrable spiny defense. She looks happy, full of hope, sure of her decision. Kelly tries to burrow into that child's chest and search for that fear, that check in her gut that she's only now learning to listen to. It's not there. All she can see is drive, just the incessant need to step forward. Take the next step. Move ahead. Don't look back.

Build a clay pot to hide your mother's tears and your father's concern. Seal it with mud from the Colorado River and dry it in the sun. Carve a symbol that reminds you never to look in it again and bury it.

She did like that dress. It wasn't perfect, but she liked how she looked in it. She felt beautiful for the first time in her life. That's not true. She felt beautiful when she danced. And

she felt exquisite when she wore that one other dress, the one with red, purple, and yellow roses. Glass buttons cut in rose shape. She wore it everywhere with her white knock-off Keds and scrunched down calf-socks. Kelly traces the outline of the tiara and veil with her eyes. It's the shape of a tiara but made of satin—so that she didn't look ridiculous. Kelly remembers that distinctly. She knew this was her only chance to pretend she was a princess, but she didn't want to look like one of those brides who took bangles and silver sequins and dunked themselves in glue so it would all stick. This tiara suits the plain dress with just a few sequins and beads sewn into the bodice. Square neckline which is still the most flattering shape on her. A-line with a train that detached for dancing. But there was no dancing at her wedding.

The budget affair cramped everyone into the dank church basement. Folding tables covered in white crepe paper and pink ribbons. Donated food. And Pixy Stix for fun. Pixy Stix. Pixy Stix. She remembers how much she envied girls with Pixy Stix—not allowed in her childhood on account of the sugar and the cost. And as she sat there in her wedding dress throwing back the sour-sweet powder, she remembers thinking, now that she was an adult, she could have all the Pixy Stix she wanted. Of course, she wasn't an adult—she was barely legal and that didn't seem to occur to anyone. It didn't seem to occur to her that, if the thing she was most looking forward to was slamming Pixy Stix, she should not be trusted with decisions like marriage.

She had a weird pain in her toe that day. Back when pain was inconsequential—could be ignored until it dissipated. It hurt pretty bad though. It stung like it was shouting. Like it was trying to tell her something. But she had walked forward. She glances at him in his ridiculous tux. The tux was fine, but he never could pull off that look. It wasn't even a tux-type affair. She should have just put him in a blue button down, that would have looked nice with his eyes. He would have agreed to anything. He didn't care. She doesn't spend too much

time on his face. She used to study it for hours, looking for any sign that would reveal how he really felt about her. But she gave that up over twelve years ago. She was always looking down, never in his face or eyes, even when they talked.

He had his last cigarette that day. A fact he would tell straight-backed and with an uncharacteristic amount of ego. She had more ego than him about it. She would interject it like the opening of a love poem—*he gave it up the day we were married*. It wasn't a sacrifice. People thought it was. She knew it wasn't, but she would let people think it was and try to believe it herself. They would tilt their heads, hands on hearts and say *aww* as if it meant he loved her. Kelly would try and connect the dots from that to her heart. But it was thin, used up. He needed it to prove something else. He would give it as evidence: exhibit A of how he wasn't an addict. Proof. If he could give up smoking so easily, with no backwards glance, then any other substance that made its way into their lives came armored with this undeniable proof that he was not an addict. That fact wove its way into their vows. It became part of the fabric of their marriage. Remember how he gave up smoking? She thinks about her choice. Maybe she was too hard on him. She hears Junebug coming down the hallway. She turns her body. It grinds like when you haven't pushed the clutch in all the way, and you try to change gears. She doesn't know if she should hide it. The 8-by-10 frame is too big to hold. Will it distress Junebug the way it has her? Will her mother see her staring at it and try to have a conversation about it? It's weird that she's still standing there. As Junebug comes around the corner she tries to inch her body in a slow arch like closing the curtains after a play.

Crush

This year I don't need the alarm on my phone.

I've been thinking about Kelly Wisely for the last month. I'm more organized. I know where I'm going in the most efficient traveling pattern. Mom is downstairs. I can hear the coffee bubbling and steaming. It's one of those sounds that places you on your spot in the universe. You know who you are and where you came from and have a brief glimpse of where you're going.

Claire is meeting me at nine, and this time we have enough money so we can buy food and drinks. Mom still doesn't know, which is some sort of record for keeping a secret. And since Claire is on board, I don't get any questions. It's snowing today, which might make the schedule a bit tight. And if things get bad, it could ruin the whole day. I still have to go on a Sunday, even though the birthday is actually tomorrow, because I'm fifteen and I have school. For a few days, I tried to come up with a plan to get the day off, but I never came up with a good enough excuse, plus I have practice after school, and Coach will make me run laps on Tuesday if I miss. And I don't want to run laps. My knee has been bugging me lately, but even without that, I hate laps. Plus, now I'm in high school—high school where everything counts, and teachers are mean and think that you have time to get their homework done even though they all give you enough homework for the whole night. I run down the steps and then kiss Mom on her cheek—she leans into me but kisses the air after I have already stepped back. Her love for me is strong but slow at this time of day.

'Coffee?' She offers the jug to me like she's a priest, and it's the cup of Christ—her eyes half open—and I shake my head.

'I'm heading out to meet Claire.'

'You have some money?' She turns and leans on the Formica counter.

I nod my head. I've been saving from jobs around the neighborhood, so I wouldn't have to ask Mom for any. Things are tight, I think, but not as tight as for some of the kids in my school.

'And where are you going again?'

I cringe. I don't want to lie. 'We're just going to see what we want to do.' But she really won't let me go if I tell her the truth.

And the truth is, I need this. I need the distraction. It turns out High School is hard, but what I wasn't prepared for is the way I can't stop staring at Alex Baker. Or thinking about Alex Baker and what he's doing. Or imagining kissing Alex Baker. I'm so sick of thinking about him. He's dating Emily Duncan, the most perfect girl in school—so perfect I can't even hate her. She has perfect hair and a perfect body that wears the not-too-expensive clothes with a perfect disheveled-but-tidy look. She runs like every single awareness event. Like the really cool women-walk-safe-at-night one, and the don't-use-plastic, and save-the-turtle, and the I don't even know, save-the-clownfish or whatever. And to top it all off she's nice—to everyone—and not like mean-girl nice—like really nice. Like four months ago, I got blindsided by my period—like dawn-of-the-dead type thing. And she was in the bathroom and gave me tampons and made sure my pants didn't look like evidence from a crime scene. Which, OK, great, nice, like solidarity, girl power and all that—we should all be doing that. But that wasn't even the thing! The nice thing was, later she taped my favorite candy bar to my locker—peanut butter cups. Like, how did she know it was my favorite. And she left this note that said, *I hope this makes your shitty day a little more tolerable*. She's not even my friend. So yeah, there's no way I can ever compete with that. And I wouldn't even want to because perfect Alex Baker deserves perfect Emily Duncan. Even their names go together Alex and Emily. It sounds like the title to a young adult novel. So, for the foreseeable future

I'm relegated to staring at Alex in slow motion. I don't know why, but his curly blond too-long hair always sways in slow motion when he laughs.

My cell phone bleeps. I think it must be Claire but it's Seb. The new addition to me and Claire's exclusive club. He wormed his way in over summer. Kept coming over and my mom kept feeding him like a stray and, just like a stray, he kept coming back. But it turns out we both really like Seb. He's funny and is easy to talk to and is a wealth of information on guys. Turns out they aren't too hard to understand because they're just people too. Plus, he works part time at the movie theater, and we get discounts, and he lets us drown the popcorn in butter—for free.

Wanna do something?? Sledding??

It's Kelly Wisely Day, I text back.

Oh yeah I forgot Can i come??

I chew my lip. I quickly text Claire—this is kind of our thing.

I get an instant reply. *YES!! HE CAN MAKE SURE WE DON'T DIE!!!!!!!!!!!!*

I laugh and text Seb where to meet up.

It's really starting to snow when I trudge to the bus stop. And it's twenty minutes late. When I get to the Starbucks, Claire and Seb are fighting with forks over the last bit of cinnamon roll. So, before they see me, I reach in and take it, shoving the whole thing in my mouth. It's too much, and I start choking.

'Karma,' Seb says. He leans back smug in his chair to study me as I try to choke it out while not spitting it everywhere. He keeps his expression serious like a scientist gauging an experiment. Claire just laughs at me till I go buy another one to share and a coffee with all the chocolate and whipped cream and an extra shot of caramel.

We talk about Mr. Peterson and how he might be an alien and why the heck the left side of his shirt is always untucked. Perhaps he can't eat human food, and there's a port

where he can ingest his liquid-alien food, but he has to have quick access because he needs it all the time or something, so when we are not looking, he quickly hooks it up. We decide that's why he makes us do all of those endless factorizing-quadratic work sheets. We're so confused by them that he has time to feed himself.

I want to get moving; the snow is really coming down, but every time I try to say something, we go down another rabbit hole—what are the crunchy things on top of the new fall drink made of? Why would people not order whipped cream?

'Guys do you want to hang out here? I need to get going.'

They both look a little confused.

'To see the first Kelly—it's almost eleven, and we haven't even seen the first one on the list. And with the storm coming down my mom might make me come home soon.'

They both sort of stumble over telling me they're sorry, and I can tell they would rather sit there all day. I sort of would too. Except, this is the first time I have not sat daydreaming about dumb Alex in weeks, so I'm going to focus on finding Kelly today. Plus, I don't know, there's something else. I mean I'm always doing weird projects. Like when I tried to get into the *Guinness Book of World Records* by tying together all of the ribbons in our house and seeing if I could make the longest tied-together-ribbon—which I realize now is not a thing, but it made it all the way to the blue house on the corner. I never called *Guinness* or anything, but I was pretty proud of giganto-ribbon. But this feels different...important.

We head out to the bus stop and try to stamp warmth back into our feet. It doesn't work. Any energy produced is absorbed back into the frozen ground. We try to blow heat into our hands. My blue cotton gloves match my coat but they're doing nothing for warmth. We make it to just two of the Kellies. (It's neither of their birthdays.) Then Mom demands we come home.

By the time we get there, it's too bad to send Claire and Seb home, so we decide they will stay over, crossing our fingers for a snow day tomorrow.

We get to bed at a fairly normal hour, but in the morning, Mom wakes us up with the bad news. It's Colorado and October so the streets are warm, and the sun is shining which means we can get to school no problem. But I'm tired. So tired, and it's weird because I feel like I slept.

The day drags on, and at one point I fall asleep in Spanish class. And Miss Martinez slaps her desk, and it makes me nearly fall out of my seat. The whole room laughs, even Alex, but I'm so tired I can't seem to care.

The worst part ends up being that track practice is on as usual—the snow having melted off the track. Coach makes us run 400s where we run as fast as we can around the track and then walk until we have done two miles. I don't usually mind, but my knee is really hurting, and it seems swollen. It feels like I could just kick it out and it would be fine. I actually try flailing it around a few times, but it doesn't help. I spend Kelly Wisely's birthday finishing last in the sprints and fall asleep on the floor of my room still in my track clothes.

Chronic

Kelly grabs the cold things from her grocery bag and tries to balance her purse on her shoulder. It's slipping to her elbow and now swings wild, hooking around her knees—first the front then the back. She ducks in the side door and peers around the corner like a cop waiting for the signal to go. No Mr. Boxman. Or *Mr. Poxman* as she and Laura refer to their boss; it isn't that he's mean or sexually inappropriate or anything like that. No. It's just that he loves his fucking job so much, and lately every time Kelly walks through the door, she contemplates setting it on fire. She stuffs her milk and cheese into the fridge and plops onto her chair in the shared cubicle with Laura. 'Hey sorry.' She slips into her mask of coworker—she hates and likes this one in equal proportion. On the one hand, she loves Laura, who is an undocumented number of years younger than her and makes sure Kelly has fun and doesn't know Kelly is ill. Chronic. But on the other hand, some jobs are so shit no amount of solidarity can cover the stench.

'I said you were in the bathroom, but I think he'll be back any second.'

Kelly raises her eyebrows.

'He wants to send you to a training class next week—he's super excited about it.'

Laura says 'super' like she's fifteen and sure of her insincerity. 'Said he would get you the pre-reading material for it by the end of today.' She says pre-reading in that English accent *dahling* voice they do for things that sound important but aren't.

Kelly rolls her eyes. 'What the fuck could I possibly learn from a training session?' The coworker persona includes far more swearing than it should. 'My job is basically bullshitting people who think they are idiots (but aren't) into giving us money so that when they leave our school, they don't feel like idiots anymore?'

'But you could be so much better at it!' Laura claps her hands and flutters her eyes at Kelly.

Sure enough, a little red dot hangs from Kelly's open email tab in less than five minutes. Even the email is obnoxious—a painful bright red, the kind that they paint all over those fake 'instant winner' letters. Across the top, 'EXCITING OPPORTUNITY TWO-WEEK COURSE' flashes in the yellow reserved for safety vests.

'Oh my God. Laura, it's for two weeks!'

'What?' Laura scoots over in her rollie-chair. 'Oh shit, I can't even look at that—it hurts my face.'

'Ugh it's not even here. What am I going to do with Junebug?' Dan should be able to handle it. Maybe.

Mr. Poxman bounds down to their cubicle. Kelly practices her smile before he pokes his head over the top.

'Did you get my email, Kelly?' His voice sounds like it should have an Irish accent but doesn't—rolling up to the word *email* and then back down low for *Kelly*. It grates through the air and Kelly pinches at the skin of her forearms.

'Yep, sure did, Mr. Boxman.'

'What'd ya think?'

'Well, it looks great—really...awesome...but are you sure you want to spend all that money on me going? I mean I can just...do better if... if you aren't happy with my sales.'

'Oh no Kelly—you're doing just fine. I figured, I mean we can all do better.' He laughs that horrid giggle where his face doesn't change, but his small lips hum out a laugh. 'And I thought maybe this would be a way you could bump up your sales, so they can compete a little better with...you know...some of the others.' While he says the word 'others' the picture that accompanies it is one of a particular salesperson—Melissa. The one with her own office. Kelly is meant to get it. It's not subtext.

Kelly tries to keep her eyes focused and bright. Just the name Melissa usually causes an allergic reaction starting with watery eyes and ending in full-blown-flu-like symptoms.

He is still talking. ‘Plus, if I send one of you, you can come back and show the...um...others a few of the tricks!’ His eyes dart to Laura who is slouched in her chair. It’s one of those moments where Kelly is trying to figure out who he’s insulting the most. ‘And we have a new guy starting, umm Luke’s his name. I’m sending him too, so you can make him feel welcome.’

‘Great, sounds really great.’ Kelly must not put enough flair into her response. His face morphs from excited to something resembling one of the angry dwarves.

Then the blessed phone rings. This brings all of his Christmas-elf enthusiasm back to the surface—phone calls mean the commercial has run, which means young people who had failed high school who were sitting at home watching TV at ten am on a Friday had seen it. These people had either been taught they wouldn’t amount to much and shouldn’t bother trying or believed the commercial that these credits would transfer to college. They would not. These two types of people are who Kelly and Laura have to convince that dropping nine grand on a six-month course, to be medical support staff, is the best option for them—which means putting them into debt with only a slight possibility of a low-paying job at the end. Which for Kelly feels like peddling cherry juice that cures cancer. It’s a hatred of her job that she tries to rationalize; she tries to remind herself that it helps some people. Maybe they just had terrible teachers, grew up in a home where they were not told, *I love you* but instead, *you are stupid, and you will never amount to anything*. However, in these courses, there are good teachers who care. It might be the thing they need to realize they are capable. It’s the only way she can pick up the phone and insert the smile into her voice.

‘Fortitude Medical Institute,’ she and Laura sing almost in harmony and Mr. Boxman smiles and nearly skips away. Kelly can almost see the dollar signs circling above his head.

Fuck Cupcakes and Fuck Kelly Wisely and her Birthday

Fuck Kelly Wisely. It turns out, the reason that I couldn't 'kick' the pain from my knee—stupid I know—is because the problem is in my whole body. I know this because it spread to my whole body, like my knee was just the warning light before the engine exploded. I have something called rheumatoid arthritis, or RA. And it's not like some sort of normal arthritis. It's like a fucking disease. My immune system is attacking my joints—attacking, as in war, and my body does feel like a battlefield except I can feel every soldier's wounds compressed into each joint. Even the tiny ones in my fingers. Big gashing bullet holes in each finger. The doctor said I could keep running, but I might have to 'take it easy' some days—turns out you can't be on the varsity track team and 'take it easy'—so I'm now on the junior varsity team which basically means I'm not competing in track anymore. Plus, as a bonus, I feel like I have the flu because the body is actually fighting something—not just a metaphorical war—but it's fighting itself, so I get to feel achy and fevery. And, apparently, I will have this forever. As in, it's not like the flu and my body will just heal—instead, my immune system will always think that it needs to fight. We put a man on the moon. We figured out how to kill people, in masses, and painfully. In Mr. Hilpert's class, we learned that humans have developed a substance that kills within seconds, but just before you suffocate and have a heart attack (apparently two of the most painful ways to die) it makes you shit yourself, and just before you lose consciousness, so you can die humiliated. Humans did this. Some brain in a lab decided he was going to spend his working week figuring out how to kill other humans in the most inhumane way possible, and some asshole in a suit paid him for it. And humans do amazing things. We send giant metal tubes in the air, thousands of times per day, with people sitting in them, and they don't usually fall out of the sky, (as you would absolutely expect

metal tubes to do) and yet no one can work out why my body got confused. Not a single person.

I kept asking why, and the doctor just kept explaining what the disease is—the cells in my body think the cells in my joints are actually a virus. So, they send all of the fighting cells there to attack and destroy them. I get it, but I kept saying why...like *why*...and he kept saying, ‘We don’t know’ with his sympathetic eyes that were also checking his watch, and his collective use of the word *we* as if he shouldn’t take any responsibility. He’s a specialist in the disease—he’s a rheumatologist—like, his title actually shares the name of the disease. Not like a cardiologist who deals with all of the different things of the heart. My doctor’s only job is my disease. Since this is the case, I would think he would feel like a failure—he’s basically the doctor who sits there all day saying, ‘Well here’s some pills—which, by the way, mean you should live in a bubble for the rest of your life—because they stop your immune system from attacking you—but also they stop your immune system from attacking lots of other things that can kill you—but you can’t live in a bubble, so off you go—try to live your life at high school and not get sick. Oh, and you might be a little more tired than usual—you know, like when you have the flu and can’t imagine getting out of bed—but go ahead and get out of bed and try and do all your homework when you can’t even keep your eyes open. And here, take this really painful shot every week—it won’t cure you, but you might not be in a wheelchair in five years.’ Yep ‘a wheelchair’ and the word ‘might’—he combined these words in one sentence.

Fuck Kelly Wisely and her birthday. She can buy her own fucking cupcakes. Fuck cupcakes. Fuck doctors who can’t look up from their fucking notes. Fuck bus trips and strangers. Fuck cream-cheese icing and parties and bodies. Fuck missions from the universe. I’m not getting out of bed today.

Consent

Kelly wakes up to a text from Suz. Happy Birthday Kelly Wisely I love you! She loves it when Suz uses her maiden name. Kelly won't realize that this birthday is rock bottom until next year when she is on the climb out. This year it feels bad, but she doesn't know yet how bad it can get. Not only has her marriage fallen apart, and she has somehow driven away one of her closest friends, but she has met a predator, and he's the only one available to take her out on her actual birthday. All of her friends have sprinkled their celebrations with her over three weeks; perfect for Kelly, one on one, face to face with each of them. But she agrees to dinner with him on the day because he's available, and she *deserves this*. People keep saying it as if *this* has form and shape. She texts Suz. Should she let this guy she has barely dated take her out for her birthday? Suz responds, *you deserve to have a bit of fun, it's been a shit year*. She deserves to have someone look after her—maybe. She deserves something. She deserves a nice dinner out.

The dinner is small bits of culinary acrobatics, and she loves every bite. But she doesn't like how it feels when he touches her arm. He keeps doing it and she has to keep her arms tucked under the white tablecloth. She blames herself. She thinks she's just not good at this. Not good at letting someone stroke her arm. In the car on the way home, he says he loves her. They have only been out on five dates. That should feel good. She wants to hear that. She hasn't heard that in years, and it seems like it should be patching up a wound. But it doesn't feel good, it feels...she can't quite put her finger on it. It feels like a demand.

Possessive. That's the word. *The desire to own or dominate*. She ignores this. It's her, she doesn't know how to be loved. She has had fantasies and crushes on various friends and workmates over the years. Usually her not-single friend—she probably only had a crush because he wasn't single. Perfectly safe to imagine kissing someone who she would never

actually have to kiss. To imagine nights in sheets without ever having to show them your body. This man sitting across from her is fairly ugly. So, she wouldn't feel too bad showing him her body. And besides she is above all of that. Someone's worth is who they are inside. And it takes a while to get to know someone on the inside. So, she will not sabotage this. She will just have a bit of fun. She will take a few risks and according to self-help books these risks will all pay off.

Her biggest warning should have been that she didn't want him anywhere near Junebug. Kelly didn't even want her to know she was out with him. But she figured she was just protecting Junebug from the fact that she was dating. She never looked forward to seeing him, but it's her birthday, and she doesn't want to spend it alone. So, she lets this ugly asshole buy her drinks. She lets him feed her chocolate mousse. She lets him take off her shirt and her bra. And even though she says no to the next bit, she supposes she is asking for it.

She is half naked—so her no is swallowed up in that skin-colored consent.

Blindspot or Normal

Kelly Wisely's birthday is on a Wednesday this year, and Mom let me have the day off. I'm not sure how to feel about that. On the one hand, I'm really excited to get back into this. On the other hand, I wish I was normal, and my mother wasn't watching me for signs of depression and for signs of infection and for signs that I'm in pain. And trying all these different things with my diet—no red meat—no dairy—I drew the line at no sugar. I mean I tried it for like a week because I'm pretty desperate, but then I was still in pain AND I couldn't eat a donut so, no. I know she cares, and I need her to care; it's just I wish I didn't need her to care. I hear other people with...disabilities (I guess, but I hate that word) say they wish everyone treated them like normal. And I get that, it's just none of this is normal, and I can't act normal, so nothing is normal, so I want people to look at me weird because I feel weird all the time, so I need it to be acknowledged. And I don't want them to notice, and I don't want them to look at me weird. And I don't want to have to tell people when I'm not OK, but I also don't want them to ask if I'm OK. But then I need them to ask if I'm OK. And I want to scream that I'm not OK. Which basically means no one can win with me. I guess really, I just don't want to be sick.

Anyway, I got my driver's license, so no more bus this year. Claire isn't coming because she has a boyfriend now and even though she's really trying to be awesome to me through this whole thing, I'm aware of how exhausting I am to be around. Eventually it has to be hard to even know what to say. I'm mad a lot, and I know I'm mad, but I can't seem to stop being mad, and that's not really someone you want to hang out with. Plus, I can't seem to see around my pain. Like trying to turn left with a giant SUV turning right. I know the SUV has a right to be there, and the driver has a right to be driving somewhere, but they are in my fucking way, and I can't go until they get out of my way. It's hard to care when Claire

has a headache or cramps. It's like I remember what it was like to care, but I can't manufacture it. I mean I say all of the right words, I'm not an idiot. I remember how to be a human. It's just that it's hard to mean it. As if I'm one of those creepy A.I. dolls on a *60 Minutes* episode my mom watched while I was doing homework; *I would like to be human*. I had nightmares for a week. So, this year I'm using the Kellies to do something for someone else. I refuse to focus on the pain, and I refuse to be mad.

I come to the top of the stairs. I stop. Not today. I will walk downstairs normally, even if it hurts. No gimpy limp. Just one foot after the other.

'You OK?' Mom has come around the corner, her Dr. Seuss coffee mug halfway up to her lips, and I give her a smile.

'Yep, great,' I say and ignore the way my knees grind like broken glass with every step.

I see her shoulders drop three inches in relief—she bought it.

I'm caught off-guard by the way my shoulder catches as I pull on my coat, and I suck in a sharp breath between my teeth. I see her stiffen, but when she turns, her face is forced into a mold of relaxation.

'Something hurt?'

'Na, not really—just my shoulder for a second. It's fine.' She holds my coat, and I thread my other arm through with precision to avoid the pain. She rubs my back, but I step away. If I let her hug me, if I stop, I will just curl up on the couch. I need to get out and do something for someone else today.

The solitude of the car is like a vacation. I would live in my car if I could. It holds everything, from my screams to my tears—stores them in the vents and spits them back out in warm air that smells a little like rust. As if my car has the power to recycle pain. Turn it into a different shape. Like it melts it all down until it's clear and has the possibility of being

formed into something new. It makes me feel like I can do anything. Like all of the other things that feel so difficult—like buttoning a shirt—don't matter because I have the power to get myself from home to the coffee shop or from home to school. I have to ignore the fact that sometimes I can't get out of the car, but other than that, it's my life raft in an iceberg sea. Plus, it's way better than a life raft; it plays music for every mood. Angry 'fuck-you' music. Or, my usual choice, the you're-still-strong songs like *Superhero*. I love it and don't even care if it's clichéd.

Today I need to know that I'm still strong, so I scroll through my phone for Andra Day. And I'm off. It's one of those warm, fall Colorado days, so I wind down my window and let the music and the wind tangle my hair. I have a long drive, but I planned it that way. I'm heading east where the highway is six lanes through the city and then a whole lot of nothing until Limon. It has just under two thousand people living there, and one of them is named Kelly Wisely.

I put my hand out the window to surf the wind currents along I-70, and then quickly try to roll it up before I pass the Purina dog chow factory. I'm too slow, or the smell is too strong, because I'm gagging before long. It's the smell of the carpool home in elementary school—my ride was Mr. Phillips who had a job at the factory. It was him combined with our middle-school bodies and uneaten baloney sandwiches that made my head ache and the little bits of lunch I did eat start to creep up from my stomach.

I can see the airport as I pass south of it. I mean, I can't really see it, but I recognize it with all the planes circling. I wonder where everyone is going, and I wonder if anyone has a destination as cool as mine.

Stiff

Kelly's phone buzzes so loud it undermines the meaning of the words Silent Mode.

Hey you! Are we still meeting for coffee?

'Shit.'

'What?' Laura doesn't look away from the YouTube compilation of people falling over.

Kelly can't get her arm in her coat. She twists left and right fighting it. It seems to have too many and simultaneously no sleeves. 'I forgot I was going to take an early lunch to catch up with Suz.' She gives up on the coat and threads it through her purse. It is too bunched. It just barely balances there, so she has to hold both her giant brown faux leather bag and the down slick coat under her arm. It falls out twice, and she considers the dumpster next to her car. The sprinkling rain melts miniature puddles into her white button-down.

Yes! Rinnn lste sorry be there is fiv

The short drive to the coffee shop is punctuated by every swear word she can think of. Something else is wrong. Something new. Something not chronic. Probably a brain tumor. She used to be able to hold everything in her mind. She never needed notes. Multiple phone numbers, addresses—she couldn't forget doctor's appointments even if she wanted to for the excuse. She scrapes at a bit of gunge on the steering wheel. And recently, for some reason, she can't tell you the name of her favorite TV show. She was never early...before. But she was always on time—walking in on the dot of every obligation.

She pulls in, and Suz gives her an easy wave from a seat by the window. Kelly breathes out. Suz is good people. But still, there's that thing—that way Kelly feels like a stick figure in her life. Stiff and awkward, like everyone else knows how to be human. They got

some sort of book or class—she missed it. She sees people kissing in the park and tries to muster the feelings young love is supposed to induce, or even nostalgia, but instead she often finds she's wondering if they are putting on a play—not for her, she doesn't think she is the center of the universe—but for each other. Trying to meet some fantasy expectation of what love looks like and feels like, and if they stand just so, his hand on her cheek, hers tight around his waist, if they hold on tight enough then they will not inevitably fall off the cliff of the maniacal games couples play. They do fall though—their bones cracking apart, splintering skin and muscle—and then they lie entangled in a heap.

She heaves her heavy arms into the appropriate shape to hug Suz, stepping into the role of *good friend*. Suz is good people. She loves Suz. Love is that feeling in your chest that makes you want to remind them to wear a seatbelt because the loss of them would leave you spinning with centripetal force. Kelly clears her throat. 'Sorry, I'm such a—'

'It doesn't matter.' Suz rubs warmth into Kelly's arms and waits for Kelly to meet her eyes. It really doesn't matter. Kelly tries to shake all of her brain cells into one collective goal: this friend gets her attention. Now.

It's not that she doesn't care. It's like now she is—something...the opposite of electrified, like the coma that happens after you touch high voltage. She used to feel things, the way a hug gave an electric charge, the splinter stab of an insult. She used to dream—when she was small—she's pretty sure. She'd build images of curing cancer or becoming a nun who looked after orphans, even though she wasn't Catholic. But now she just feels like she has been blown out of her body, and she can still see it moving and walking around but she, the part of her that made her real, is gone, and now she has to draw on smiles and paint on tears and remember to say nice things to the people she wishes she could still care about.

She practices her responses to Suz before she says them out loud.

Yes. Junebug. Is. Good. She. Is. Really. Loving. Science.

Yes. Dan. Is. Good. He. Is. Good. At. His. Job.

Yes. I. Am. Good. I. Am. Going. On. A. Training. Thing. At. Work.

Suz tells her she feels disconnected from Brad. But they are ‘working on it’.

Disconnected. Disconnected. The word hits her ears with a satisfying click. It feels like when you have been searching for it for weeks, but you no longer remember the reason or the sentence that needed the word. She hasn’t been searching for it of course. She hasn’t said, *what’s that word?* And no one has said, *Numb? Alone? Crazy? Afraid?*

Suz says she now belongs to a Facebook group that shares life hacks for being a mom.

Belong. Another click. Kelly doesn’t belong anywhere. None of her roles fit. The skin either hangs loose or too tight, constricting her bones. The volume of chatting customers escalates. Plates crash. The heating milk screams. The wooden chair digs into her legs. Her eyes burn and she focuses on having a question ready to keep Suz talking.

She hurts everywhere. She has become pain.

Crunch

Limon is what my aunt would call a Podunk Town, which I had no idea was a real word till I looked it up one day. It's a real thing—not derogatory which I had assumed because of the Texas twang she always added—seeing that she's not from Texas, I thought she was being mean. It turns out it's how you describe a small unimportant place which is what Limon is. I guess it's a little mean to call a place where people live unimportant. But it looks like it knows it—just a little sad.

I turn on my Google Maps since driving out here was just following one road, but now I actually have to find Kelly. So even though Limon doesn't have very many options, I need to find the actual road she or he or they are on.

I arrive in a cloud of dust. It's sort of what I expected but not. The house is out in the middle of nowhere—with a windmill which, for some reason, I expected, but the house is stucco, which I didn't expect out here. I went to Arizona last year, and I didn't see a single house not made out of stucco. Out here the houses are usually built from wood. This one matches the dry prairie. Except instead of cacti, it has a few pine trees that seem to be huddling together to conserve what little water they get so far out on the plains. There's the various familiar farm equipment: a tractor and one of those things that looks like a tractor but for torture, and the whole place is sort-of moving—people doing jobs that look difficult—lifting heavy bags of whatever, whistling at cattle. Whoever Kelly is, I will be extremely disappointed if they're not wearing a cowboy hat.

It takes me a minute to work up the courage to get out of the car. It's been a long trip, and I'm OK as long as I don't move, but as soon as I try, everything is going to hurt—an outraged protest from each joint that has stayed stationary for too long. I take a deep breath. I

grip the door handle and pull. I have to get out with one motion, but the pain makes me sway a little, and I look around to see if anyone has noticed.

‘Help you?’ A guy about my age but wearing actual cowboy boots saunters over to me.

‘Umm hi,’ I say, my head still ringing from the surge of adrenaline. ‘I’m looking for Kelly Wisely?’

‘Who’s askin’?’

‘Umm me?’

‘Who are you?’ He rolls his eyes.

‘Oh right.’ Should have realized I was in an Old Western film—he looks a bit like that hot guy from that movie with the horses, except younger—tanned skin, dark eyes and hair that seems to indicate how serious he is. ‘I’m Amanda.’

‘Jake.’ He extends a hand. I hesitate. This is the worst—the crunching of the small bones in my hand. I reach out anyway. I try not to cringe as he gives it a firm squeeze and a shake, probably just like Daddy taught him.

‘Kelly’s my dad,’ he says pointing over to where the cattle are panicking, kicking up dust around a man on a horse. The picture is almost enough to make me forget the pain in my hand; Kelly is whistling orders and wearing a cowboy hat. His grey hair is in a short ponytail. He’s tall and strong. He matches the backdrop.

Jake motions for me to follow and picks up his own cowboy hat from one of the fence posts along the way. I nearly laugh out loud. He just got so much hotter. Forget Alex Baker, this guy is the shit. Pain shoots across my foot and pulls me back to reality. I’m broken. I limp after him and try to hold my head up as he looks back for why I’m slow. He doesn’t say anything which I’m simultaneously mad at and grateful for. I don’t really want to talk about it; but then, doesn’t he want to know why I’m limping? Doesn’t it seem odd? I may have just

injured myself. In fact, I've tried that lie on a few strangers lately. The woman at the checkout counter thinks I sprained my ankle riding my boyfriend's motorcycle—I neither have a boyfriend nor have I ever been on a motorcycle, but it felt liberating—like I didn't owe her the truth.

'Dad!' he calls over the sound of all the cows mooing. I'm disappointed he didn't call him 'Pa'.

He doesn't introduce us but takes the reins and says something I don't hear, pointing at me. His dad climbs down, and Jake swings up into his place and I find I'm staring a little too long as his dad approaches.

'Hey there, what can I do for you?'

'Umm, Jake tells me you're Kelly Wisely.'

'Sure am.'

'Is it your birthday today?'

He tilts his head at me like he's trying to size me up. Like I might ask for his social security number next and the password to his bank account, so I can transfer money from my rich uncle in Africa. I start again—introduce myself, explain the story, and tell him I have brought him a cupcake. He's still looking at me with a tilt.

'Well, I'm always up for a cupcake, but it's not my birthday, and my wife has me on this damn low-sugar thing that's going to kill me long before any diabetes does.'

I smile at this. I'm not sure what to do now. It seems a bit risky to offer him the cupcake, but I take one more look at Jake—not really ready to leave. Kelly follows my eyes and just the left side of his mouth turns up into a smile.

'Jake,' he shouts, 'why don't you join us for some lemonade. Amanda here's brought me a cupcake, and Mom won't let me have it.'

I head off toward the car, still limping, and feel the heat of them watching me go.

I get the cupcakes—chocolate now because red velvet is so two Kelly-years ago. I follow them into the house where Kelly is on his cell phone.

‘He’s calling Mom in to meet you. She’s out breaking in a new horse,’ Jake says.

Of course she is. I nod and try to look normal. There’s an easy way about him that I’ve never seen in boys my age. Something about the air and the dirt—it’s like there’s nothing he has to prove. I wish I felt like that. I feel all tight and clumsy, like I want to step out of my own skin. Like I’m all at once focused entirely on myself and, at the same time, running from myself. Maybe it’s because he knows how to ride a horse—it’s like if you can command something so big you don’t really have to worry about how you stand in the world.

Sizzle

Kelly isn't sure how she made it to Knighton Road. The car behind her honks as the light changes from green to yellow, and she speeds across the intersection. She tries to remember specifics. The gas station on the corner of Peachgrove. The McDonald's on Victoria. Nothing. She readjusts. Sits up straight. Hands at two and ten. She puts the blinker on five seconds before the turn instead of three. She takes note of the Starbucks. Checks her rearview mirror and her side mirrors. She turns into the cul-de-sac. The townhouses matching and joined, like cut-out paper dolls. She pulls into the driveway, not bothering with the garage. Its contents are spilling out of the small house and pressing against the mechanical door.

Kelly struggles again with the damn grocery bags as she tries to hold open the screen door and push through the solid wood behind it. She falls into the house with a grunt. She can hear sizzling and smell browning meat, onion, and garlic. He's cooking, thank God.

She comes around the corner and flails the groceries on the counter. He's sort-of cooking; the heat is on low, and the water isn't boiling for the pasta.

The glass is still on the edge of the sink—a mouthful of soda left in the bottom. He pops out his ear buds. He has a new glass, full and dripping with condensation.

'Hey.' He doesn't turn. He sort-of pokes at the pink meat. Not really stirring, not really flipping it.

'Hey.' She walks straight to the fridge. She shoves aside the eggs and tries to fit the milk in on its side. The space in the door is taken up by a nearly empty bottle of Coke and two new ones plus an orange juice only a third empty; but she can't remember when they opened it, and she can't throw away the too-expensive fresh-squeezed juice.

‘You want to work your magic on this?’ he says, offering her the spatula. She doesn’t. She does not want to cook.

‘Sure.’ She takes the spatula.

There is a space in time after dinner. She hears the clinking of dishes and water running and hopes for the best. She plays Candy Crush while watching some crime show made non-gratuitous by the British accents. However, it’s still too violent for the six-year-old, so she must pause it every few minutes when Junebug crawls on and off her lap showing off her new game. She climbs the steps to put Junebug to bed, supervising so that each tooth gets brushed and assisting in the search for Lovey-Bunny who is temporarily but traumatically lost. Then Kelly winds herself into a coil on her chair and releases the paused character from her pained expression. In the end, she’s not sure who did it. She doesn’t care. She is drowning in sound.

She is stuck, but he doesn’t check on her. She can do this alone. She’s up on the third attempt. She makes herself a cup of tea. Chamomile and vanilla. He has put the plates in the dishwasher, at least. The glass from this morning is joined by the pasta strainer, a saucepan, two forks and another glass sitting just back from the first with the exact same amount of soda in it. She drinks her tea, leans against the far counter, stares at the glass. Is it the exact same amount? She squints her eyes. He is in his bed. Junebug is in her bed.

She washes out the pot, careful not to bang the sides of the sink. She stopped washing dishes as a weapon one year ago. Throwing cutlery and clanging heavy pans against the aluminum of the sink. Now she holds it delicately, like an uncooked egg, swishing the water with the plastic brush. She remembers the exact moment she decided she wouldn’t slam another door or bang a plate into the dishwasher.

She balances the pot on the drying rack; it drips on to the metal. The water pools, mixing with the sludge that is trapped by the ledge. That place that you can’t quite fit your

hand under to wipe clean. She can feel the two glasses of soda in her pulse, each bubble popping as each ventricle squeezes blood out into her body.

She climbs the stairs to her bed.

Shrink

I settle on the couch where Jake pointed.

‘That was Kate. She’s going to join us in a minute. Lemonade?’ Kelly rejoins us and swipes at the phone a few times and then starts jabbing his finger at it before giving up and tossing it to Jake.

‘Yes please.’

‘I’ll go see if Eric wants to come down.’ Jake hangs up the phone for Kelly, and there’s a strange change in the air—a heavy sort-of hush like the way everyone in a room holds their breath at once when someone says something awkward. I feel curious but also like I should go—that little warning at the base of my skull that says this is about to get uncomfortable. Everything about these people fits the picture. The mismatched remaindered furniture—a wingback chair with small, faded flowers. I sit on the leather couch scuffed with memories. The dust hangs in the air as if the concentration of it’s too great for it to settle. Jake reappears a few minutes later pushing someone in a wheelchair. The light is behind them so they’re just the black and white version. But they sort of emerge with a shimmer as they pass into the sun streaming in from the living-room window covered in lace curtains. The guy in the chair looks like Jake but a couple years older, and he’s a shrunken version—all sallow and a little twisted even though his head is held in place by the wings on his headrest.

‘Eric, this is Amanda. Amanda—Eric.’

‘I’d shake your hand, but I can’t.’ He says it like a joke, so I give a little laugh, but there’s a knife edge cutting through a bitter tinge in the air. And Jake cringes as he sets the brakes in place.

‘It’s nice to meet you.’ I’m pretty pleased with my recovery time.

‘Well, that remains to be seen, doesn’t it?’

‘Eric,’ Kelly growls as he brings in a tray of sweating glasses with tempting yellow lemonade.

‘What, I can’t even talk now?’ Eric says as the back door slams shut.

‘We’re in here,’ Kelly shouts, and a woman steps in. She looks like a badass, and I’m almost as mesmerized by her as I was by Jake. She’s strong, and she’s covered in the sort of grime that clings to real work. Her long black hair is pulled back into a ponytail low enough to allow her own cowboy hat to sit on her head. I think she could kill dragons.

‘Hi there, I’m Kate.’ She extends her hand, and I return the greeting. Then she turns to Eric and leans in to kiss him on his cheek.

‘What, no comment about how I’m finally out of my room?’ Eric keeps sending his words through the room like weapons. I feel the need to duck every time he looks at me; so, I have sunk down so far into my chair that I look sullen.

‘So, Amanda, Kelly tells me you’re looking for other people named Kelly Wisely.’ Kate focuses her brown eyes on mine with an intensity that says she’s determined not to let Eric run this conversation, and I should somehow just keep talking.

I nod but take a sip of the lemonade. The tart sweetness focuses my other senses enough that I can ignore Eric for the moment, and I tell her the story. As I finish, a horrible laugh comes out of his mouth, and I feel my skin shrink-wrapping like the vacuum seal in the science lab at school.

‘Eric,’ Kate says with a warning even I can feel.

‘What? I mean, what sort of rose-colored glasses is she selling here? Who cares that much about something so stupid?’

I feel the heat in my cheeks, and I’d like to run from the house but that would make everyone look at me, and right now everyone is looking at him which is better.

‘Eric,’ Kelly chimes in now, and Jake sits back in his chair as if settling in for a long movie. But he looks like he has chosen the wrong pillow for behind his back—sitting slightly on an angle.

‘No really. I just don’t have time for people who have so little going on in their lives that they feel the need to invade other people’s private spaces and what, sprinkle sugar on top? Who has that kind of view of the world? Someone who has never known suffering—what life is really like.’

I want to say something so bad. I want to tell him he has no fucking idea what every day is like for me. But then it hits me with a power that makes my vision blur and the room turn a strange shade of purple. Even though they hurt, I have the use of all of my limbs. And even though it takes forever to put my shirt on some days, I still can do it all by myself. So, I can’t really say anything. But then there’s this little flame that sits in my stomach: this little insistence that what is happening to me is terrible and not rose colored and not fair. I remember it took a huge effort for me to even get out of bed this morning, and I’m mad again. And then I wonder what the fuck I’m doing bringing cupcakes to the Kellies—like it actually has some sort of impact on the world—like it means something. And I realize I have to leave, whether they look at me or not. I start to get up and storm from the room, but I’ve been sitting too long; so, instead, when I get up, I let out an involuntary yelp. And nothing works. Not my legs. Not my feet. Not my hips. It feels like all of my joints have been set in place with cement, and I have to limp from the room. My whole body feels the cold and the heat of the pre-packaged shame in this moment—the silence implies everyone is staring at me and I just want to get out.

‘Amanda, wait,’ Kate says.

‘No, he’s right.’ Perfect. Stupid tears to top it all off. ‘I don’t know what I was thinking. It really is ridiculous. I had this idea—this feeling...just never mind. Sorry to have bothered you.’ I make it to the door. I’m nearly gone.

‘I’ll walk you out,’ Kelly says and offers me his arm. I look at it. I don’t want to take it, but there are three steps down, and it would really help, so I thread my arm through his. He doesn’t let go as we reach the bottom.

‘I really wish you wouldn’t go. Eric is...well he broke his neck a little over two years ago. It took everything from him. I don’t even recognize him most days, but then most days I’m just so grateful to have him alive that I can’t care who he is—I’ll take him in any form—angry, sad, happy. My son is in there somewhere. It’s been tough.’

I nod. I just have to get to my car. If I can just get to my car...

‘Amanda, it would really be our pleasure if you would stay for dinner.’ Kate comes up behind us.

‘Oh, thanks, sorry. I should probably get back. I have to drive back to Denver today.’

‘Well, we eat pretty early, usually around five, you could stay for the afternoon, have a look around the ranch, and then you could be home by nine.’

I chew my lip. These people are not taking the hint. I want to get the hell out of here.

‘Please, I feel just terrible, and it would mean so much to us. You could maybe even ride a horse? Have you ever done that?’

I shake my head. I can’t imagine being able to get on a horse, but the idea is appealing.

‘Umm I need to check in with my mom first and make sure it’s OK?’

‘Great!’ She says this in that way that moms do—like they all have that secret line to each other—as if me checking in with my mom means I will stay.

I dial my mom and try to send her telepathic messages that I really want to come home; but for once in her life, she's not whirling in some sort of vortex about my inevitable demise and seems to have lost her fear that I will be kidnapped. She even sounds excited for me—probably the fact that I'm making human contact rather than my usual idea of a party, which involves me and Bongo locked in my room. Great.

They both stand there watching me, so I have to just let the high birthday-party-pitched tone of my mom carry off the phone as if I have it on speaker, which I don't. They hear her practically beg me to stay as well. Kate is glowing by the time I hang up.

'All set?'

And I nod. 'All set.'

'Great I'll make chicken fried steak.' And she's off.

'Thanks for staying.' Kelly leans in for the conspiracy. 'This will be the best I've eaten in weeks.'

I have to smile at that. At least I'm doing some good, I guess. 'Anything I can do to help.'

'Well since you're offering, get her to let me eat one of your cupcakes.'

I laugh at this, and it feels good—a little of the desire to flee goes, and I take a step back towards the house.

'So, what would you like to see?'

'I'm not sure. I've never been on a ranch before.'

'Well, the best thing about ranches—besides everything—is the horses. I'll grab Jake to get you started while I finish up a few chores, and then we can all head out for a ride?'

I nod, but I feel the fear twitching up my spine. I have no idea how to even get on a horse let alone control it. Visions of me trying pole vault for the first, and last, time cross my

mind. Head-coach Jansen sent me straight back to the long-distance coach after I nearly impaled myself.

‘I can help you with the chores,’ I try.

‘Nonsense, that’s the worst part about being on the ranch. Jake!’

Jake comes sauntering from the house. His walk makes me all at once jealous and butterfly giddy. I wish I could walk through life that way.

‘You stayin’?’ he says, and he doesn’t look annoyed which I expected. Something about the way he carries himself makes me think he looks at most girls as flies buzzing around his head.

I nod.

‘I’m going to finish up in the barn.’ Kelly is already walking away. ‘Why don’t you get Amanda familiar with Polly, so she feels confident to go for a ride before dinner.’

‘Great,’ Jake says, and the light in his eyes turns on.

‘I’ll see you two soon,’ Kelly says, and I can see the stamp of Jake’s confident swagger as he heads off to the barn.

Excise

Kelly is sandwiched between her parents at church. She is home finally—just visiting—but home. Junebug has invoked the rights of a teen to sleep in. Kelly can feel the adult in her being replaced by the child who sat in church beside her mother every week while her father preached. Today her dad, retired, sits beside her. The pastor is pacing and shouting about envy. He says, *close your eyes and ask yourself who you envy*. She can't think of anyone. *If you are like me, you might have a list*. Kelly feels her arms are pressed, squeezed too close to her mother on one side and her father on the other. *There will be something they have that you want. A car, a house a job a husband a wife. There will be something, something you want so much you can taste it*. Kelly unsticks her tongue from the roof of her mouth. She thinks of her friends, her family, Junebug. She doesn't envy a single thing they have. The seats don't match the room. It seems they have transplanted rows of old theater seats for pews—for comfort, or maybe the pews were broken down. He says, *you'll know because you not only wish you had the car or house or whatever, but you also wish they didn't have those things and you wind up hating them*. Hate. Hate. She knows that word. She can taste it, like that time she was served burnt chard at a restaurant. There are three men who she associates with this emotion. She traces the threads, inching her way along the knots looking for the way this abstraction is connected to a tangible thing she wants.

She hopes for envy. Looks as far in her soul as she possibly can, because this guy seems to be implying if she can find it and excise it, she will stop smelling burning tires every time she thinks of them. It's a glossy promise—the smell of her hate clings to her clothes. And this pastor is offering a guarantee that she can leave all of that behind if she just identifies the source of her envy. The sanctuary is hollow. His voice echoes too loud. There aren't enough people in this space to absorb his words.

She supposes she envies what those men took from her. Each of their faces line up in her head. She wonders if she should add Dan to the list. No. She doesn't envy Dan. She would never want to face his fight. And he only ever hurt her as collateral damage as his addiction was slowly drowning him—she just got caught in the churning water. The others however, the best friend, the prospective boyfriend, and the stranger, they had hurt her. They had sought her out, laid the groundwork, and calculated the most efficient ways to hurt her. One massive betrayal, two sexual assaults, and a partridge in a pear tree. She wishes they had left her alone. But then, is it really envy when what she wants was hers to begin with? Her sense that she has worth. Value. *Of great use or service*. Archaic meaning is *estimable*. *Has enough substance to be significant or appraised*. As if she had clarity, weight, color, the cut of not a flawless diamond, but more like a fancy yellow diamond with only some surface blemishes. They took her belief in the word no—that it has power and shape to stop. They eroded and dented the precision cut that allowed her to absorb light and reflect fire. The boundaries of her body no longer have a definitive edge or shape. They took her gut feeling—her assurance that her own mind is trustworthy. They took her faith that when people promise something they will follow through. She supposes she envies bodies. Bodies that move with smooth motion. Bodies that are thinner. Bodies without pain. But even that isn't about grasping for those bodies or anger that what they have isn't hers, more like she has done something wrong. Ate too much that morning. Or maybe she is sick because she really should never have been born. Maybe because her parents didn't plan for her, all the bits needed to make a functioning body weren't available at the last minute, so she got the discount version. But she still can't really call that envy.

The pastor says, *it's OK to want things, that is hope*. Hope. *Expectation of something to happen*. Archaic meaning is *to have trust*. Confidence. Trust. *To become fragile, breakable in someone's hands*. She doesn't want someone else's job, car, house, or success. She doesn't

want their marriage or their man. She doesn't want. She doesn't trust. She doesn't hope. She can't. Hope requires something specific. It requires optimism. Optimism needs two things: a future, and for everyone not to be an asshole. She used to hope, she thinks, she can't really remember. Now, she just waits for them to betray her. Waits for them to abandon her.

Expects the worst. Expectations. Set expectations. *A strong belief that something will happen.*

It also means *a strong belief someone should achieve something*. What if she hopes they won't achieve something? Is that the same thing? Nothing she hopes for happens anyway. Why?

Christians have the best answer for avoiding the question all together. They say, *Oh that's because you hoped for something that God didn't want you to have*. When things are good—God did it. When things are bad—you did it. It's all very convenient. She has lost track of the sermon. He's trying to be funny. He's pointing to a graphic on his PowerPoint—red words with a font that looks handwritten, *Envy is stupid 'cause*. Her parents laugh. She tries to follow the bullet points. She reads and rereads them trying to understand, trying to find the answer to set her free. It's been a while since she was in church, but back then, the concepts were easier to grasp. She could hang words like *Faith* and *Trust* and *Suffering* like fairy lights in her brain. Twinkling and pretty, they look substantial from a distance but up close it's just a tiny fragile bulb and once the filament breaks in one, the whole string blacks out.

Then she has it—something tangible to grab on to. She envies. She knows exactly what she desires to possess. She knows the thing she wants. That thing she would be happy to take from them and give to herself: their ability to move on, their ability to be shit and forget. It's their ability to drive over her corpse on their way to their Happily Ever After. As if they feel the wheels judder over her body and go have a fancy meal with a responsible amount of alcohol. Because, of course, none of them are irresponsible when it comes to other actual

drivers on the road. Two of them are even vegan—because they would never hurt an animal. That is what she wants—their ability to take whatever the fuck they want with no consequences. It's their cruelty she wants. She does hate them for it. She wouldn't want it for very long though. She knows somewhere inside that it won't work, their sadism won't fit her. It would be like buying a fur coat in an op shop. You think the cigarette smell will fade, and the fact that it's too big won't bother you, because there's a discount. But it would end up being too scratchy. The left shoulder would keep slipping off. And the burnt ash smell would start to emanate from your house as well as the coat. You would have to throw it away eventually. It would have to be discarded. But before that, she would really like it if she could hurt them in...maybe not the same way but in an equally life-altering way. That's what she envies, that ability to delude themselves into believing they are heroes when, really, they are trash.

The sermon is over. He is breaking the bread and pouring the wine. This is the body of Christ broken for you. This is the blood of Christ shed for you. She is broken. Broken. *Violently separated into parts. Violated by a transgression. Made weak or infirm. Infirm. Of deteriorated quality. Infirm. Not solid or stable.* As she walks down to accept the bread, she is baptized in the hundreds of times she asked and trusted. And asked and trusted. To be healed. To have her husband love her more than he needed drugs. To make a new friend. To keep her body safe. She realizes she envies this man of God and his belief that the worst thing that could ail her is envy. He doesn't know how broken she is, how infirm and how utterly useless the broken body of Christ is to her. She eats the bread. It sticks in her throat—her disease has taken most of her saliva now. The bread is a solid lump choking her all the way down. The wine burns and she wonders: if you take communion with hate in your heart, does it become toxic?

Blush

‘Ready?’

‘Umm sure.’ I wish I could just have a little of Jake’s attitude injected, at least, into my voice or maybe my legs. But I have to find my own feet and propel them forward under my own inefficient power.

‘Sorry about Eric,’ he starts as we walk—well, he walks, I limp. ‘I wish you could have known him before the accident. He was the coolest big brother. He taught me everything. From how to ride—you know really ride—not like safe-parent riding—to how to kiss a girl.’

I feel the heat rush to my cheeks and turn to study the barn where Kelly disappeared.

‘Can I—is it OK if I ask what happened?’

‘Yeah...He was *really* riding, and he fell and broke his neck—score one for parent-safety riding I guess.’ He laughs, but it sounds cracked, like it’s holding on to the edge with its fingertips.

As we come around the corner, I’m greeted by several horses, none of them tied up but all lazing under a tree. One of them trots right up to Jake who gives her an actual hug and whispers something too quiet for me to hear.

‘This is Polly. The sweetest thing on this planet. Polly, this is Amanda, you want to show her how it’s done?’

I know it’s impossible. I know people can’t talk to animals, but right after he asks, Polly snorts, and nods her head. Then she takes a couple steps toward me. It’s her size that makes me back up—sweet or not—even an accidental stomp would break my foot. Jake studies me.

‘Sorry, I’ve never really been around animals that much, especially ones this big. I mean we have a dog but...’

‘It’s OK. Polly’s got heaps of self-esteem.’ His face has changed. It was a bit on the dark and mysterious side, and now it has a sort-of childish shine. ‘First thing is we have to get her all saddled up, and if you’re going to ride, you have to saddle.’

‘Oh, I wasn’t—I mean I thought I would watch you do it first.’

He pauses mid-step on his way to a line of saddles hanging over a fence. ‘Huh?’

‘I mean, I thought you were going to show me—I mean, I haven’t ever ridden before.’

‘Yeah, I know, but if you’re going to learn to ride, you have to actually ride.’

‘But like, all I know about horses I learned from *Little House on the Prairie*, and they only had one, so there was very little riding of it—mainly they just ran everywhere.’

He laughs at this, but I’m sort-of serious.

‘You don’t have to ride,’ he says, and I chew my lip. I want to ride, I really do; I just don’t know if my body will even let me get on the thing let alone control it.

‘No, I want to—it’s just I have...something is wrong with my—’

‘Don’t worry. You don’t need a working body. Polly will do all the walking.’

There’s something inside me that cracks open when he says that—something that I can’t identify, but I know it’s a big deal, like later in life I’ll know what happened. But it feels like relief—like peace. Whatever my face is doing it makes Jake smile which makes me blush. He motions with his head for me to follow, and I do. He lifts the saddle off with ease.

‘Ready?’ he asks, and I hold out my arms. It’s heavy, and it hurts a little, but I can do it which feels great. ‘OK?’

I nod and follow him back over to Polly, who turns, offering her side to me. The saddle is so heavy I’m not sure I’ll be able to lift it high enough, but I do, and Jake is there to

pull it the whole way across her back. He shows me how to buckle the straps but makes me do each one. Then it's time for the reins.

‘Does it hurt them?’

‘Not if you're doing it right.’

I don't like the sound of that. But Polly accepts the bit and wiggles it around to the right spot.

‘You ready?’

I nod my head, but I can't actually say the word *yes*. ‘Umm how do I get up there?’

‘I'll help you. Do you have a leg that's better than the other?’

‘Umm, today my left leg is better.’

‘OK then come around here. Grab hold of the saddle and bend your left leg like this.’

He shows me, and I do. He takes hold of my shin, and I wonder what the heck that is supposed to do to help.

‘On the count of three you're going to do a little hop and swing your other leg up and over.’

I look over at him.

‘For real. It'll work. Ready? One. Two. Three.’ I do a little hop, and I nearly make it, but I don't quite get my leg over, so I'm just thrown over Polly's back like an embarrassed side saddle bag. He lets out a relaxed laugh which helps a little, but I'm not sure where to go from here, and Polly is confused so starts walking in circles. I just hold on and close my eyes until Jake stops her. Then I slide off—the pain shoots up through my feet all the way up my spine.

‘You OK?’

I nod.

‘You want to stop?’

I shake my head. I'm not quite ready to speak. We set it up the same way, but this time, I have a better idea of where I'm heading, and I'm suddenly sitting in the saddle. Jake takes each ankle gently and readjusts the stirrups then slides my foot in.

‘Good?’

‘Yep.’ It’s a little uncomfortable but not too bad, and I feel so strong—stronger than I have since all this started.

‘Great. Now we’re just going to try walking for a bit.’

We walk around, zigzagging. Apparently, he thinks I have some sort of skill because he thinks it’s a good idea to let go of the reins, but he walks along beside me. Eventually he stands and watches, telling me to have Polly go left then go right then make her trot. I guess he thinks I can handle her because he leaves me and returns with his own horse named George.

Floor

Kelly is curled up on the floor. She's doing the Saturday shift. All of the salespeople have to come in for one Saturday per month and sit in the office alone and answer any calls because the ads run all day. The hard floor folds her shoulder around her chest, and her neck is at an odd angle. There is carpet, but it's thin and matted down from years of loafers and sensible pumps. Kelly can feel the dust mites crawling into her lungs with each inhale. She can see an old wrapper from a Snickers under the desk. Her cell phone pings, and she reaches one arm out but keeps everything else still.

Hey, how's it going? It's Luke.

She just stares at it. How the fuck is it going?

She knows what response he expects: *everything is great how are you*, and then he will say everything is great too and his fiancé is great, and they are having lunch at a vegan café that afternoon.

She knows this scripted response because it occurs every single time they text now. Since he reemerged after he disappeared for...well, he was there, but he never spoke to Kelly. They went from chatting all day and hanging out with Laura on the weekend and even weeknights when they could, to nothing. Just before he vanished, Kelly could feel her own weight—how every text was one too many. It started on Pita Pit night and got worse each day. In the past she would have just vanished—blended into the work walls, taken the hint. But he had promised her so many times. Movie nights with Junebug. Telling Kelly to call with any need. Text him if she needed anything at all. He explained Found Family because Kelly didn't understand. She didn't understand the rules for family that you choose. She knows Real Family who love you even when you are an idiot because they have to. But he said Found Family is even better. They show up. They stay. They never leave you. Kelly

insisted this couldn't be true. Luke said, 'Trust me.' Kelly said, 'If I trust you, I can't lose you. I won't recover.' He said, 'You won't lose me.'

Then Pita Pit night. She would have just left him alone like he seemed to want. But she was alone in a foreign country. And he had promised he would never do this to her. It had seemed too good to be true—an email from a long-lost uncle promising millions in inheritance. But maybe she had got it wrong. She had to try.

A few weeks after the Pita Pit night she gives it one more try—an all-or-nothing attempt to keep her friend:

She asks him for a walk and says, 'Hey, so I'm confused because you said we were family and then you just fucked off. So, I just need to know what the expectations are so that I don't cross a boundary that you need.' She is so panicked. She can't quite breathe right, so her words are inhaled as well as exhaled. 'I have four options for you, and I'm fine, really fine, with any, I just need to know.' She waits. He nods. 'Door number one: We are work colleagues, we smile in the hallway and don't stab each other in the back in meetings. Door number two: We are work friends, and we have coffees and lunches and a couple of inside jokes. We don't talk outside of work hours. Door number three: We are friends, good friends—we show up for birthdays and go to the park on the occasional Saturday. Have the occasional chat. Door number four: We are Found Family—you are in my and Junebug's life for concussion-emergencies and Marvel movies nights.' She finishes, pretty proud of her articulation. Seems straightforward.

He throws up his hands and says he hates putting labels on things, *why can't they just play it by ear*. And Kelly says, 'Sure, I understand, but you realize that door number four was your idea? You put a label on it when I said I was fucked.'

And then he says, 'Look, what you've got going on is a lot.'

And Kelly can feel the next sentence breaking over her head like a cracked egg, slow and cold.

He says, 'I just don't have anyone to talk to about it because I have to protect your confidence. It's just...'

Don't say it. Please don't say it. She closes her eyes to try and stop them, but the words come anyway.

'Too much.' He says the words she already had etched into her skin like tattoos.

So, she had let him go. What else could she do? A year later, he says sorry he created 'distance' and 'it was work and life and now things are better'. Just useless abstractions that didn't make any sense. Distance. *The space between two points.* Point. *Precisely indicated position.* It was all very clear. That was a year and a half ago. She eventually found out he really disappeared because a month earlier Kelly had texted saying she could use a hug. That was the thing that did it. The thing she asked for that was too much because his girlfriend had seen it and demanded he stop talking to Kelly. A hug was the very easiest thing Kelly could ask for. The thing she thought was easy for him to give. He had asked if she needed anything. She had sifted through her list until she got to the quickest, the easiest thing. Bypassing, can you help with the garbage; can you open a pickle jar; can you cook dinner; can you open an impossible bag of chips; can you watch a movie with Junebug, so I can go cry. All the things Kelly actually needed help with; all the things he had said he would help with so that Kelly wouldn't have to move home and take Junebug away from her dad, and her friends, and her school. *I could use a hug*, she had texted. It was the only thing she knew wasn't too much. It took nothing from him. They hugged all the time. Hugged goodbye. Hugged hello. He hugged her when she cried. She hugged him when he had a bad day. It was just a thing, this tiny, normal everyday thing. She just needed a brief connection. And the fucking truth.

Now, here she is on the floor, and he is texting.

The work phone rings. She reaches for the phone that she has next to her on the ground and a call-back card.

She clears her throat. 'Fortitude Medical Institute.'

She answers the question about becoming a pharmacy assistant and writes the name and number. It's all on the wrong lines she sees, but she decides to fix it later.

She looks at her phone again. *How's it going?* This is the new version of him. The version that he has created to make the girlfriend happy. Or it's the version he has created to maintain the lies he tells himself. Either way it's no longer him.

What she wants to text is:

What the fuck do you want me to say motherfucker?

Things here are not great. I can't get off the floor and you lied to me.

She considers this for a minute. How would he respond?

I'm sorry Kelly

or

I'm sorry you feel that way Kelly

She texts, *I'm good, how are you?*

He tells her about their vegan weekend plans, and she says *that sounds great. Sorry, I have to go.*

She doesn't get off the floor.

Contact

There's something about the mix of everything: just chatting, the easy way the horses are breathing and are so happy to be walking. And Jake is so sure of himself, and suddenly I'm telling him about my diagnosis. I didn't even see it coming—it's out of my mouth and absorbed into the next sentences about school and having to downgrade to Junior Varsity track. And he doesn't say, *poor you* or anything, he just says, 'That sucks,' and then tells me about living with a family that nearly lost a brother, and, in a way, they did because the Eric that fell off the horse never really came home from the hospital. And I don't say, *you poor thing*, I just tell him about having to give my best friend some space. And he doesn't say, *she's mean* or that I'm being mean, he just tells me how his friends are Eric's friends, and no one knows what to say or how to talk to them anymore, so now he doesn't really seem to have friends. And we aren't comparing or competing, just finally able to say the honest stuff we can't say to anyone else.

Then we are wandering around and off into what seems like endless land. I mean, I know there are people out there, but it feels like we could just keep going and never run into anyone again which feels so appealing. I start wondering if I really need fresh clothes or food. We turn at one point, and I can see the mountains, and I have this sense of connection that makes me dizzy. The sun is setting, and I can feel the way this land has barely moved. The same way that the Cheyenne must have seen these lands. All that's missing is the buffalo. And I'm not as sad about that as I should be. Sad because colonists did terrible things and buffalo are cool but like, I'm really enjoying this, and a herd of hundreds of giant stampeding things would be more terrifying than nostalgic—sort-of ruin the moment. It's then that I realize I'm not in pain. I mean it's there, and when I have to get down it will be waiting for me, I'm sure—it's just that right now my heart rate is slow, and Polly is rocking me back and

forth like she's got life all figured out, and she'll take me where I need to go. It makes me want to stay here forever.

But the sun is flirting with the mountains. I'm not sure what it's like in the rest of the country, but the sun in Colorado always seems to bounce its way down while throwing hot reds and fire pinks across the cartoon clouds. I think it's probably as simple as the jagged mountains creating the illusion, but I like to think the sun here is a little more fun. It wants to stay a little longer.

'You ever seen a beach sunset?' Jake shifts in his saddle to look at me, and I shake my head. 'Me neither.'

I breathe in. 'I can't imagine it would be better than a mountain sunset.'

We sit in silence as it finally gives up, and the Rockies become a purple wavy line just above the horizon.

'Do you —' he begins.

'DINNER!' Kate calls from the house. Neither of us moves. For a brief second, I consider asking Polly to take me for a run. But the cold is setting in fast, and I can feel my joints soldering into place.

'I guess we should head back,' Jake says, and his voice returns to that sort of darker tone that he had when I met him. Maybe he doesn't want to go back either.

'Guess so.'

He clicks his tongue, and Polly and George take small steps forward as if they regret the decision as well. He walks us straight into the barn, and my panic is growing. I can already feel how useless all of my limbs will be. It's all made worse when he jumps off George like some sort of Olympic champion, and I just sit there like a child.

He stops and considers me. ‘Are you...’ his voice trails off, and he looks around the barn for something. He spots it and jogs over to a small wooden step. It’s a nice gesture, but it isn’t really going to help. I chew my lip.

‘How can I help?’ he asks, and I just wish on all the birthday candles and pray to all the gods that I can say *I’m fine*. But I can’t, and I have no idea how he can help. A single stupid idiotic tear seeps out of my stupid traitor eyes, and then he steps up on the step and puts a hand over mine.

‘Amanda, how can I help?’

I shrug my shoulders. ‘I don’t even know.’

‘What hurts?’

‘Everything.’ All of the tears come now, and I hate every single one of them.

‘Hang on, don’t worry. It’s no big deal.’ He’s talking with a quiet surety. Which is good, but it’s not working. ‘Can you get your leg over but keep this foot in the stirrup?’

I look around as if I can find the answer in the hay that dusts the floor. ‘Umm maybe but I won’t be able to bend my knee to step down.’

‘Good. Ok. I get it. You’ll be fine. Just hang on to the saddle and swing your leg over to this side.’ I feel his hands around my waist, and I wish it was romantic, but instead I’m so mad I’m seeing colors. All I feel is a simultaneous blue gratitude for the strength in his hands and a gray resentment at my need for them. I bite my lip as I let my right foot take all of my weight and then a groan escapes my tight lips as I force my left leg to move. I’ve done it, but my hands are screaming, and my knee will not let me down.

‘OK I’m going to take your weight. If you can get your other foot out, we can get you down. Ready?’

I shake my head no.

‘You’ll be fine. I’ve got you. One. Two. Three.’

I push up, but he does have me, and my foot is out, and he eases me down, so I'm standing on the small step in front of him. He doesn't let me go, but steps back and off the step. I turn in his hands, and he takes my weight as I cringe and step down. I consider kissing the dirt floor but think perhaps I've used up all of my drama for the day. I figure you only get a certain amount. It's not fair that I need a hot guy's hands all over me, and I don't even get to enjoy it.

'Thanks,' I say, but my teeth are clenched from the pain and from the anger.

Fine

Kelly watches a TED talk.

She's at the gym—the endless hamster wheel to keep her body moving. She finds she can keep going if she can forget how much she hates it. This requires distraction. She has a few halting attempts at YouTube. The algorithm can't quite get the hang of what she wants to watch. The late-night talk show clips she finds frustrating. This is odd because they are perfectly amusing when she hits a lull at work. But at the gym, they aren't quite as funny. She eventually finds TED talks. They promise eighteen minutes are all that's needed to change your life, and she can listen to three during her workout. This one says *How to stop screwing yourself over*. The speaker brags she can help anyone get what they want. Good choice. Kelly would like to get things that she wants. And Kelly really hopes she has been screwing herself over. That way she can do something about the shitshow she keeps finding herself in. The lady tells her to visualize something she wants. Kelly has encountered the exercise before, so she knows to visualize two things: a not-sick body and a relationship with someone who is kind, confident, and not entitled, and who she's attracted to. She always does two because these people always say quick! What's the first thing that comes to mind?! And she always thinks about her pain first. But she knows that's not what they mean. And it's a bit unfair to go through their finely tuned exercise intent on proving them wrong. The second choice always varies, but today she focuses on a great relationship. One where everyone is good to each other and everyone around them. It's not the top thing she wants, but this lady can't take her pain away. And it's the thing Kelly asks for when she's being indulgent. Like when people say, *If you could eat anything and not gain weight what would it be?* She always says Dan's Pasta Alla Pana—creamy bacon and mushrooms on spiral pasta. She supposes she isn't allowed to choose that anymore because she's not entitled to Dan's anything.

The lady keeps talking and Kelly is already regretting her relationship choice. She doesn't really want to date anymore. She doesn't think love exists. Just like you can't eat anything you want and stay healthy. It's an illusion. But it's the thing she likes to keep in mind as a hypothetical. The game you play if people could be trusted, and you weren't already in pieces. Then she would want someone to hug her for a long time. She would like to have that person who she could turn to and say, *can you help me with this?* And they were already walking over to help. Really, she is just wanting to be close to someone who is a good person. And the speaker gave love as an example, when she was helping her audience think of something. So maybe, in the end, it's a good choice. Like not knowing what you want to eat because you are never allowed to eat donuts, and then you accidentally pick the one the shop is famous for and won all the awards for something like a croissant. Kelly is hungry. She keeps climbing. She focuses on the woman's voice again. She must have missed something, thinking about donuts. She rewinds the last thirty seconds. But even though Kelly listens very carefully, the shouty lady has no advice for love.

The whole talk boils down to waking up early and exercising. Apparently, what most people want is to do charity work and lose weight. This confuses Kelly (except the losing weight—she and everyone she knows wants to lose weight). The woman says, read a blog—someone else has probably had a similar great idea and has written about it. She says get up off your butt and exercise. She says that so many times that Kelly almost gets off the stair machine. The lady says, 'You don't have what you want, this thing that you visualized. This thing you think about and wish you had. It's all because of one word, four letters and it starts with an F.' (She makes a rather long joke about another four-letter F word and the audience loves it, but it's not funny.) She says, 'Actually the word is fine. And we should be honest and say we are not fine or be honest and say we are fantastic but,' she says, 'the worst thing about the word fine is that 'you say it to yourself. That thing you want, I guarantee you, you

have convinced yourself that you're fine not having it. That's why you're not pushing yourself.'

She accuses Kelly of hitting the snooze button on her alarm that morning. Kelly hasn't woken to an alarm for most of her life. Pain is her only alarm. Most mornings it wakes her with plenty of time. If she isn't in pain, she still wakes up, her body anticipating the pain of the day so no, lady, she did not hit the snooze button. This morning she crawled out of bed, each step glass on the hardwood floor, while it was still dark, to get Junebug to her early-morning practice on time. The lady says, 'You have to parent yourself because you will never feel like doing the things you have to do. The motivation is never coming.'

Kelly doesn't have the luxury of waiting for motivation. If she doesn't work out, every day, her joints will be frozen in place—grotesque sculptures of pain. And while this is a big motivator, it's not the whole truth. Kelly has a secret shame. In the aftermath of 9/11, there were so many stories, so many to cry over, but there was one type she was obsessed with—reading articles and skimming for statistics. It was always an addendum, never the real story. There were disabled people in the towers that day, some in wheelchairs but others, like her, who had limited mobility and were trying to get down those thousands of stairs. Strangers stopped to help. Six firemen carried one lady almost all the way to the bottom before the buildings collapsed—they survived—a miracle—but Kelly knows that those miracles are reserved for others, those who haven't abandoned their faith and those who still pray. Those who still believe in miracles, still believe in their worth.

Like everyone, she was scared that day. It wasn't the unpredictable nature of terrorists. It wasn't that her country no longer felt safe. It wasn't that people had to choose to die either, in the hell creeping up behind them, or with a ten second fall to their death. It was the thought that her illness would not only leave her trapped in a burning building but that others would see her struggling to get out and stop and help and then they would all die.

Ninety-nine percent of those below the impact of the planes survived. Most of the 1% that didn't were disabled or assisting them. She read every story about men struggling to get people in wheelchairs down the steps, slowing healthy bodies behind. No one wanting to pass. Everyone desperate to pass and get home to their families. Even on a good day, after forty floors she would be limping, and in the narrow forty-four-inch-wide stairwell she would have slowed hundreds of people down.

While others mourned, she doubled her workout time. It has been decades, and every day she commits to making herself as fit as possible, so she can push through any pain and get herself out. Or, at the very least, she will make herself as small as possible so that a fireman, one fireman, can throw her over his shoulder and get her and him safely out of the building. She obsessively calculates how much a firefighter trains to carry and keeps that as her goal weight. She climbs stairs, so many stairs. They had to climb down eighty-one flights of stairs; so, for her light workouts, she does one hundred and seventeen floors and for her long work outs two hundred. Two hundred floors, three thousand four hundred steps, so that no matter where she is, she can get out of the building. The tallest building in the world has one hundred and sixty-three floors. On good days, she runs as fast as she can. So she can get away, so she won't take anyone down with her, so she won't be stuck at the base of the building under falling burning debris. If she does die, she will just be a statistic, not the object of someone else's heroic death. Some thought has been given to how we get disabled people into work on time to sit at their desks, but very little thought has been put into how someone who is limping gets out of a half-a-mile-high flight of stairs. But that's their fault, right? According to this TED talk lady, they were screwing themselves over. Maybe they just weren't motivated enough. Or maybe they said, 'I'm fine,' when someone offered to help.

The TED talk ends before Kelly has finished her stairs. Just one hundred more floors to go. Kelly keeps climbing. She realizes the lady had only one piece of advice for the love

dream Kelly has—if you see someone interesting, walk across the room and introduce yourself. Perfect, lady, predators look like everyone else in the room. Ninety-eight more floors to go. Kelly switches to music.

Hook

I go and tell Polly thanks for being such an amazing creature and for giving me everything.

‘Ready?’ he asks as my head presses into Polly’s nose, and we share a breath.

We walk back to the house with slow progress. I’m still limping and already missing Polly’s strong legs on the uneven dry rocky ground. He starts babbling about his mom’s chicken fried steak in a way that I will be eternally grateful for. He discusses in depth the amount of broccoli and celery that has been infusing their diets for the last month.

‘If I ever see another piece of kale, I will give up eating.’

I laugh, and just like that he has managed to make me feel normal again. ‘Like a hunger strike?’

‘No like I will just stop eating forever until I’m in college and living on Ramen Noodles.’

‘You got plans for college?’

‘Yeah, I want to study physical therapy and maybe run a disability riding thing. Starting with my brother, I think. We can have like a camp or something.’

‘You’d be great at that.’

‘You think?’ He looks right at me then, and I see for the first time a bit of a crack in the secure demeanor that he’s putting out there. He’s looking into my eyes like he can hook out the truth from deep inside.

I smile at him. ‘I have seen my fair share of physical therapists, and you have what it takes.’

He lets out a breath then and holds the door open for me.

The smell that washes over me makes my stomach rumble. It smells like the diner my mom takes me to for breakfast sometimes. It's that smell that lets you know when you leave, you'll be so full you'll have to be tucked up into a ball and rolled back to your car.

The dining room table delivers on all of the smells promised. A steaming bowl of mashed potatoes with a spoon fit for a giant. Gravy in an actual silver boat. A salad where I believe I see some kale sticking out, but I think Jake will postpone the hunger strike in favor of the other dishes at the table. Eric isn't here. Which is a relief, but I also feel responsible. If they haven't been eating like this for a while, it seems a shame for him to miss the party just because I'm here. We sit at the giant table with the mismatched chairs—all from different eras.

'How did you find riding Polly?' Kate hands me the bowl of mashed potatoes.

'Oh umm, it was amazing really. She's so big and strong, but she's just so sweet.'

'Amanda's a natural.' Jake cuts into his steak, and I feel heat splash across my cheeks.

We share a few in-jokes about people hating us for our "naturalness" that Kelly and Kate don't pick up on, but I feel them watching us. They look at us, and then look at each other like they're sharing their own in-joke. I answer their questions about school with all of the real pain smoothed over to a nice shimmery shine. Yes, I love my teachers. Yes, I have lots of friends. Yes, I love track, and I like being on Junior Varsity because then the pressure isn't so high, and I can run just for the fun of it. I keep looking over at Jake checking if he's going to call me out, but he just keeps eating and looking over at me as if he's actively listening and doesn't know the real story.

Somehow, after all the food, there's also apple pie with ice cream.

'So, when can we expect you back?' Kelly says as he takes an extra scoop for himself, dodging Kate's slap at his hand. 'Apparently we only get to eat when you're around.' He dodges another slap and takes a big bite in protest.

Everyone laughs, so I don't have to answer. I want to come back. I would come back tomorrow. Stay tonight if they would let me. It's the most normal I have felt in two years. But it's after seven, and the longer I stay the worse I will be tomorrow, and I'm pretty sure Mom won't let me have the day off again. They say goodbye at the door, but Jake walks out with me.

'Do you do that a lot?'

I stop, not opening the car door but leaning against it. 'What?'

'Tell the sugar-coated version of your life?'

'Yeah, I mean...not only do other people get tired of hearing it, but I get tired of it too. I'm sure you do the same.'

He nods.

'Plus, it tends to protect me from the "helpful" advice I get about diet and environmental toxins that I need to flush out of my body with a juice cleanse.'

He laughs then—a real laugh, his head thrown back—and it's a great sound. And I love the way it makes his dark eyes so much brighter, and I really like the way I had the power to give them light. He stops laughing, and I don't realize I'm staring before it's too late and we're both staring at each other. I want him to kiss me, and I really don't want him to kiss me. I feel damaged, like him kissing me is unfair to him. But he takes a step forward, and I keep looking right in his eyes and even though I should feel embarrassed, and I should look away, I don't. And then he goes to say something, but he can't get the words out. He swallows and tries again, but it's still a whisper.

'Would it be weird if...Can I kiss you?'

'Why would you want to kiss me?' I manage to squeeze out the words from lungs that feel collapsed.

He moves closer.

‘Why would someone like you want to kiss someone like me?’ he answers with his own question. I can barely hear him; he’s so quiet.

If Mr. Confident can’t get the words out, I definitely won’t be able to make any more real words so, I just nod. I don’t know how to kiss, but I have watched a lot of kissing in movies, and I might have rewound a few just a couple of times. This is no movie though. I’m in it—my whole body is involved, and I feel his one hand holding my head as his other hand slides around my waist to my back. My whole body is focused on the way it feels to put my hands on his hips and the way his lips feel on mine. The way he smells like our day and the dinner all in one. When he pulls back, he keeps his hand on my cheek, and I think no one has ever had a more perfect first kiss.

‘Eric taught you well,’ I say when, eventually, I remember that breathing involves a two-step process of sucking air into your lungs and then letting it go again.

He laughs, but it’s quieter, more grown-up, like he’s a little bit proud of himself.

‘Can I call y—?’

‘Yep,’ I answer way too fast. I should’ve been demure and thought about it for at least a couple of seconds. But he laughs again, and we do the cell phone shuffle where I tell him my number and he sends me a text. My phone chimes—it’s a gif of someone breathing in a paper bag, and I giggle. But I also see the time.

‘I have to get home.’

He nods and steps out of the way for me to open my door, and I get in. ‘Thanks for today, it was...’ I can’t even put it into words. I just take a big deep breath of the life it gave me.

‘Yeah, me too,’ he says, and then he leans in through the window and gives me another small kiss. My cheeks are still red from the last one. So, I don’t even worry about it as I drive off.

Broken

Junebug is sick. The protocol in this socialized medicine establishment has tried not to treat an infection so as to save the system money. Every week Kelly is grateful for socialized healthcare. Every time she gives herself a \$1500 shot for \$5. But right now, she isn't grateful. The doctors, unafraid of lawsuits, have delayed and sent them home three times now. And then, on the fourth visit to the ED, lied to Junebug that they wouldn't do anything and then sliced her finger open with a needle. Now she needs surgery, but not as much as the people being choppered in from car accidents, so Kelly and Junebug live at the hospital now. Waiting. They distract themselves with TV. Infomercials are their favorite, as they allow for merciless mocking. The nurse brings yet another form for Kelly to fill out about parents staying with children. Kelly has been looking at it for over an hour.

Do you have any illnesses that the hospital should know about?

☐ Yes

☐ No

If Yes, please explain: _____

It seems straightforward, and yet Kelly can barely even grip the pen properly to write. She ponders what would happen if she ticks yes. Would she be given a better bed? She hasn't slept for three nights. They have put them in the space by the door. The other patient in the room has a window, and the support person has an actual bed that disappears into a cupboard. Kelly's cot unfurls from an already oddly shaped chair that hurts her back all day, forcing her neck forward and her lower back into a C shape. It's a hide-a-bed but miniature. Its better, big-brother version would be that couch in your grandparent's house that the youngest child gets to sleep on, after everyone else has a bed. She struggles just to get the damn thing out of the chair each night. The first night she thought it was broken. She couldn't get her fingers to

grip the handlebar, and the pain shot up through her wrist like a nail gun. Now she considers if she can just sleep upright. Once she does manage to pull out the bed, the various bars seem to migrate up through the thin mattress until she feels like she's sleeping on railroad tracks.

She knows if she asks for a better bed, she will seem uncooperative, ungracious.

Ungracious. *Ungracious. (Archaic) Wicked.* And Junebug's care depends on Kelly's ability to make everyone here feel important and smart, and to do what they say. She knows that the nurses will pass on what a pain in the ass she is to the next nurse and the doctors. But Kelly is falling apart. She can't open the water bottle for Junebug. She can make her swollen fingers hold a cup of water to her daughter's lips, but not to her own. She can get twenty minutes of sleep out of every hour of the night shift. But she will have difficulty standing and forcing the bed back in place by "6:30am" as the sign above her head demands. She gauges the size of the line provided for *If Yes, please explain.* How can she pick exactly the right words so they can accommodate her? Accommodate. *To provide something desired or needed.* I hurt everywhere. I need help. I need sleep. I don't have the use of my hands. I don't have the use of my knees. I don't have the use of my feet. I don't have the use of my immune system. Which one should she pick?

During the day, her chair butts up against the edge of the sink and at night, her shoulder hits the drainpipe when she tries to roll over. Every time a doctor or nurse washes their hands, little droplets of germs settle on Kelly's face. Immune compromised. Immunocompromised. Kelly likes that word. It's very accurate. Her immune system is compromised. Compromised. *Impaired or diminished in function. Weakened, damaged or flawed.* The word gives the impression of something still standing but ready to fall. Like there's still hope, they haven't condemned the building—people are working on it. There's a flaw in the design plan. Should she put that on her form? They wouldn't change anything—just send her home. Junebug is fourteen—so they won't say, *Oh how can we help?* but *oh this*

is no place for you—you'll have to leave your daughter here by herself. Kelly isn't willing to do that. But she wonders if it will kill her, whatever she catches from the gunge in the sink—and she will catch something, she is sure. Maybe she should go home. But then yesterday one of the nurses—their favorite, the one with the genuine smile who treated them like old friends—tried to give Junebug a narcotic; it was a mistake and meant for the patient in the other bed. Rationally, Kelly knows that the dose would have been fine and nothing too bad would have happened. But if Kelly leaves, what other mistakes will they make? And she doesn't know how she would physically leave her daughter. She can barely go down the hall; the distance is too far. She must stay, so she ticks, *no*. No there is nothing wrong with Kelly. She can be a perfect sick-child parent. She needs no extra help.

It's 1am and the call bell wakes Kelly for the twenty-fifth time. She checks it hasn't woken Junebug and then gives herself a minute to cry. But she's too tired to cry. Too tired to feel sorry for herself. Instead, she tells herself a fairytale. This is her secret. Whenever she can't sleep, she makes up a fairytale—it's embarrassing, she realizes, but no one ever has to know. She starts with her favorite premise: she is a spy. A good one. One of the greats. And she has an IT guy. The really smart kind one who helps her out. Talks to her through an earpiece. Tells her which way to go; who is a bad guy; who is a good guy. Who to trust. Makes sure there's food waiting for her in her fridge when she has been on a three-day mission. Always updates her tech so it works faster and smarter. Like Alfred for Batman except younger and really hot. They have a will-they-won't-they relationship where neither has time to date, and they're flirty so, you know, neither can tell if it's real or not and then they kiss in the rain. It's dark. He's just locking up her apartment after stocking her fridge, and she's just stepping out of her cab with her one bag. She knows how to pack light. 'Hey,' he says. And his smile is real and lacks its usual warning of a coming quip. She's exhausted, and he reaches to take her bag. 'I've got it,' she says, but not in an ungrateful way. 'I know,'

he says. There's an awkward tension in the air that neither of them is used to. He tells her which groceries are inside, and that there's some pasta from Maggiano's in the oven on low. She's so grateful she says, 'Don't ever leave me'. But what she meant to say was don't ever quit this job. But she didn't; she said, 'Don't ever leave me.' And he doesn't act confused or weird. He just says, 'OK' and kisses her. And it starts raining...the call bell dings, and she hits her swollen hand on the drain of the sink.

Junebug is fourteen, not a child and not an adult, but they still put her in a children's ward. They have all of these posters that advertise dangers to kids but with Gumby characters. The kid-shaped-jello figure is on fire, literally his head is on fire, and he is melting—*house fires are dangerous*. The next has multiple bruises and a bandaged head and the police figure says they are happy to help with domestic abuse. Junebug hates them. She's worried about the smaller children on her unit. She asks, is this appropriate? Won't they be scared? Kelly wonders about preaching to the infirm; who is it informing? She has the same issue with the "inspirational" messages on the TVs at the gym. *Someone busier than you is working out right now*. She's working out. *Sweat is just fat crying*. No. *Met your goal? Cool, set another*. Fuck off. *Pain is just weakness leaving the body*. Kelly wonders if there's a limit, if too much weakness leaves your body, if you are just nothing.

Burn

Jake is coming with me this year. We're dating now, well as best we can with no money and living an hour and a half a way from each other. We make it work though. We got real familiar with the tiny town of Strasberg—alternating between the Mexican place and the burger place. Jake has come to see some of my track meets now that I'm back on the Varsity team. I won that spot back with blood. And some days, when everything hurts, I wonder if it's worth it. But then I remember Eric, and I tell my fucking legs to work like they should, and I put in an extra mile just to prove I can. I may not win anymore, but I can compete. And it turns out, sometimes the running actually helps. The hard part is running when it hurts and knowing the difference between an injury and the normal pain. At the moment, I don't give a shit.

The doorbell rings. I still get a little jump in my chest whenever he arrives. I check my hair in the mirror, and I notice my eyes look bright—a side effect of Jake's proximity. Now my eyes roll—that's a bit over the top. I still can't help the smile as I see him at the bottom of the stairs. Running mile after mile is sometimes easier than walking down a flight of stairs for someone with my condition, apparently—I have to sidestep down today. My mom just stands there, so we have to do an awkward formal introduction.

'Hello, Amanda.'

'Hello, Jake.'

Hands in pockets—silence in the room.

'Where are you two headed today?'

'I'm not sure it's even a town, it's a place just south of Estes.' I shuffle towards the door.

'And you're staying tonight, Jake? Too late for you to head back?'

He nods. 'If that's still OK?'

'Sure thing, but you're sleeping on the couch!' My mom laughs, but the embarrassment swirls around me—up from my feet. Mom has been strict about overnight stays until this point. But I like the thought of having him here in the morning. I'm terrified of the thought of having him here all night, but I know I don't want him to stay on the couch. That thought brings all the heat to my cheeks. Jake holds the door open for me, and I step through. I hear it close and feel a gentle tug on my hand; Jake pulls me back to him and leans his back against the wall beside the door, so we are out of sight. He kisses me then like he hasn't just seen me four days ago.

'Hi,' he says, his hands still in my hair.

'Hi,' I say, my eyes still closed. I find my way to his lips again, and then jump as we hear Mom coming back and the door open.

'You're still here?'

'Umm yeah I thought I forgot my keys.' I've found myself lying to her a lot more lately. I don't like it, but it's for her own good. She takes in my face which I'm sure is bright pink, and I can feel my ponytail is messed up and, to top it all off, my keys are in my hand—something I did forget because all I could think about was Jake.

'Those keys?' She points with her open hand as if also asking, *really*.

I try to laugh it off, but she just rolls her eyes at me and shoos us off to my car.

Something is different today when he touches me; it's always great, but there's this feeling like it's not enough, like he isn't close enough. He's touching me more than normal—stroking my cheek, tracing circles on the back of my hand, putting his hand a little further up my thigh—eventually I have to pull over. I find a rest stop with lots of trees blocking it from the view of the road. I'm not sure what I expect to happen, I just know I want to be closer to him.

‘What are you doing?’

I can’t answer him; I’m too embarrassed, so I just lean across and start kissing him and then that’s not good enough. So, I crawl across and put each knee on either side of his hips. There are a whole heap of questions in his eyes, but I kiss him again. And then I want to feel his skin, so I run a hand under his t-shirt, and then I feel his hand under my shirt. My skin burns as he runs a finger along the top of my jeans. Then it’s ruined as I let out a yelp from the sharp pain that shoots through both knees, and I have to get off him—I must have shifted wrong without realizing. It’s so horrible and awkward. I can’t make my legs work right, and I get stuck on the gear shift twice. He’s asking if he hurt me; if I’m OK; he’s freaking out, and I want to run away. I just have to get the hell out of the car at least. I walk away towards the sound of a river. It’s the Big Thompson, I think. It’s a narrow bit, and the water is all churned and white around the giant boulders. I get a big rock and throw it as far as I can.

‘Amanda?’

I turn. He’s approaching me like I have seen him do with one of the spooked horses back at his ranch. He thinks I’m scared of him. I’m so mad. I didn’t even notice I’m crying. I shake my head because I can’t get the words out that it’s not his fault, but the action makes him stop in his tracks. I want to tell him it’s not his fault, but I don’t want him to feel sorry for me. I just want to be his normal girlfriend, not his broken, fragile girlfriend. I need to break up with him. I look over at him. I can’t break up with him. I really like him. He looks terrible. Before I think it through too much, I limp over to him and tuck myself into him—there’s no hesitation—his arms tighten around me.

‘We don’t have to do anything you’re not ready to do,’ he whispers in my ear, and I let out a horrible laugh. ‘Really, we don’t.’

I can’t look at him, but I say, ‘That’s not the problem. The problem is I want it—everything.’ He leans back and waits until I look at him—confusion circling between his

eyes. ‘But I ruined it, my body ruined it.’ I watch as he understands then, and his cheeks turn pink.

‘You mean it turns out the uncomfortable car isn’t to be the best place for us to have sex for the first time.’ I jump a little when he says the word, and now my cheeks go pink.

‘Amanda, I have been thinking about our first time for longer than I should admit—pretty much since our first kiss, and almost always it includes a nice soft bed, and a seatbelt is never involved.’

I laugh then but I study him, seeing if I can find any lie in his words, any sign that he’s giving something up. I can’t see any disappointment. ‘I love you.’

‘I love you too.’ He kisses me on my nose. ‘But can I just clarify...that you were hoping to have sex back there?’

I laugh again and tug him back to the car.

‘No for real! Can I have confirmation that this possibility is on the table?’

‘Shh, someone will hear you.’

‘Well, I definitely do not care.’ He starts yelling, ‘Attention! Attention, I would like to announce—’

I shove a hand over his mouth, and his eyes sparkle as he pulls me close.

‘Ladies and gentlemen,’ he tries again when I take my hand away. This time I go for the kiss, and I finally get him to stop.

Some of the tension pulling me towards him is gone when we get back to the car, but we sit with our fingers intertwined as we wind our way further up into the hills. We talk about his week at school and how Eric is doing better—his humor is coming back. The idea of the disabled camp is starting to take shape, with his parents now on board. They may even start it up sooner—hire physical therapists and then send Jake to train for it. He falls silent after bringing up college—he will go to college next year. And I have one more year of high

school. We never talk about it. We have done long distance the whole time, so it seems silly to worry about it, but it feels different—like when you pull a hair tie too tight, too many times and it gets that weak frayed spot, you can still use it, but it will break at any moment. He doesn't know where he will go. And it's a postgraduate degree, so he will be in school for a while. I don't even know what I want to do. I can't see past what's happening right in front of me most days. That's really the problem—he has goals and a future, and I'm just trying not to let my pain define me.

Freeze

Kelly has a rare chance to sleep in late. She gets up to pee and throws the blankets back instead of keeping the heat in. When she crawls back in, the sheets are cold. Kelly wonders about warmth. She learned at some point that things don't get colder, rather, they lose heat. Hot food loses its heat to the fridge. Heat rushes from where it is to areas of cold. It's as if heat is desperately trying to share itself until there's nothing left. And it can't take a break or say no. It's forced to share its energy until there's nothing left for it to give. Kelly now pictures the heat from her body rushing to share with the sheets. Kelly realizes she feels this way most of the time. The energy leaving her before she has a chance to decide if there is something else she wants to spend energy on. And when she is cold, when she is spent, when she has nothing left, the world around her keeps taking it from her until she is frozen stiff—her bones and lungs solidified and stuck in place. She will need heat from another source if she will ever thaw and be useful again.

Invasion

Google maps tells us we're close, and then to turn down a dirt road. I pull in and stop. It looks terrifying. It has even gotten darker as if on cue. I can't see past the trees. They form a wall. Jake doesn't look any more at ease. I shrug.

'Well, I've come this far.' I let the car roll forward, not quite ready to commit fully, and let the incline take us down for a ways. My foot hovers over the brake in case I chicken out. Eventually, I have to give the accelerator some gas, and we wind around until we come to a small clearing. There are shells of cars and old tires. There's a structure in the middle, but I wouldn't really call it a house, more like a shelter. I park the car, and we sit for a minute. Then a very tall lanky man emerges onto the porch. His arms look a little too long for his body, and his grey hair is whipping to the right. There's a green awning, so he gives the impression of the Lich from *Adventure Time*—he used to scare the crap out of me when I was little. I reach in the back seat for the cupcakes we picked up on the way. I think this guy needs to see everything upfront—no going back to the car for anything.

'Who are you?' His eyes shift from us to down the road as if we are just the first wave of an invasion.

'I'm Amanda, this is Jake.' Jake is walking next to me but angled as if ready to grab me and run back to the car. 'Are you Kelly Wisely?'

'I don't have to tell you who I am.'

I raise one hand and tell him the story. He listens, but his face never loses its scowl.

'Those government folks are always messing with us—they can track you through your damn phones you know—watch everything and hear everything you do. You best come inside but turn off your phones first.' He mumbles something like, *not that it will matter*, and I turn to look at Jake who appears a little pale.

‘I don’t think this is such a good idea,’ he says to me but doesn’t take his eyes off the interior of the house.

‘You comin’ or what?’ The man reappears, and we both jump.

I lead the way as I hear Jake sigh behind me—it comes out a little like a hiss. But this is the mission, and I can’t ignore one Kelly just because I don’t like the look of him.

It takes a minute for my eyes to adjust to the dark interior of the shack. It even appears to be leaning a bit to the right which is even more disconcerting in an already freakish place. There are stacks of newspapers everywhere, but it looks tidy—not like a hoarder where I might step on a long-dead cat carcass—but like it has a rhyme to it. There’s food organized on shelves all across the back wall—matching giant cans of peaches, packets with the words, ‘Just add water’ splashed across the front in an annoying yellow. And then I see the guns. I stop. Jake smacks into my back. Kelly—I guess it’s Kelly because he never actually told us his name—whoever he is, clears a place for us to sit—just one chair so we stand there for a moment and then try to squeeze in together. Jake’s arm drapes around my shoulder to make room, but it feels safer.

‘Was it your birthday on Thursday?’ I try after we’ve sat for what seems like a full three minutes in silence—me and Jake shifting back and forth trying to fit together.

‘No, it was not my birthday, and I am not going to tell you when my birthday is.’

‘But you are Kelly Wisely?’

‘No. I bought this place from a family named Wisely.’

Jake shifts in his seat, and then his phone starts ringing.

‘Hey, I told you to turn that off!’ the man shouts.

Jake stands. ‘Sorry, it’s my mom. Hello?’

‘Take that thing outside!’

‘Oh no! Sure, of course we’ll come right now!’ He grabs my hand and tugs so hard I wince. ‘Sorry, there’s an emergency with my brother, we have to go.’ Jake pretty much propels me to the car. He’s never this rough with me, and everything hurts, but I want to get out of there as much as he does. I’m so grateful for the call, but I don’t want something to be wrong with Eric.

We are in the car and leaving the man in a cloud of dust and a tray of cupcakes.

‘What’s wrong with Eric?’

‘Nothing, he’s fine. I made my phone do that emergency ring thing.’

I let out a breath, and then we both start laughing.

I decide that is quite enough Kelly for one day. We spend the rest of the day walking slowly through shops on Pearl Street in Boulder. The old buildings spill café patrons and racks of rainbow-colored clothing onto the matching red-brick street. As usual Jake makes the decision about where to eat seem like negotiations for gun control—never ending and hopeless. So, I sit, leaning against the lamppost with the flag heralding the Boulder Boulder—the very famous 6K annual race. My dad used to run it every year. We would get up at 5am and make the hour drive north—then wait in the Colorado University stadium for hours just to cheer him and a sea of other runners. It was so boring, but I used to amuse myself by picturing me winning the whole race. I sit in protest until Jake picks a deli. Apparently, I look so hopeless that a couple of people actually give me money, which I accept with only a passing twinge of guilt. People seem really rich, if the clothing prices are anything to go by, and after the first time of trying to hand the money back and the confusion and embarrassment that ensued, it was easier just to take it.

‘Hey!’ he shouts and starts sword fighting with my fork as I go in for a bite of his brownie—he hates sharing food.

‘Hey yourself. This is payback for the hour I had to wait for you to check out every restaurant on this street.’

He glowers at me, but I see a slight weakness in his eyes. I raise my fork, sensing I’m winning this debate—going for the theatrical finish.

‘And I bought it with the pity money from the people who assumed I was homeless because I looked so sad waiting for you.’ That does it. He sits back, arms crossed as I take several huge bites. I start choking, inhaling powdered sugar. Jake laughs and raises his own fork to point at me.

‘Ha! The universe agrees that food should never be shared!’

I’m still choking, but I manage to give him a glare as he finishes the last of the brownie with a flourish.

Jar

Kelly stares at the pickle jar. It is this moment. This is why she had stayed so long. She had been scared of moments just like this. She has used every trick with the pickle jar—she banged the lid against the counter; she slid a knife up under the little bump and heard the satisfying pop of the airtight suction. But neither hand can make the right shape to grip the lid and twist it off. She considers not having pickles, but there isn't much else in the fridge that doesn't require at least thirty minutes of prep—fifty in her current, completely useless state. She can live off pickles if she can just get the jar open. She sets it on the counter and begs it to open. She can do anything—she can keep going if she knows it will eventually work. One more go. She closes her eyes against the screaming protest in her fingers, each knuckle caught on the one below it, cementing them in place. One more time. She takes a deep breath and grunts. But when it gives, her hands can't hold it, and the jar slips. Celery seed and pickles and juice fly all over the kitchen. She yells. This is the moment. This is why she stayed married to an addict. Yesterday she spilled a packet of strawberries all over the floor, a can of coconut milk, and boiling water from her hot water bottle, narrowly avoiding third degree burns.

Her hands are useless. She still has them, sure, yes, she's grateful, but everything she does takes twice as long. And it's not just the hands. What if next time it's her hips or her knees or her feet, and she is stuck, lying alone on the couch, until she dies. Or what if she slips over in the shower because she can't lift her leg high enough to get it over the edge. And what if Junebug is at her dad's, and they don't find her for three days. And why did she leave anyway? Because she deserved better. That's the answer everyone gives her. Sure whatever. This millennial bullshit where everyone deserves to be respected and loved. What the fuck does that even mean? A hug? She could ask for those when she needed those. Someone who

values her opinion? People are far too concerned with being heard. She doesn't even know what love looks like. Does it look like bringing a toothbrush to someone stuck in a chair? Does it look like carrying someone to bed?

The paper towel soaks up more of the pickle juice, but the celery seeds just transfer from one spot to another. She can't get her hands to close small enough to pick up the tiny seeds. These are the moments when she doesn't care if she matters to someone. This is when she needs help. And things like respect and love seem abstract, diffuse and melted like a spatula that has been left in a hot pan with no food.

She holds the fork between her pinky and ring finger; the only digits that maintain some kind of function. She inspects the pickle for flecks of glass. It looks clean. The bread-and-butter sweet tang crunches in her teeth. She could live off pickles. If it meant never having to cook again, she could. She could do anything, it's why she stayed. Why she never needed to be important in his life. Sure, she stayed as long as she could for Junebug too, but really, she stayed for the pickle jars, the garbage bags, the toothbrush. When she thinks now about why she left, it too is abstract, fogged with the promises of mattering. Matter. To matter. *To have weight. The loss of which you would notice.* As if carrying something important—heavy. When you drop it, it shatters. And you notice. Maybe she had too much weight. She was too much to keep in mind because she was too much in person. Maybe her illness, and the personality born out of her illness—the different, alternate *her*, was too heavy, and the reason he never thought about her was because he needed a goddamn break. Maybe it was her fault he did drugs—he needed to escape the endlessness of her need. He took more and more pills, and she kept asking for help. Maybe this ideal, the one promised in old flickering VHS romances—the love or attention she wishes she is worth—is too much for anyone. And whoever is next would need drugs to cope too and when she dies, she will leave a trail of addicts in her wake.

Palpate

We arrive home late. Mom pads out with her eyes half open to get Jake settled on the couch but really to make sure he actually goes to the couch. I can't sleep. I'm thinking about how I want to go and get him. Eventually, I can't take it, and I tiptoe to the door. My parents' door is shut—seems like a rookie mistake. I creep down the stairs to find him staring at the ceiling. His eyes flick to me. I try to look seductive, but I don't know how, so I just motion for him to follow me. I sit on the edge of my bed as he closes the door as silently as he can. He just stands there unsure of what to do with his hands. Maybe this was a mistake. He takes a couple steps and squats in front of me, taking my hands in his.

‘Are you sure about this? I could get us a room somewhere on a weekend?’

I shake my head. It's not a mistake. ‘We can't afford that—you're saving for college, and it would take a lot of lying to our parents and...’ My throat catches on the real reason, and I have to swallow. ‘And I don't want to wait.’ It's like my words are magnets, they pull his lips to mine, and I'm still so nervous, but then it's just about our bodies. I want to feel his skin. This time I take his t-shirt all the way off. He grips my shirt but stops and checks with me, his eyes asking if this is OK—do I want to keep going? I nod, and the shirt is off. My chest on his chest feels closer than I expected, like it's creating its own energy. More clothes come off, each time with a question, and then we're naked, and this is it, and I'm scared it's going to hurt, but I also really want to take this step. He swears under his breath.

‘What—did I do something wrong?’

‘No, I left my wallet downstairs.’

I'm so confused. ‘You better not be paying me for this.’

He shoves his face into the pillow and laughs. ‘No, I have...protection in it.’

‘Oh, that was optimistic of you.’

‘I’ve been carrying it around since health class which was six months ago.’

‘Well, my school believes in safe sex too,’ I say and reach inside my drawer and lift the tricky bottom I found a few years ago. I hide everything important in the small space. I hand the packet to him.

‘You know, I’ve always liked your school,’ he says, and now I laugh into the pillow. When I look back at him, his eyes are serious. ‘You sure about this?’

I reach up and kiss him. ‘Thank you so much for checking...again. But I’m so sure about this—scared, no idea what it will be like, but definitely sure.’

He kisses me again, but this time his kiss is a bit lost—he’s not checking in with me anymore, and that’s fine because he’s checking in with my whole body, touching and kissing me it seems like everywhere—everything is getting so jumbled. I can’t even think straight, and then it happens, and it hurts but not like I thought it would. I know pain, but this is sort of off in the distance like buried under all the other sensations. Then it’s over, and I’m a little sad about that.

He props himself up on his arms. ‘You OK?’

I nod.

‘It’s really difficult to...to think...did I hurt you?’

I shake my head and kiss him. Then I think again. ‘But...’

‘Lots of things hurt now?’

I nod again, and he slides off me.

‘Did you?’ He waves his hands up and down my body to avoid saying the words.

‘I don’t think so.’

His face falls.

‘But it was still great!’ I try. He gets a small smile on his face then.

‘You know what that means then?’

I shake my head.

‘We’re going to have to figure out how all that works for you, and *that* sounds like a lot of fun.’

I turn my head to laugh in the pillow again. Then I feel his fingertips trace patterns along my side and down to my hip. He pushes my hip down, so I’m lying on my back again, and then we do have some fun. Things are buzzing and alive all over my skin, and then he’s doing this one thing that I don’t want to stop, and I make a noise like a moan that I was not expecting, so I have to turn my face into the pillow again.

When it’s over and I’m in his arms both of our hearts are beating like we have just run the 1500 meters.

‘Did Eric’s advice have anything to do with that?’ I ask when I can speak again, and he laughs.

‘Do not bring up one’s brother when one is naked and no, that was all me.’

I shift my head, so I can look up at him.

‘Just a prodigy then?’

‘Prodigy? Sure, sure I’ll take that. I think we should practice more though—you know, really work out the kinks.’

‘Well, I agree.’ I put on my most serious face. ‘I mean, Coach Jansen is always saying you never get any better unless you put in the time.’ We laugh, and then go still as we hear something. The toilet flushes, and we hold our breath, our hearts beating even faster now. We hear the door shut and breathe out.

‘I’m going to have to leave you, aren’t I?’ he whispers, and I nod but grip him tighter.

‘You should wait till they fall back asleep at least.’

‘If I do that, we’ll both fall asleep, and they’ll catch me in here, and I will be seeing you on Facetime only.’ He kisses me, a long soft kiss. ‘And that will interfere with all the

practicing we need to do.’ He gets up, and I groan into the pillow. He has to search through the sheets to find his clothes. He stops to kiss any bit of exposed skin he finds on me. Then he’s dressed and creeping back out my door. Happy birthday Kelly Wisely.

Disable

Kelly watches another TED talk. Kelly is still after answers. She is listening to experts in absolutely everything. She's sticking to TED talks only, while she works out. YouTube is learning what she's always focused on and starts lining up a queue of self-help gurus. The thing about TED talks, though, is that the speakers are so well crafted, so confident, so without notes, that they make it seem like it's the absolute last word on the subject. You are less likely to break it down, ask questions, pick out words and look for their exact definition. This particular one is talking about control, and how our desire for it is making us unhappy. The speaker is patronizing in that way that implies life is easy, and if you don't think it is, you are making it too hard, and you are probably whining about it, and no one wants to hear it. It grates on Kelly's nerves, but she can't stop watching. It's a way that certain people have, it makes you feel simultaneously annoyed and defensive, but hopeful that they will finally tell you something real. Like maybe Kelly really is making life too hard, and if she keeps watching this lady, everything will be easier. The lady says the worst words you can use are *entitled, deserve, and blame*. And she thinks if we can get rid of these words from our vocabulary, then we will live lives of *gratitude and bliss*. Bliss. *Complete happiness*. Also, she's offering complete healing. She says that she has a way of healing you. If you come to her and say, 'I don't feel well. I have chronic "chronic-ness".' Kelly is excited until the lady says the 'chronic-ness' is that nothing makes us happy. This is true of Kelly too, so she keeps listening even though it's not the cure she was hoping for. Then the lady says, 'Liars don't heal.' Kelly wonders, if she can start telling the truth, will she be out of pain? Sounds great. So, Kelly just has to stop lying and eliminate those other three words from her vocabulary. Those three words. What do they actually mean? People have said them to Kelly. She loses track of the TED talk as she lists them. Entitled. Deserve. Blame. She is entitled to fair pay.

She is entitled to the use of special equipment at work that is supposed to help. Entitled. Does Kelly feel entitled? Does she feel like she has a right to certain privileges? Does she have a right to any benefits specified by the law?

Deserve. Does Kelly feel like she deserves something? Deserve. She pushes pause on the stair machine and looks up the word on her phone. Deserve. *To be worthy of*. This is where the definition stops. It doesn't say worthy of what. It just stops. The preposition dangles there at the end. It has no associated noun that she can put on the other side of the scale—Kelly on one side, the thing she is worthy of on the other. The white page glares. Ads for 60% off heaters flash. Kelly can't fill in the blank. Worthy of...she tries saying the sentence fast in her head so that she can trick herself. Kelly Wisely is worthy of...it doesn't work. Love comes to mind, but she dismisses it—too abstract. Life comes to mind but that too is a privilege. She switches back to the TED talk and starts the stair machine again.

She moves on to the next word. Blame. *To hold responsible*. This lady says that if you are blaming people, you can be sure that someone is in therapy blaming you. Blaming Kelly. Who might be blaming her? Junebug, of course, will someday blame her, for the grumpy mornings; for only seeing what she doesn't clean rather than what she does. For leaving her dad. But Kelly doesn't blame Junebug. Dan could blame her, she's sure, for being impossible, for being needy. For leaving him when he hit rock bottom. Kelly blames Dan for the six pills he poured into his hands four times a day. And for stealing them when he could no longer get a legal prescription. But blame isn't really the right word, or rather, it's no longer the right word. You might *blame* a loved one when they drive recklessly and end up in a coma, but eventually you just want them to wake up. This is how Kelly feels about Dan. She can't live her life waiting for the person who chooses to be in a coma to say I love you, but she doesn't blame Dan. Kelly does blame someone else. Kelly thinks he should take

responsibility for his actions—his silhouette flickers at the edge of her vision, and she whiplashes her head thinking she just saw him walk into her gym. He's not here. She knows.

Kelly watches as this lady says we have to take risks. Then she puts on her best know-it-all voice and says, 'Name one thing that you have risked, and it has actually gone wrong.' Kelly laughs out loud and nearly falls from the stair machine. People look at her from the three lines of treadmills. The lady says, 'Go home and ask yourself: how many of my greatest fears have actually happened?' One of Kelly's greatest fears was being stuck alone somewhere, abandoned. Kelly has already tried facing her fears. Kelly took a risk and trusted a new friend. She shared everything with Luke, handed him the broken pieces, and he said she was too much and abandoned her in her worst possible moment. When she had no one else to ask, he left her alone in the car. And then, Kelly decided to risk dating, have a bit of fun. Something she had never done. She had never dated, even before Dan. So, she thought, I won't come out of this divorce sad and alone and never brave enough to find someone new. She wasn't quite ready, but she wasn't going to wait until she was ready. She might never be ready.

It was scary. It was risky. He helped with things like groceries. She tried kissing. She tried making out. And when she said no to more, he took what he wanted, rolled off her, and then made a joke about how funny it was she kept saying no to something so fun. He started giggling. When Kelly asked what was funny, he said he just kept picturing Kelly trying to complain to her friends about it. They would be so confused. Because all women love it.

What went wrong with that *risk*, lady? Who's to blame there? What did Kelly *deserve*? What was she entitled to? Nothing? What should she feel *grateful* for? How can she live her life of risk to attain bliss if she just keeps meeting assholes? She takes the point though; Kelly isn't blameless. The blame she does take is for how she kept in contact with him. She kept texting him back, agreeing to be friends. Trying to defuse the bomb she had

created with her No. Clipping red and blue wires in the right pattern so as not to unleash his anger on her or Junebug. There were so many wires. She didn't know which order to cut them in, and she almost did it wrong. She had said no. Five times. Twice earlier in the day when they were out on a date, and he brought up wanting to try it. And three times while they were in bed. And when he did it, she let it happen. She didn't fight. She didn't know what to do. He was stronger than her. And she's damaged, ill, chronic. She should feel grateful for the attention. Perhaps this was all she was worth. She lay there numb and paralyzed.

She feels blame for that. But after, when he made the joke, something clicked back on inside Kelly. She felt righteous. She used her voice. Told him it wasn't OK. He looked sad and yelled at her. Said she was making him feel like a rapist. She calmed him down. Said he was not a rapist. Said she would talk to him later. All she could think was *get him out of the house*. He left, and Kelly thought it was over, but this had only set off the timer.

Thirty-minute countdown: He texts and asks if they can still date. Kelly says no. He says this is 'irrational'. You can't throw everything away because of a 'misunderstanding'. She tries again with another no. This makes him angry. Why should he be blamed for something he didn't even mean to do. He says he's not that guy. He's a nice guy. He sounds desperate. She calms him down; says they can be friends. This apparently is the worst choice. He flips, floods her with texts and phone calls. How dare she. He had to put up with so much from her, and he would no longer tolerate it. Tolerate her. He would no longer tolerate her boundaries. Her 'boundaries border on disrespect'. That she refused to go on a road trip and meet his friends. That she wouldn't meet his mother after their third date. As a friend, he will be a lot less lenient with her 'requirements'. He put up with all of her "needs" because they had been dating, and he would do these things if it meant that someday she would do things his way. Allowances had been made 'due to the romantic elements' of their relationship. Now that there's no future, he expects that she will 'play by all of his rules'. He will no longer

tolerate her mood swings. He will no longer tolerate her short phone calls when she's exhausted at the end of a long day. He has been patient, willing to go at her pace but now he will expect more from her.

Twenty-five minutes on the timer as she layers compliment on compliment. He knows where she lives. Tell him how nice he was before, before he assaulted her. How kind. Tell him that he deserves better than her. Paint him a picture. Another girlfriend, a better one. A not-ill one. One who wants to get married. Say sorry. Apologize like your life depends on it. Then let him come over for coffee. Let him hug you. Feel good about himself. Cut the blue wire. Go for a drive with him. Thank him for being so kind and loving toward you and your sick body—it's you who's broken, not him. Cut the green wire. Next time say you are too busy for coffee. Have one more coffee. Apologize for being distracted. Cut the red wire. Next two times tell him you are busy—give concrete examples, nothing vague, he has to believe it. Tell him you are working when he says he is walking in your neighborhood and *isn't it a sunny day*. He calls. Don't answer. Text to ask if he's OK. Cut the yellow wire. He responds, says, he really would like to keep being friends—he just wants what's best for her. Timer ticks down thirty seconds. She doesn't respond. Cut the green wire. The clock doesn't stop but it has shorted out, flashing three and two and three again. The bomb not defused, only waiting. The stair machine has increased speed again, and she holds on tight. She has bought herself some time. Unless she sees him in town. Unless he shows up at her house. How does this TED talk help her walk through town afraid he will turn the corner right in front of her and she won't be able to escape? How does she live, like the woman says she must, no longer blaming him, no longer blaming herself? Living a life of gratefulness and bliss where she can just let things go. Not hold on so tight to hurt, realize that everyone is human, everyone is to blame. She is flooded with shame. Kelly finishes her workout. She's not sure when the talk finished. The video is on to another speaker. She doesn't know what the topic is. When she

leaves the gym, she is freezing. She checks under her car. Checks the back seat. Checks the trunk. Kelly drives home looking for his red car. She sees at least ten on the way home, but it's too dark to see who is inside. She looks for the blue on the engine of every motorcycle—she can't tell. She looks for his shape walking in her neighborhood. Is she *entitled* to feel safe in the dark?

Splitting Or Bullshit

It's snowing again this year. And Jake is gone. He left for college in August, going to the University of Who Cares Where—a plane ride away. So, I had to let him go. High school romances never last anyway, so I broke up with him. It was terrible mostly because I was saying the opposite of things that I wanted to say. I was saying, 'Go live your life' when I wanted to say, *Never leave me and take me with you. I can live in a tent outside your student housing...you can bring me noodles sometimes.* Then I would say, 'It's not fair to have a boyfriend so far away' when I really wanted to say, *The noodles don't even have to be cooked.* And he would accuse me of lying and I would say, 'No I'm not lying, you just don't like what I'm saying' and I would rather be saying, *Yep, I'm lying. I could just come to school with you as like your book carrier or, since that would be particularly difficult for me with the size of your books, like a water carrier...or something like that.* And, really, I couldn't be another person in Jake's life that he had to take care of. He deserves a functioning girlfriend.

Eventually he left, and I stayed in my bed for about a week which made everything so much worse—my metaphorical pain and my actual pain—so I had to, basically, do non-stop-push-through-the-pain running for a week to get my body back under control. And now I'm in my senior year, no loving boyfriend, no idea what I want to do with my life, and a constant fear that I will get cancer from the drugs that I'm on. Every time the commercial for my meds comes on, my mom does the breaststroke across dry land to get the remote and change the channel. She doesn't think I notice, but I do.

They say it so fast you'd think you could miss it but somehow, when it starts to list the cancers, it seems to slow right down and get louder. My guidance counselor has been just a ray of unending bullshit sunshine. Saying with an actually straight face, 'Hang in there,'

and suggesting that I do something positive to help others with a similar disability. That I should ‘find the good in the situation’. I don’t know where she got her degree, but I’d like to find out, so at least I can rule out that university. Turns out my grades are pretty good. So I have a shot at pretty much any university except the really fancy and expensive ones, and my grades aren’t quite good enough for scholarship except, as Miss Sunshine Pants keeps reminding me, if I apply for a disability scholarship, which I’m not doing. If I go to college, I plan to tell no one that I’m sick. If I can just scoot through four years without telling a single soul, it will be like it never happened.

Claire is coming with me today. We have more time for each other now that we have gotten rid of stupid boys—except mine wasn’t stupid, mine was perfect and great at kissing, and we had the sex thing down to a fine art. And that was with our infrequent ability to fit in enough practice time under the ever-watchful eye of my mother. Turns out, a barn isn’t a gross place for it, especially in the summer at night, when you can see the clichéd stars. A large grating lump forms in my throat. I’m used to it now. At first, I thought I was getting sick which is a big problem on my drugs, so I would rush off and take my temperature. And then I realized it was whenever I was reliving some perfect memory of Jake.

‘Hey Mandy,’ my dad says, passing me in the hall. He tries to give me an awkward hug, and I lean into him. ‘How you feelin’ today?’ His usual question—his usual braced-for-impact stance.

My sometimes true, but always used answer: ‘Feelin’ great today Dad.’

‘Great, that’s real good, honey. You having breakfast with us this morning?’

‘No, it’s a Kelly day. Claire and I are going to find another one.’

‘Oh, that’s right, I forgot, well...’ He wanders off towards the kitchen and doesn’t finish whatever he was going to say—just sort of reabsorbs into whatever article he was reading.

I drive to Claire's house, and text that I'm outside. I don't have the stomach for Mrs. Thompson and her poor-you routine. Claire has told me she has tried everything to get her to stop—short of telling her mother she's being rude—but nothing can stop Mrs. Thompson in her bid to cure me. She bustles around and pops up behind couches and waits outside whatever room I'm in like some serial killer—offering me a new Facebook post on someone who cured herself from cancer. I thank Mark Zuckerberg every day for the ability to click 'like' on something I have never read. You can never underestimate the power of letting someone believe they are helping you. Just point and click 'like', then the next time they ask you how you are, you lie your ass off.

I giggle as my introverted friend exits the blue and white house like there might be a crowd of people waiting for her—suspicious and quick, almost running down the steps, clutching her purse to her chest. When she gets in, she lets out a little breath like she'd been holding it.

'Hey,' I say, waiting for her to buckle in. She sighs. 'How's the family?' I add a little accent to the word family, making her eyes roll.

'Well jus' fine honey. Howabout yurs?' She turns up the twang, and I take off on our laugh. For the thirty-minute drive we are twelve years old again, doing precise choreography to Taylor Swift's 1989 album. If you ask either of us, we can't stand Taylor Swift—we have far more refined and grown-up tastes now, but that doesn't mean we don't remember the moves to *Shake it Off*. I turn it down at all of the stop lights (for Claire, because I couldn't care less who sees me making a fool out of myself, but she may in fact melt if she makes eye contact with a stranger.) We hum, through closed lips, as we pretend to be just checking out the scenery.

The supermarket is so busy.

'Just use the handicap,' Claire says.

‘I hate the handicap!’ I growl.

‘No you don’t, you love it.’ It’s not mean, the way she says it, and she’s just saying another version of what I’ve heard so many times: ‘Oh, I wish I had one of those, must be nice to get to park so close to school in the snow.’ And I usually ignore it, and I decide I will this time too as I acquiesce and pull in. But for the record, I don’t like anything about using it. I hate the way people look at me. I’m still young, so, if I’m having a good day and not limping, they assume I probably stole it off my poor grandmother (mine doesn’t even need one). Or if I’m limping, they wonder what is wrong with me or if I’m faking. And I will have to use it until I’m old, and then it will be normal, and no one will know I had to use the stupid thing for most of my life which feels so damn unfair. And on the bad days I’m so grateful for it, but I would give it back and park in the furthest parking space—pay money—become a nun—if I could just walk with no pain and be normal again. I try to laugh with her over the cupcake selection and shake off the feeling of injustice at her words.

Wasting

Kelly tucks the Junior Mints in her carry-on, same as each time before. That first move overseas was just before 9/11. Families were still allowed to trudge all the way out to the gate, draw out painful goodbyes, and watch as the plane took off. Her aunt handed her a box of Junior Mints to put in her carry-on and said, *every time you eat one, remember that there is someone who loves you very much*. Kelly ate one on the plane. She was on her way to her honeymoon curled up in a ball on the small seat, in her dress with the colored roses, sobbing, and could not eat another one. She was afraid that when they ran out, she would run out of love. Dan was reading a book. Jack, Jack Kerouac.

The box traveled to Disneyland and Fiji, every single one remaining. The thought of finishing the candy, of dropping the last one into her hand, was sickening. She could feel the emptiness even when tilting the box back and forth like a teetertotter, the chocolate candies clacking like pebbles in a gentle wave. Then it sat on the kitchen counter and melted and cooled and melted and cooled again, so that it was one giant piece. She would pick at it—allowing herself just a little bit of the love at a time. Trying to make it last until she returned to the place where love was a prerequisite. It didn't work. The taste was off, too much peppermint, not enough chocolate. She could never throw it away though. Wasting love was something she couldn't afford.

It moved to the top of the refrigerator where a disproportionate amount of dust always accumulates. She would stand in the pink kitchen that she hated and wipe the box with a soft cloth, the way you would a crystal candle stick. The oils seeped into the layers of cardboard. Every time she looked at it, she felt she had preserved and held the love so long that it rotted. It sat so long, and her guilt grew. She had run away from home without ever really wanting to, without ever realizing she had, and it was too late. Too late to say she had made a mistake.

Too late to ask to come home. Too late to admit she was wrong. The first pain had snuck up on her right then when she had already been hurting for a year. Something grew in her knee. A pain that demanded attention—as if it had sucked the more ambiguous but still very real pain that circulated in her blood—and every time she saw those Junior Mints or sat on the floor in the hall and spent eighty dollars to speak with her family for half an hour on a landline, the pain grew.

In subsequent short visits home, with family now deposited at the curb with TSA approved speed, her mother joined the tradition as well. And that is who gives her the box this time. Her mother has paid for parking so she can give hugs all the way to the start of the security line. Her dad gave his last hug at home. The overhead announcement warns to not accept things from strangers. She tucks the box in the outside pocket of her blue roller carry-on. This hug is the hardest. She doesn't know if she can or should let go. She leans into her mother's patchwork sweater in Christmas colors and holds on as tight as she can. She wants to ask her mom if she will be OK. Will she survive, without Dan, being a single parent, an ill-single parent?

But all she can get out is: 'Mom?' It's a question.

Her mother says, 'It's OK, sweetheart,' but she's sobbing too, so it doesn't sound true. The tented ceiling of DIA—meant to look like mountain peaks—clangs in the wind.

This time she doesn't even allow herself one. The seal remains glued shut. She tells herself she will save them for when she really needs one. There's Skype now and Facebook, and her parents can call her with her Google Duo. Her parents and sisters can text and Facetime, but even though it looks like connection the distance seems to hurt just the same. And this time the box sits, and the candies congeal until it's nothing like what it had originally been. It sits now in her office as a desk ornament. A paper weight. A reminder to love the ones you have in front of you as much as the ones you miss like crazy. But then she

has always been aware of time. She used to calculate how many hours she was home for a visit. It added up to one shorter visit per week over a year. She talked herself into quality over quantity. But quality is measured in half-finished cups of jasmine tea and a spontaneous drop-off of fresh tomatoes that turns into spaghetti dinners. It's measured in shouts of 'let's-go-out,' and grumpy endings to board games. All of her fuzzy math can't erase the building feeling she may not have someone to remember to give her Junior Mints soon. Or that she ran away from home, and no one thought to look for her because she stayed in touch. Junebug tells Kelly people are staring at them, as they board the plane to...not home, she can't call it that, but where she lives. Live. Be. Breathe. Exist. Subsist. She has to learn to breathe with this decision.

Shake

The eight-lane highway allows for more dancing. Although, I have to keep both hands on the wheel or Claire will grab it from me which means I have to dance with my hips. It seems like we're heading out to Kansas, even though we're heading north, which reminds me of all the drives to Strasberg, which makes me stop singing.

'You OK?'

'Yeah, I'm fine.' Just wondering if I made the biggest mistake of my life and wondering if the pain, that has nothing to do with my being sick, will ever go away... Just, where are we? I thought it would be closer, but everything looks the same—we have passed at least two Chilies.' We used to measure distances between Awesome Blossoms at Chilies until we made ourselves so sick once when we thought we could each have our own deep fried giant onion and not share.

'It's only a hundred and fourth. You have to go another ten what-ever-it-is.'

'What?' I laugh.

'Well, I don't know—they aren't blocks or streets, but they go up in number but really far apart.'

I laugh, 'You're right, we've gone nearly a mile and what's that one? One hundred and six.' Heading north of Denver is pretty much like heading east. It all looks the same—dry plains and big roads. And yet, with just a slight veer to the left, you are deep in the Rockies. It always makes me a little suspicious about reality and whether I can know it.

'Who lives up here?'

'Kelly Wisely.'

'Kelly Wisely.' She says it like it's the new thing all of the cool kids at school are saying, and I volley it back to her in all the different terrible accents we can do. We end on

the German one which feels a little like we are being terrible—like our old history teacher would be giving us a lecture about how we are part of the problem in a divided world at war. But that’s the thing about Claire, we can say all the things we want to and question whether we are allowed to think them later. And also, she’s the friend who I don’t have to explain just how shitty I feel about Jake—she already knows, and she feels the same way. Like first love isn’t worth it. It’s not worth the way that you are constantly wondering if you’re going to have a heart attack soon; but you refuse to go to the hospital because you aren’t sure that doctors can actually diagnose a broken heart—and if they didn’t, it would be worse because they’d probably just think you’re crazy, and you would end up in an institution. So, I don’t talk about Jake, and she doesn’t talk about Shane, and we just sing Taylor Swift songs at the top of our lungs until the pain moves from our hearts to our throats.

We finally find the house after weaving through dead ends and cul-de-sacs surrounded by open land. I’m not sure we’ll find our way out without Siri. We pull into the driveway of a green house in the shape of a barn but much smaller. We ring the doorbell and hear the deep bark of a protective dog inside. A woman with a baby on her hip answers, but she doesn’t open the screen.

‘Hi, are you Kelly Wisely?’

‘Sorry, who are you?’

‘I’m Amanda, and this is Claire. We’re looking for someone named Kelly Wisely.’

She gauges our threat level and says, ‘Yes that’s me.’ But her shoulders don’t relax.

I breathe out. It’s been a while since a visit has actually worked out. I introduce us and tell her the whole story and then ask if it was her birthday yesterday. The baby points at the cupcakes and says something in that way that indicates she’s confident we should be able to understand her, but we have absolutely no idea what she’s saying. Kelly laughs though and

says, 'Yes I'm sure you could do all sorts of damage to the carpet with one of those! Well sorry to say girls but my birthday is in July.'

'Well would you like a cupcake anyway?'

She pauses at that, like she doesn't quite believe it. It's that look I see a lot nowadays, like people don't remember how to be nice to each other.

She looks from us to her daughter and then back to us as if assessing if she's being stupid or not.

'Would you like to come in?'

I smile. 'That would be great.'

'I'll make coffee. Do you drink coffee?'

'Yes!' Claire yells out, sounding a little like she knows the answer on a TV game show and if she doesn't answer quickly the offer will be rescinded.

'Yes please, that would be great.'

Kelly puts the baby in a circle of toys that look almost ceremonial in their even distribution, but she isn't interested in the caterpillar or any of the bright learning letters. She just studies us as we now tower over her. One pink-stripy sock is slipping off her heel. Her brown pants and pink onesie make her look like a stylish businesswoman. The house is small. The little living room, dining room, and kitchen are all one room that could double as a large office in a richer person's home, but Kelly has made it look all modern with a bold red couch and paintings that hint at a design rather than look like anything in particular. The primary colors all swirl and mingle.

'Please sit,' she says, coming back in, and kneeling next to the baby. 'This is Annabell.' The baby says something again, and nods her head like we understand, but it's just an eclectic mix of consonants and vowels. We cover the basics like which high school we go

to, and sports, and she asks about college. At least Claire has an answer—she’s going to design stuff, but really, she just wants to disappear behind a computer.

‘And what about you?’

I shrug my shoulders. ‘I’m not really sure yet.’ I cringe.

‘Oh, that’s great,’ she says, and I must look a little shocked because she laughs. ‘No, I mean it. It’s really awesome to know what you want to do and to go out and do it.’ She looks at Claire and smiles. ‘Nothing like having a goal to race toward...but...the not knowing...that’s something just as valuable. There’s a whole world out there to see and smell and touch and taste. There’s no hurry to get to school—heck you could find all the Kelly Wiselies in the world! Go to college later when you find that thing. Like with Claire, you can see it.’ She waves a hand up and down at Claire, and Annabell babbles. ‘When she told me what she was going to do—her eyes all lit up. I’ll bet that’s the most she talks to strangers in a week, but we couldn’t shut her up two minutes ago.’

Claire goes red, and I laugh, but it’s one of those astonished sounds like no one has ever said anything that makes as much sense as this. Ever. She’s dangling the soft green and red caterpillar in front of Annabell who grabs it and tries to stuff it into her mouth.

‘You will never be as free as you are right now.’ Something shifts in her face then—just the faint grey of coldness. ‘Not that this isn’t great. Eh Annabell?’ she says, and the baby answers with a giggle and another incoherent response. The pink returns, but her eyes are still a little distant, like when you’re talking to someone, but you’re looking for an exit. ‘But there’s time for plans and degrees and babies later. Now is when you decide who you want to be and sometimes, in order to do that, you have to see all the things.’

It all seems so clean-mirror shiny, but there’s a creeping white steam of uncertainty that crawls in as I readjust my knee and try to wiggle the ache out of my hand. It’s not that I don’t believe her, it’s that her words might not be for me. They apply to other people whose

bodies still work. How would I even be able to take my keep-refrigerated meds along, let alone get on a train by myself in some foreign country? She must see the doubt in my eyes because she looks right into them.

‘Come on, you can’t tell me that the discipline and courage it takes you to run a mile in a track meet is any different to what it would take to travel the world on a budget—and on a budget is the best way to go.’

I think about that for a second, about what it takes for me to keep running when all I want to do is hide under the covers on my bed. I never thought about it as courage; it feels more like desperation when I’m doing it—like it’s either getting to the finish line or dying. There’s a loud bang, not too close but loud, and Kelly jumps and snatches Annabell off the ground—who then cries. Kelly shushes her and takes a few deep breaths.

‘I’ll go get the coffee,’ she says and disappears around the corner into the kitchen.

We drink coffee and eat cupcakes and Annabell covers herself in so much chocolate I wonder if her cupcake was accidentally all frosting. Kelly shows us pictures of herself in front of the Eiffel tower, eating rice on a mat with her dark hair covered by an orange scarf, and there’s even one where she’s pretending to fall from the Great Wall of China. Her smile in the photos is different, it stretches her face like her skin is restricting her smile in place. The one she wears now seems like she is begging her lips to move.

When she goes to open another album, her whole body goes still, and she holds her breath for a minute before closing the book. It was a family picture. Someone who looked like Kelly was holding a wrapped-up tiny baby and a little older child sitting on the hospital bed with what looked like a broken arm and a man standing over them—trying to get his arms around all of them at once. Annabell squeals and she jumps.

‘Let me see if I have any of my old travel guides,’ she says and disappears into a back bedroom.

Annabell watches her go then turns a suspicious look on us as if we sent her mother away. Claire mouths to me, *Is she OK?* I shrug my shoulders.

When Kelly returns her eyes are a little red, but her smile has returned.

‘Here they are,’ she says handing me a stack of books. The pages are curling, and the covers ripped.

‘Are you sure you don’t want to keep these?’ They feel like memories are compressed between the pages—like how we used to preserve leaves.

‘For sure. I mean you won’t really be able to use them since all of the prices and things will’ve changed but it should give you some great ideas.’ Annabell starts to cry then. She goes over to extract her from the chocolate-covered highchair. ‘I should get her hosed down and settled for a nap.’

She walks us over to the door, and I dodge a tiny chocolate hand as it reaches for my hair.

‘It was nice to meet you,’ I say.

‘Keep in touch. Let me know where you end up.’ It feels like she means it—not like one of those throw-away statements. Like she really does care.

As we get into the car, I feel the weight of the books and a sense of possibility that I never got from even one meeting with Miss Sunshine Pants.

‘Are you really thinking about doing this?’

I stop and turn to Claire. ‘I think I might be.’

She turns a little, leaning against the door, and takes one of the books from my hands. She shuffles through it and pauses.

‘Share a room with four strangers!?’ She shows me a picture of a youth hostel—four smiling faces peer out from the bunks in a small room—two boys and two girls. ‘Sounds terrifying.’

‘Sounds like a party.’ I start up the car.

Bleed-hole

Kelly is still crying as the plane crosses the Rocky Mountains. Junebug is embarrassed by Kelly's crying face, so Kelly sits by the window and keeps her face hidden in her hair. The visit hadn't been perfect, but it had been so good. The mountains had been bigger flying into Denver. Now, on her way out, they seem small and soft. Like, if you stepped on them, you would leave a footprint that would destroy the giant peaks. She's leaving broken hearts behind her, Kelly's included, but she hasn't even got the pieces of hers to put back together. She left hers in her parents' basement where she hid for those few weeks. She left it in the old box of her and Dan's stuff that her mother was trying to sort through while Kelly and Junebug packed. It's tucked in his left shoe under Junebug's baby Christmas dress with the red and green ribbons. The photo box of their trip to visit Lanni just before the world stopped printing photos.

Kelly had built a family and then destroyed it. What is left, her mother stores in hopes that she will need it someday. The Pack-n-Play that Junebug slept in. Kelly's pointe shoes. Sheet music from her piano days. Dan's snow boots he left for future visits that Kelly has now denied him. Kelly feels guilty for depriving Dan of her family. She orders a ginger ale from the haggard flight attendant.

On this visit, she had nearly come to terms with being alone. She supposes this is because she wasn't really alone. Her dad paying for every meal. Her mom offering to make breakfast—Kelly refusing so that she can order guilt-free from the Chick-fil-A menu later—her mom insisting that breakfast is the most important meal of the day. Her dad making sure she always had fresh coffee brewing. (He usually just uses the leftover sludge that he percolates and then drinks the remnants for at least three days). She had a cheering squad when she came home from the gym. Granted, she was alone, trying to get her luggage back

up the stairs. Her parents' various tricky limbs (damaged knees, from their running days, or zinging nerves in hips) are not any more capable than her own. She could use someone with upper body strength for bags and hugs. But this isn't the real alone she had felt pressing in on her since she left Dan. Kelly presses her finger into the little hole on the window. Kelly looked it up once, of course. It's called a "bleed hole". It regulates the pressure difference between the inside and the outside of the plane so that the plane doesn't explode outward. Such a tiny hole that protects so much. Kelly wonders if the pressure from the pain inside her body will eventually be greater than the pressure from the pain outside, and she will disintegrate into pieces.

So, what does she do now with an empty chest? How does she go back to that life? How does she return to that foreign country? She can't quite remember how she used to do it before—when they were still together. She remembers that she would look forward to it—it had sort of become home. She would get frustrated with her parents, annoyed by their questions. Kelly realizes now they don't annoy her at all—sure they are quirky and conservative, but they are kind, and are aware that ideas are often just ideas, not identity—she used to think she was glad she moved so far away from home. She realizes she was always so anxious to get back to New Zealand because the last few trips, when she was still married and visited home, she had to lie extra hard to herself so that she could convince them she was happy, and they could say goodbye. Her mom would say, *I hate how far away you are, but I'm just so grateful you are happy. I can deal with it because you and Dan are so happy.* Kelly kept her mom 7,352 miles away from Junebug for the illusion that she was happy. Those two would have had an epic grandma-toddler love affair. Junebug loves her grandma now for sure, but she missed out on the way that relationship becomes woven into the smell of your laundry and that really loud, obnoxious voice singing on your birthday. Kelly's mom must cheer retrospectively over Skype, after goals have been scored, or dances performed.

And now Kelly is taking Junebug away again. Kelly tries to straighten her legs to ease the growing ache in her knees. But the seats are too close together. She can't move home because Junebug is settled. New Zealand is her home. But not for Kelly. The country she's supposed to call home is just as hostile as when she first stepped foot off the plane in Auckland all those years ago. Kelly landed after *Free Falling* as an American girl who loved her mama and Jesus too. She never could get crazy about Elvis. It was that she didn't believe him when he sang. It was that, and he was too hairy and always flailing about. She was scared of horses but rode them anyway, when the opportunity presented itself. She supposed that line in the Tom Petty song just represented whimsy. She had whimsy. Her equivalent was the way she used to believe in the predictive ability of the childhood game M.A.S.H. With some basic counting, you could, in just five minutes, see your future—establish if you would live in a mansion and marry the cutest boy in school or live in a shack and marry the smelly kid. That level of romance was crushed out of her within the first year of living abroad. Junebug passes her peanuts to Kelly. Junebug hates peanuts.

So now what? She's still that girl but not really. Not really American. And now she argues, occasionally, with her parents about Jesus. No citizenship from anywhere. She still recognizes home in the shape of Denver even as it keeps spreading farther in her absence. But she can't keep up with the way the whole country is racing. Everyone's running late for The American Dream served in a Venti, triple-shot, Pumpkin Spice Latte. She traded that for a life that is still making a lazy exit out of the '50s—things closing at 5, and even supermarkets close on the big holidays and the freezing homes that no modern technology can combat. Yet somehow, she's flying back there—to the place that keeps insisting *she'll be right*, even though she never is. Would her parents be OK? Would her mother even make it home safely? She nearly crashed the car ten times on the way to the airport. Kelly made her mom promise to stop crying before she drove away.

Kelly tries to straighten her back. The airline chairs are curved in a way that makes her wonder about the designer's humanity. Kelly is coming to understand that she has no home. She doesn't belong with anyone or in any one country. And she isn't fond of the feeling. The plane's turbulence makes it look like all the people are one unit—bobbing up and down, swaying left and right. Maybe she belongs here. Up in the air where days of the year cease to exist, and food is served in premeasured plastic cubes and the dishes taken away and cleaned. The trip hadn't been perfect, but she doesn't want to leave. Perhaps there is something wrong with her. No, not perhaps. There is. There's something wrong with her.

Sweat

It's a problem. I was all set to go track down another Kelly when my stupid (she's not stupid; she's lovely) boss called me into work. Which I could not say no to because in six months I'm leaving to go around the world. Not like in a straight line or anything but just to try things—try all the things. Claire has left for college, so my rule was I would take every available shift at the bookstore to earn enough, and even though I'm paid in pennies, every penny counts when you want to see everything. I get off at five which means I can still see one Kelly after work.

My parents are freaking out about the trip. And it's not like I haven't considered what going on a trip by myself would mean, just losing my passport terrifies me, not to mention it's likely I will be sold in the sex traffic industry. That's what all of the movies say anyway—my giant purple backpack like a flashing strobe light for the seedy underbelly of Europe. But I have to go. I can't stay here. I can't start spending money on college when I don't even know what classes I would like to take.

So, I tie up my hair and pull on the khaki pants and red polo shirt and head downstairs.

'Kelly day today?' My dad looks up from his paper, always one step behind in my life—just the way I like it.

'Yes but no. I have to go to work. They called me in, and I need the money.'

He nods and takes a bite of his cereal. I pour myself some coffee in a travel mug and add the hazelnut creamer. I'm not sure I should tell people I drink coffee—I should really just drink the creamer straight.

Every time I drive here, the irony isn't lost on me. I do go to college; I just don't go to college. I have a job there, but don't take any classes. My job consists of helping students buy

books for their classes, and I may never go to university. But it's a job, and it gives me money.

Carol is bustling everywhere. She's the manager, and she's lovely to me but so stressed. It's not like we're doctors, and, if we hurry, we save more lives or something. She wears the gleam of sweat worn by the overworked and underpaid. As if each dollar she makes for each hour is already spent on bread and milk and cheese for her three kids—which it probably is.

'Oh, hi Amanda! Thank God. Can you help this guy? He's looking for a philosophy book.' Her long patchwork skirt swirls around her legs, and her lanyard clinks and clanks as she hurries off to her office not waiting for me to agree. I glance at the guy wearing the uniform of the "undecided" major—blue jeans with a t-shirt that reads, *Are you drunk?* with two empty check mark boxes and a red x down below the "no" box. He studies his phone like it will tell him who he really is. I wait until he looks up, give him my best customer service smile, and say, 'Follow me.'

It should be straightforward. We're the store that provides the books for the Community College, so you just go to the philosophy section and find the letters and numbers that identify the class, and there are the books. The trouble is, half the time, we have the wrong edition, or there are no books or just half the number of books the class needs. It really doesn't make any sense; the reading lists are provided, and we should have the books, but of course, this time we don't. The book he needs isn't there. I check the other surrounding shelves with no luck and take him back to the register. I love the way the buttons on the cash register click. I used to have a toy cash register that I would play with for hours, and the pretend supermarket at the children's museum was an all-day excursion. But I hate the way it seems to leach the glow of futures from each customer's face as each scan adds hundreds of dollars to the total. This guy doesn't seem to care about much of anything. I find the book on

the computer and offer to order it. He responds with a shrug and a smile, leaning over the counter at me.

‘What classes are you taking?’

‘I’m not.’

‘What? You graduate already?’ This question seems to give him permission to check out my body as if he’s assessing my age as well as how big my boobs are.

‘Nope.’

‘Why do you work here then?’

‘So I can earn money.’ Jackass.

‘Cool, cool, respect.’

Maybe I should offer to get him a book that actually explains respect, or just add it to the one I ordered. I wonder if he would even notice.

‘Well, I’ll put an order in for the book, anyway it should be in in the next few days.’

‘I’ll see you then.’ He winks at me, and I turn to go do some dusting.

The store is next door to the cafeteria which makes the before-lunch chunk of the day feel like torture. It always smells like chicken noodle soup, even though it doesn’t seem to be on the menu. I go to unpack a box of textbooks for a history class. I like the feel of the new textbooks. Their glossy pages are nice to run your fingers along.

I can see the parking lot out the window, and I try not to look for Paul. I can never remember his schedule, but he has lunch with me when he’s here. I probably have a crush on him, but it never occurred to me to worry about it before now—because it was just this sort of friendship that morphed. I can’t even remember how. We were acquaintances in high school, not really the same circles, cheered each other on in Track. Then we just started hanging out when we ran into each other getting lunch. Besides, I can’t date anyone. I’m leaving, and I just end up comparing everyone to Jake.

Numb

Kelly is sitting on the couch watching TV with her parents. There's a commercial about one of the meds used for her disease. Almost everything the people are doing hurts to watch: dancing with a daughter, throwing a football with a son, and ice skating. She can feel the pain in each one of the thirty-three joints in her feet. Maybe it's because of the Facebook-post shine the commercial is glaring—perfect and unrealistic—but she can't muster a feeling about it. She isn't sad or mad—just observing it as fact.

She wouldn't quite say numb. Like if she was to describe the feeling in a precise way like she did when she first had to explain her pain to her doctor. You want to get it right. Any bit of left out information might lead to a misdiagnosis or worse, much worse, no diagnosis. At the moment, she's trying to diagnose her mental state. Invisible? Still not quite right. So, she picks numb. Numb. *Loss of sensation*. It's as close as she can get but not exact. Because irritation remains. Although even that takes her by surprise. Sometimes she thinks she would have been annoyed, but then she forgot to be, and now the moment has passed. In the same way you can ignore an itch, and it passes. She is visiting home. *It's comin' on Christmas / they're cuttin' down trees*. She feels nothing. Not even the warm anticipation of discussing Descartes or Dostoyevsky over gooey seven-layer bars. She assumes this is because if she eats the seven-layer bar, she will have to spend an extra hour at the gym on top of the hours she already spends there. But there's a ticking thought, a flicker of warning that if she spends too much time wondering, too much time pondering with her father, asking questions about intricacies of existence, like Descartes, she will look at her own hand and wonder if she can really know it's a part of her. The sensation of it losing meaning. She doesn't wish she had a river to skate away on, but she understands Joni Mitchell's impulse. She wouldn't go anywhere. And she has never understood how to ice skate. Her ankles turn in so severely that

she can never really get the blade to connect with the ice. Not to mention her mangled feet wouldn't even fit in ice skates.

Numb fits, but something is bubbling under the surface, something she's afraid of. This feeling that her life is over, and she has spent most of it so far surviving and not living. And she can feel the anxiety brewing. Like one of those stove-top coffee makers—the steam slowly escapes, but the liquid just keeps boiling inside. She's afraid that instead of staying self-contained, it will bubble out and she will spend the rest of her life devoted to mopping up the liquid that never stops boiling over.

Maybe her parents are right. Since she stopped believing in God, her life is—unanchored. Unanchored. *Not securely fixed.* She wonders if that is what it is. She took the Christ out of Christmas. Her father drives them around to look at Christmas lights. She and her mother and Junebug gush over the elaborate houses. Icicle lights and Nativities where the Simpsons play all of the parts. A doll choir which Junebug appropriately decides is creepy. They laugh at the neighbors who try and keep up by throwing a string of multi-colored lights over a bush, and then appear to have given up. But Kelly's voice and laugh are off, far away. She can clearly see the way she used to feel when her dad would drive her around for the ritual. As if viewing a home movie on a projector—no sound, just the slightly sped-up, yellowed versions of her and her sisters laughing. She can see herself pointing and laughing now, with Junebug, but she really doesn't care and would have stayed in bed all day if she could have.

She feels unconscious. Unconscious. *Unable to respond to stimuli, appearing asleep.* She is suspended. Like in those space movies where they put everyone to sleep so they don't realize how long it's taking them to get there except something has gone wrong with her sleeping pod, and she is aware of every single minute of the three-hundred-year flight. She can hear the hum of the engines and the suspension liquid sloshing in her ears. She can't open

her eyes or speak, but she keeps trying. Her lips don't respond. Her eyes shift beneath her eyelids. As if she's dreaming of people who love her; dreaming of a job that matters, dreaming of loyalty. But she's really just trying to see where she is, open her eyes and assess the situation. Just see who is lurking in the shadows of the ship. See the stars. Speak her words.

Limp

Paul does come in, and I can't help but smile. It's nice to see him. I finish robbing the young freshman girl of the last of her savings.

'Hey, lunch?' he says, chucking a thumb over his shoulder. I nod, and go tell Carol, and grab my wallet.

'You just get out of class?'

'Yep.' He falls into step beside me.

'What are you taking this semester?'

'Sociology, Anthropology, and Stats.' He's not sure on his career path, but he knows it has something to do with disenfranchised people. Even the undecided majors have more skill with the life compass than I do. He's taking all his prereqs at the community college to save money. He will finish at a proper university once he knows the exact right degree. I'm not sure why I'm the only person in my life with absolutely no idea what life is supposed to look like.

'Nice.'

'You changing it up today?' His smirk is teasing, but I scoff back at him.

'Are you kidding? The mashed potatoes and tuna sandwich are why I still work here.'

It's not like he ever experiments with new and exciting food—it's either grilled cheese or a burger, always with fries, so he has no right to judge.

I set my plastic tray down with my half a tuna sandwich and a bowl of mashed potatoes and chicken gravy—I don't think it's actually chicken gravy, but it's called that to give an excuse for the sort of yellow color, I guess. It's not real food, I know—but I love the stuff. It really has stopped me from quitting at least twice. He joins me with his burger, and I make a face.

‘What!?’

‘Changing it up?’ I thread the sarcasm through the short sentence as best as I can.

‘Hey, I’ll have you know, today I got the bacon burger instead of just the cheeseburger.

‘Right right, that’s a *huge* change, you’re really mixing it up, you’re crazy!!’ I accentuate each letter of the word crazy.

‘Well, for the record, it’s not the *exact* same thing. Tony actually has to ask me what I want as opposed to you, where he just serves it up when you walk in the door.’

‘Yep, maximum time for my lunch break to either read a book or get maximum minutes with you.’

He stops mid-bite as if I said something important.

‘What?’ I say around a bite of sandwich.

He shakes his head and shoves in a handful of fries. But something has changed in the air, and I feel all twitchy and uncomfortable. He’s not looking at me, and I can’t seem to find the right question to get him talking again. So, I babble about my travel plans, even though he’s heard all of them already. He seems all dark and broody, adding to my hypothesis that men get PMS too. Or maybe it’s more nervous than broody, like he needs to tell me something.

As lunch keeps going, though, I’m not feeling well. I have my period, and once every couple months, I get really bad. Like the pain makes me vomit. And I feel it coming on.

‘You OK? Is it the tuna? You don’t look very good.’

‘I’m OK. Just give me a second.’ I put my head down on the cold tabletop and it helps. It passes, but I don’t think it will stay in the past. I need to get back to work.

Paul walks with me at my pace, holding my wallet and water bottle that I left on the table when I just stood up and walked out. ‘Are you going to be able to work? You look sick!’

‘Yes, I’m a woman, we have been working under these conditions for millennia.’

‘Ahh.’ He nods and has the wisdom to look apologetic. It’s not men’s fault that we have it, but they can still apologize. ‘I’ll come check on you after my class.’

‘It’s OK, I’ll be dead by then—you should probably just go home.’ I don’t look back. I have to go vomit.

It’s not the last time I vomit during the next hour, and now I hurt everywhere because a chronic illness doesn’t take a break once a month just because you are visited by the headless horseman. It would be cool if life decided to parcel out shit so that you could just have one shit thing at a time, but no. Life says you get extra shit and when you have normal shit you still have to deal with the extra shit.

Carol comes out to check something and sees what I’m sure looks like an Ebola victim. ‘Gah! Amanda! Are you sick?’

‘No just a woman.’

‘Oh, honey! Go home, I got this!’

‘No Carol, you called me in because you needed help.’

She chews her lip. ‘Can you give me one hour?’

‘Of course!’ I try to say it with an exclamation point, but it comes out as a sigh.

‘Forty-five minutes.’

I nod and try to hold the vomit in until she’s back in her office. When I emerge from my stomach trying to escape my body, Paul is walking in.

‘Hey, you look awesome!’

‘Fuck you.’

‘Can you just go home?’

I nod. ‘In an hour. Carol is snowed.’

‘How can I help?’

‘Ummm, I guess you could unpack that order. You have to put these labels on and then shelve them in the right spot. I push the sheets of labels with a limp arm. He nods and gets to work. I help a couple customers looking for hoodies so they can represent—I’m not really sure about team spirit at a community college but whatever, it keeps me paid. Finally, Carol emerges, and Paul walks me to my car.

‘Why are you limping?’

‘Well Paul, you see, I have a chronic illness, and it’s real bad at the moment.’

‘Well, that sounds unfair!’ And he doesn’t say anything else. Nothing. Which I would notice is awesome if I wasn’t trying not to vomit on his shoe.

I can’t get my keys out of my purse, and I growl. He takes my purse, easily extracts the impossibly caught keys, and gets me in the car.

I spend Kelly Wisely’s birthday with a heating pad, eating chocolate cake Paul brought over after his last class. I’m in too much pain to ponder that Paul now *knows*. And I’m too grateful to contemplate why he isn’t scared off.

Tear

Dan is cracking open his sixth beer. Kelly stands in the foyer of his parents' home. It's just three months into the parental-approved overseas experiment. She gets in his mother's car—the one she loves to remind Kelly she kindly has let *him* use—not her. She drives the thirty kilometers to the small Taranaki airport. Just a twenty-car parking lot and one big room with one curved desk—more like the foyer of a hotel than an airport. She sits in the car watching the planes for over an hour. Just small ones. None of the ones with enough power or fuel required to get her back over the ocean. She has to get out of here. She walks inside and up to the man at the desk. She has a ticket from Auckland to LA. It's not booked for three more months, just one week before the wedding, but still a ticket. She is sure she can change it. She just needs to get to Auckland.

'How can I help?'

She pauses. Kiwis always say that like it's one word, and it always takes her a second to realize what they said—*owcanielp*.

'How much is a ticket to Auckland?' Her voice sounds young. Younger than it should for someone buying a ticket. She tries to grow it up a bit. Rearrange her hunched shoulders to a more confident posture.

The man taps and taps. With each tap she feels cold creep up and over her head. She doesn't have much money. Two hundred dollars. Most of her money goes to rent.

'Five hundred and thirty dollars.' He looks up. To his credit, he doesn't smile. The terror must be leaking from her. Years later, she will be grateful for the way he knew this was bad news.

She cries. 'Thanks.'

In that typical Kiwi fashion she has come to love, he doesn't ask if she's OK, doesn't pry, he just lets her be. People here don't rush and fuss. One time, Kelly fell off the stair machine at the gym, and no one came to help. Instead, they all respectfully looked away. Carried on. Pretended nothing had happened. Kelly was grateful.

She sits in his mother's car, crying. She's not sure for how long. But when she arrives back at his parents' home, he hasn't realized she has been gone.

'I tried to get on a plane.' She stands in the entry to the living room.

He looks up from the rugby.

'It was too expensive.'

'So, you're staying?'

She nods and heads to her room. She sits on the edge of her bed, and she wonders if she did it for attention—she had been hoping for some sort of reaction from him. A question. Some gratefulness that she has stayed, and he can keep her part of his life. But it isn't that. She has cried every night for three months. She really does want to get out. She just doesn't know how to. She has been so adamant to her family. So sure. How can she go back and tell them she has made a terrible mistake? And, if she does, will anyone else want her? Probably not. Years later she realizes she could have just called Lanni who would have paid every last cent in her bank account to get her home to Denver.

They marry. It's never spoken of again until six years later when Kelly has fashioned it into a comedy routine complete with crying face and the sympathetic but slightly scared look of the man at the ticket counter. The funniest part seems to be when Dan asks if she is staying. Kelly doesn't study comedy; it comes naturally to her. But she does take notes. She stores the objective evidence of the laugh. She builds the story with precision—each brick sculpting the laugh out of the previous picture and adding each building block until her audience laughs till they cry. Similar to the tears she had cried that day. It's all in the

delivery. If she makes Dan's face a little more expressive, a little more confused at "this crazy American" who is so dramatic and homesick. If she makes his indifference look like maturity—not fazed by flights of fancy. Gold.

Bargain Or Burden

I didn't end up going anywhere. Well, I haven't gone anywhere yet. Every time I go to book the tickets, something hurts in my hands. Or I struggle to get up off the couch and my dad gives me a hand, and I panic about being alone in France and how I will have no one to call for help. The new plan is that I visit a few Kellies in the US with my car. Like the most epic road trip. Having my own car makes me feel like I can do anything. Then if things get bad, I can just drive short stints until I get back to my parents.

I'm dating. But not dating as you would imagine—as if I have a date every weekend, wearing low-cut red dresses and high heeled black boots—more like jeans and my Converse and only once in a while when I can be bothered to tie shoelaces. And not dating Paul. We started hanging out, like a lot. I'm pretty sure he likes me. We flirt, and I think he almost kissed me last night, but I pretended that a bug flew in my hair. I couldn't let him kiss me. He will eventually leave to finish his degree at KU, and we all know what I do to wonderful men who leave for college. Plus, it could never be anything long-term anyway. It's my fault—I like him too much. Anyone I really like I can't ask to deal with what I come with. Dating “while ill” seems more like advertising for a future caregiver. Advertisement: *Lovable! For a limited time only!* Just enough love, so that when my body deteriorates in front of them, they will stay and not leave me stuck in my chair to die and be eaten by cats. I have always wondered if this general horror-film clichéd image of cats is why they have always seemed satanic to me. Like they have sold their soul. Really, if you think about it, sliding one paw into the small opening of the window, pushing it open just enough to allow their whiskers through, slinking in to feast on the still-warm corpse of the previously infirm—that would firmly place you in the category of evil.

Anyway, I'm dating to avoid the cat scenario altogether and to pad the seats at my funeral when I do eventually die of some normal not-cat-related thing. I realized the other day that, besides Mom and Dad, I have exactly four people I can call. Three of them I have told how much pain I'm in twice in the last week, so I need to leave them alone; one of them is Paul, which is complicated; the other one is Seb, and he has his own shit to deal with. Claire was even texting me a look-how-many-people-love-you list. She got to four and then finished with 'and countless other people'. I actually laughed; it was literally four people. Despite how much I love Claire, it didn't really help. Because people who have enough friends in their life don't need texts with lists of four people who love them.

There may be a chance I shouldn't be dating. The type of people I'm attracted to—nice in body and soul—like Paul—don't deserve the shit I come with. And yet I'm dating. I made the decision in quite a tantrum. It was when I realized that my four list-people would pass the news of my death on to about twenty family members but most of them would have to send their regrets for various things like their youngest and brightest child is playing the pumpkin in the Thanksgiving play; or it's harvest time on their lifestyle block and their twenty stalks of corn will need to be cooked and made into preserved jar corn. And then my funeral would look like the wakes of one of those old women who spent their remaining years snapping out obscenities and racial slurs at people from her front porch, and if anyone dared to come close, she would bang her cane against the porch rail and yell that they better run or the next time she would connect it with their skull. Except I realized if I died now, I would be young, so it would be harder to explain the people trying to space themselves out evenly so that the church would look full. And the officiant (he's thin—one of those people who, when you see them side-on, sort-of disappear) would lean over to one of my four list-friends in the front row and say, *Should we wait a bit longer*—really asking, is there a bus of out-of-towners about to pull up? And then Claire, who would be organizing it so my parents

wouldn't have to, would shake her head and dab at her nose and eyes (because she actually does love me) and the ceremony would start.

So, I'm dating but not doing it right. I tried Tinder for a total of thirty-six hours. I picked a really cute picture which makes it seem like I'm happy and normal, and I have something to offer, more than an easy fuck. Turns out Tinder is only for an easy fuck, so I deleted it. Because I'm not into easy fucking. Mainly because fucking isn't easy and requires planning. It's worth it, don't get me wrong. If I do it right, for just a little bit, my body cooperates, and I can pretend it all works right. And if they do it right, I don't feel broken but like my body isn't just functional but exquisite. (They rarely do it right, but it's usually on the spectrum closer to good for me than not.) Also, the problem with online dating is that you are really texting yourself—you hear what they write in your voice not theirs. You have never met them, so you don't know that when they text, *you are so cute* it's not like, *goddamn you are so cute*. But you imagine it with a patronizing whine that makes you feel shitty and not cute at all. So, because Tinder is a bust, now friends are setting me up. But it isn't going well.

One problem seems to be this carefully curated picture I usually give people, in order to keep them around. Normally I give this level of acquaintance (new but not that new—they know how many siblings you have, and that your favorite food is deep fried lasagna, but not that you have a crush on Eminem) just enough info, so that I don't appear too needy. I offer a brief explanation as to why I'm limping today and wasn't yesterday—my favorite is, a wave of the hand like I'm swishing a fly, and *oh it's just a body thing*. This is the perfect balance of info and ambiguousness. And it's not even a real sentence; people are so confused that they can't formulate a follow-up question and I can change the subject to the weather or how cute their shoes are (if they don't have cute shoes there's always feigning confusion about the latest superhero movie).

However, now that I'm dating again, I feel a compulsion to lay everything on the table, and what I'm finding completely suffocating is how early I feel I must divulge that I'm a broken model. Like the horrid orange stickers on the clearance rack—the big ones with the lines on it that say *list damage here*: May not be able to get out of the car by herself; sometimes cries because holding a glass of water is painful. The discount is always a little insulting. Why would I pay you for something that is already wrecked? Really the striped sweater, with the hole in the armpit, should just be laying out on the table with a sign that says, *sorry*. But if I don't divulge it then it feels wrong. It makes me walk with less confidence—a little more slumped, and my steps are hesitant. And if they say I'm beautiful, which they inevitably do (or they would lose their chance to get laid), I always think yeah kind-of, sort-of, but you don't know what lurks just under the surface of my skin. This rotting thing, like a present from that distant relative that got left under the tree. No one saw the "perishable" sticker on it, so it sat ignored until Christmas morning. It arrived early and was pushed back by all the other gifts. It turned out it was no-clear-reason-why-they-are-expensive pears. And when you open them on Christmas morning you are greeted by a smell that wraps around the back of your throat and seven hundred fruit flies. I'm like that.

The other reason I decided to date was because I also feel in a rush, as if I might die any minute, and the last person I kissed can't be that guy at the bar when I got a little drunk with Claire two months ago. Shoving his goddamn tongue in my mouth like he was passing me a slug. So, I feel as though I should just kiss anyone (except Paul, as I said, too complicated, I definitely should not kiss Paul) so that, if I need to, I can head off to die. It's the two-fold math problem of the person in the box at the funeral and the people in the seats. The life half-lived and the life only half-known and half-loved. Together it doesn't add up to a whole life. So, I feel as if I need to hurry up and kiss someone so that I don't die with Joe-the-slug-man's saliva still in my mouth. Being sick and yet healthy means I think about dying

all of the time but also need to plan all the long-term things too. Like what if I don't die, but I'm living in a wheelchair? Most people who have normal use of their limbs say they would rather die. Does that mean someone who falls in love with me will feel the same way—that if I'm confined to a wheelchair, I would be better off dead?

Theater

Kelly reads an article on dating after divorce. It says if she's going to date, she can't just "date", she has to come up with a picture of what the relationship will look like. Kelly tries. She gathers props. Sets the stage with old rectangle carpets with the tasseled edges knotted and frayed—the gold detail yellowed and brown—and a lamp, the kind with a glass shade and a chain to turn it on. A cheap couch. The theater is in the round. She can kind-of see it, but it's as if she's sitting behind someone tall and no matter how she moves or sits, she can't get a clear view. Except this man isn't tall. But his utterly ordinary shape still takes up all the space in her brain and doesn't allow her to picture anything other than his unremarkable hands on her body. She feels like she's sitting in a dark empty theater, so she figures she can just switch seats. But every time she moves, he gets up and sits directly in front of her. She tries to put the actors on stage. She can't picture a new him yet but, that's OK; you can't find the right actor until after the script is written. Scene: on a date. He says she looks beautiful. Cut. It's the wrong line. The banal shape sitting in front of her said that too. Scene: He leans forward, interested, when she talks about her family. Cut. The perpetrator always asked about her family. He said he would visit them even when she said no; he nearly bought plane tickets. She shakes her head. Clears it. Tries to imagine Act 2. Scene: meeting Junebug. Cut. Junebug's eyes would lose all color, turning black when his name was mentioned. Kelly remembers all the times she had to not *lie* to Junebug outright, because she never lies to Junebug, but she was evasive, meeting him in secret. Scene: a task. Kelly is busy, and she must do ten things before bed. Garbage bag is number one. Cut. The offender sitting in front of her got her naked by remembering she needed water from the supermarket without her having to ask. The only thing she can picture is a hug. That's the one thing she knows she

wants. Scene: a hug. She can almost see it; she's nearly folded into someone's arms. He smells like soap. The felon's head almost disappears. Cut. She hated hugging him. She had to tell herself to relax because he was it. After Luke stopped talking to her, stopped giving her hugs, this ape was the only source for oxytocin. Junebug hates hugs—claustrophobic. So, she would say to herself, Kelly calm down and let him hug you. And then he said later the best thing was how he could get her to relax. He loved that bit of the hug. But she knew it wasn't him. She had to manage it with the sheer force of her will.

Besides his solid opaque head in the way, Kelly can't picture what she wants because all the things she did to put checks in place, and to be safe, didn't work. She tried to take things slow, she checked in with her friends, set boundaries, watched to see if actions matched words. And none of it mattered. She said no. She said no. She said no. And it meant nothing. So, even if she could write this play and everything looked right on stage, being the person in it would be terrible. It would feel like it was about to crumble. Kelly would always be waiting for the male actor's face to morph. She would always be waiting for that moment when all that matters is that he is stronger than her. She tries to imagine what she would want. She thinks: She would like someone kind. He seemed kind. She wants someone she doesn't have to remind six times to do anything. He did that. Maybe she doesn't know what kind is. Kind. *Of a forbearing nature*. What the fuck does forbearing mean? Forbearance. *Refraining from the enforcement of something*. So, what the fuck do you do if someone seems kind and then forces themselves on you and takes what you don't owe them? How do you plan for that? How do you make sure it never gets into the show? She can't control this. She can't think her way out of it or understand the word assault enough. Assault. *Unwanted physical contact*. Contact. She had just wanted to make contact with someone. She had placed her assailant in a position of trust. He didn't seem to care she was sick. She trusted him. She said no five times. So really, he could remember the goddamn milk but not the fact that she had

said no. Five minutes ago. She doesn't know what the fuck she wants because she can't see how two people can even have a relationship. She can't see how she could trust someone. How she wouldn't hold them to some impossible standard even she isn't aware of. How she can trust her gut when all it wants to do is vomit.

Settling

It's her birthday today, but I had to work, and tonight I'm seeing this guy I met at a friend's engagement party, Kevin. I probably shouldn't be seeing him. He's kind of starting to annoy me. He isn't that attractive, I mean he's fine, I mean he has a weird flat forehead, but I mean, I don't think I would have even noticed that if it wasn't for the other stuff. Like the ugly is coming out from my ears and painting him an annoying shade of pink. Or like maybe it's coming from his insides. Like I can't just say, 'I'm having a bad day.' He always has like six suggestions for how I can fix it. Like he asks if I've had Ibuprofen every time, and I remind him every time that no matter how I'm feeling, I'm taking the maximum dose. Then he's like, 'can you take a nap?' and I'm like fuck off, but I don't say that, although, I think my face does. But I'm sick, so I'm just not sure how picky I can be—like someone willing to put up with someone getting annoyed at the suggestion of a nap must be pretty rare. He's always begging to help. And that pisses me off, and I have no idea why.

He knocks on the door, and I open it because it isn't fair that I should expect everyone to know how to deal with me. It's my fault for being honest with him after only four dates. At this point, I should be lying about my occasional limp, calling it a sprained ankle.

Crash

Kelly doesn't cry when she sees a news story about someone who has died in a car crash. She used to—just a tear or two, not full-on hysterics. She hates to think of them in pain. Worries that they were awake, feeling broken bones or trying to get out of the mangled car with cuts and internal bleeding. When she hears of an accident or disaster, she pre-packages the horror into nice, neat files that her brain can cope with. Usually, she just imagines them passed out. The emergency workers arrive and transport them to the hospital with loads of pain meds. They recover. Hug their family. Drive a bit slower. But this time, she has nothing except a little bubble of anticipation as she scans quickly through the article, hoping for the one name she wants. It's like seeing if you won the Lotto. But there's no name. These breaking news stories never give names—it's just to warn other motorists away.

So, she scans for the next best thing: motorcycle. There it is. And it's the right region. One driver. One casualty. She smiles. She pictures him on the side of the road. He didn't pass out. He didn't die right away. He passed someone driving too slowly. He deserves a fast motorcycle. He deserves to go fast. So, he passes and has to swerve to miss the oncoming semi, but he isn't quite a good enough rider, and he clips his mirror on the truck. Then he lays there fully conscious as the blood leaves his body, just slow enough that he thinks he will have a chance. She imagines him feeling the break along his femur. The worst pain, they reckon. She read an article that said it is worse than even childbirth. Each time he moves, the jagged bits of bone catch on the muscle and skin. He shouts, demanding someone save him. The ambulance arrives. He blames them for being too slow. They are patient with him. He is in pain. He is scared. He yells more. Tells them he won't tolerate this. And then just before he dies, he realizes he can't force anyone else to do what he wants. Even though she wishes she knew for sure, the anonymity means it could be him. So, she pictures his body mangled on

the road; his smug face bleeding; his leg bent at an awkward angle below the knee. She pictures herself walking up to him. He is worthy of one last breath. The last thing he is entitled to see is her smiling face. Then she turns and walks away.

Idiopathic

I should have stayed home. That's what is going through my head right now.

Kevin has just said he loves me. Not in an ironic way or like I just told a joke—Haha, I love you, or I love this sandwich, or I love Lizzo. He's all sincere and leaning in for a kiss, which I lean so far away from I nearly fall over.

'What?' His eyes lose some of their gloss.

I still haven't quite got my words back.

'Look, I know you are worried about your illness and how you will be a burden.'

My body feels like it's shrinking and expanding all at once. We are standing outside the restaurant in downtown Denver and the streets are cold, so it looks like Christmas with the lights. But it's definitely not Christmas. I keep hearing those words on a loop, but he's still talking. So, when I tune back in, I hear him say, 'This disease has made you who you are.' And I nearly pass out from the way my brain is plotting whether I can kill this guy on the Sixteenth Street Mall and get away with it and, simultaneously, I'm convinced I didn't hear him right. And then 'silver lining' bursts through the ringing in my ears. And he's still talking. 'Your pain makes you interesting. Your pain makes you beautiful. So, you sometimes need help. I love helping. We are a perfect pair.'

And then the ringing in my ears stops and the night air is clear. 'You Motherfucker.' I say it real calm and quiet. I wait for my insult to land. I watch as his face morphs through confusion to shock, and then I wait until he tries to say something, until he has collected his thoughts, to make sure he hears every word. And I put my hand up to stop him. 'Don't you fucking dare tell me this has made me into who I am today. Maybe it has. Maybe it allows me to see through your bullshit privilege of living without disease...yet. Do you hear that? You asshole.' I lean in a little closer. 'YET. Because it's coming for you. At some point what you

do to your body, or just life, will fuck you over too because we all die motherfucker. We all end up disabled. So don't pity me and don't throw sugar at my pain and hope it sticks. Because your funeral is coming too. You may limp to it or run to it, but either way our bodies give out. And if this is what you "love" about me, then you can swallow that shit. Don't spit it at me. I don't need it. I would rather not be loved than be loved because I'm so cool because of my pain you problematic little shit.' I'm still not shouting, but the people on the busy downtown street are giving us a wide berth.

He looks a little sad, like a scared kitten, and I couldn't give a rat's ass.

'What sort of sick damsel in distress have you got conjured in your mind? That I will be so grateful that you find my pain beautiful? Or that my pain made me interesting? It's not the interesting thing about me. It has not made me who I am. I am who I am despite my pain, and you can't take that from me by saying I would not be who I am today without it. How dare you say it makes me a better person. I just am a better person, and I would be with or without my pain. I'm already a better person than you. Asshole.'

He starts to walk away.

'Don't you dare. I'm not finished.' He stops. I'm not screaming. I'm not crying. Thank God because when I'm this angry, I usually cry. 'Now this is the last time you and I will ever speak, but if you ever meet someone again who is in chronic pain, it's real simple, just listen and realize you can't fix it and sit with that shit.' Then I poke my finger right into his chest. 'You. Can't. Fix. It. I didn't ask you to, and they won't ask you to, and your dumb ass will never be smart enough to be the person who has come up with a new cure that no one has thought of yet. We have to carry the pain, and your only job is to sit with the discomfort. If they are telling you how much this sucks, you need to fucking nod and say, *I'm sorry. You don't deserve this.* That. Is. IT. If they need help, you fucking help, but you better get it into your head that you are not a hero. Helping is the bare minimum. And guess what. We all wish

we didn't need help. We don't want it but when we need it, we sure as shit don't want it to define you.'

He doesn't know what to do; he's shifting from foot to foot.

'OK that's it. Off you go.' I dismiss him with a wave of my hand.

I almost feel guilty as he stumbles away. But not really.

Stuck

Kelly is stuck in her chair. Instead of getting up to put Junebug to bed as usual, Junebug has crawled onto her lap for a rare cuddle—she’s only three but already needs her space. She’s always busy and usually orders her love ‘take away’. Tonight, Kelly sang their goodnight song in the chair. But that means Kelly hasn’t moved since dinner. She has been watching something mindless. And each episode has bled effortlessly into the next. She doesn’t want to move. Dan has brought her toothbrush and floss. As he usually does. She rarely has to ask anymore. She stares at it. If she brushes her teeth, she will have to get up. If she stays absolutely still, she is in no pain. But if she moves even a toe, she hurts.

‘Time for bed?’ Dan pops out an ear bud as he peeks around the corner.

‘I don’t want to get up.’

‘But if you get up, you get to go to sleep.’

‘But it hurts to get up and also then it will be tomorrow, and I don’t want it to be tomorrow.’

He’s already walking toward her. He leans down, so she can hold on around his neck, and he can support her under her arms. This is the only way it works—tugging on her hands just hurts her wrists and feels like it’s crushing all of the bones in her hand. He’s the only one that knows how to do this; the rest of her family and friends always offer a hand. It still hurts her knees and feet as he hurls her up, but then she is vertical, and he waits until she’s stable. Some days, she can make it from here. Today she can’t. Some days, she takes this chance to have a hug. Today she does.

‘I’ll just stay here,’ she says, not moving her feet, her cheek pressed into the spot on his shoulder where it fits.

He leans down to throw her over his shoulder.

‘No, I’ll break you.’ She says this every time.

‘Na, I’m strong. Built like a horse.’ He says this every time.

‘But it hurts.’

‘But then you’ll be in bed. One. Two. Three.’ He grunts.

Then she’s up. His shoulder digs into her stomach. It hurts, but she is moving and nearly in bed.

He flops her on the bed and tucks her in.

She rarely says thanks because it sticks in her throat and makes her feel pathetic.

When it creeps out sometimes, because the guilt is stronger than her pride, it slides out between clenched teeth. He never says, you’re welcome. He’s not doing her any favors. Just getting a person who is stuck from point A to point B.

Difficult

It's Kelly's birthday, but I have an appointment with the rheumatologist. I have sat outside waiting for half an hour. I have looked at puppies on Twitter. I have tried to finish the concealed titles on the magazines I'm afraid to touch. *Trump and His...* pet mouse?

Urologist? Multiple skin tones? I have counted the times the black fish has circled the tank—ten. Having an illness is a fucking full-time job. No time for cupcakes or friends or any of the other things that make life worth living. They assume if you're sick, you have two hours to spend here. They finally call my name. And I walk toward the smiling lady. She watches me walk. They always do this, I figured out, because they make a few notes about how I'm "ambulating". I looked at it one time when they left me alone in the room.

'I'm Casey. I'm the new Nurse Practitioner here.'

'Nice to meet you.' This always sounds a bit awkward when I say it because it isn't the response that my brain wants to give. It's not nice to be here and, therefore, it's not nice to meet her. But for a few times, when a nurse introduced herself, I introduced myself again, even though they had just called my name, and that was worse.

'Have a seat.' She indicates the chair next to her desk. She gets out the familiar form and starts with the questions that I hate.

'Please rate these activities from very difficult to no difficulty at all.' She checks I understand. I nod. 'You've seen this too many times, huh?' She smiles at me, and I relax.

'Bring a glass of water to your mouth?'

'Some difficulty.' It always amazes me how accurate these questions are. Like it really shouldn't but it does. Like, they know that one action is often the worst. Which should sort of make me feel good—like I'm not the only one—but I really just feel sad about not

being able to do it. Like it's their job to know, but like, why not carrying a dinner plate? How did they figure the most frustrating thing is the goddamn glass of water? And then they ask about picking something up off the floor. I go middle of the road on this one because sometimes I may be able to pick up the socks off the floor, but I don't fucking bother. So, I'm not sure if it would have been difficult if I'd tried.

'Walking on flat ground?'

I hesitate, and she looks up at me. Her brown eyes are wide with kind expectation.

'Look, I don't understand this. I can exercise on stairs or even sprint, so really walking shouldn't be that hard.'

'Oh my gosh,' she says, 'that is such a weird thing, but often, of *all* the activities, walking on flat ground is hard! That's why they add the "flat" bit because sometimes you can walk up a hill no problem and then you get to the flat bit, and it hurts!'

'Yes! But also, I don't want you to mark it as difficult because I'm doing really good on these meds and like going for runs and stuff, and I don't want them to switch anything.'

She nods and scrunches her forehead. 'How about I just mark "somewhat difficult" but I will put the mark all the way closest to the line that says, "not difficult at all"? And I won't let them change anything.'

I love her then. She is officially my favorite person I have met in this whole godforsaken place. And it keeps going—she just keeps getting better, the way she listens, the way she doesn't dismiss me. And the way it feels like she knows me. And I decide right then I want to be a nurse. Easy as that. When I walked in here today, I had no idea what I wanted to do with my life, and now, sitting here with her, I'm like I could do this. I want to do what Casey does. When I get back to my car, I text Paul and Claire asking if they think I could do it. Claire sends a gif of a woman giving her best 'ummm yeah' face. And Paul texts, *Of course you can?? Rock Chock Jayhawk KU??* It's the chant for their sporting events—KU

students and alumni are crazy. I wish I could go to KU. I wish I could go to KU with Paul. I just text, *haha I wish*, and he doesn't push. I text Claire, and we make a plan to celebrate.

Sense

Kelly is walking now with Trish. She asks Trish about her kids. She asks Trish about her useless husband. They walk for forty-five minutes, and she realizes that she hasn't told a funny story. She hasn't made Trish laugh. She has no funny story. She doesn't have any story where she tripped carrying a tray of bruschetta. Sense of humor. Sense. *To feel, taste, smell, hear or see something*. She has lost sensation. Except inside her body every joint announces its movement with a foghorn. But the other senses are dulled. Dead. And now, so it seems, is her sense of humor. Of Humor. Funny. *Causing laughter or amusement*. It also means *difficult to explain or understand*. She had one. She used to be funny. Now she has to mash at the mask on her face, pushing it into place, forcing it to smile. She's lost a sense of humor lost lost lost. Where do you lose such a thing? Was it never hers, just one of her masks that she wears? She used to keep funny stories the way she keeps receipts tucked away in her wallet, bursting it at the seams. She could catalogue who she had told the story to. What got the best laugh, what particular hyperbole would catch them off guard; as if hiding around the corner, to jump out. *Surprise! I'm funny!* Then there was the timing, how to keep hitting them with details like a prize fighter. Left hook. Upper cut. Drinks shooting out of noses, choking on sips of water, tears running down faces. But now her face feels soft and always slightly crunched between her eyes. She would study conversation for the perfect moment to lighten the mood. But now she feels the need to hear someone else talking, just the sound of their voice like a prayer, or Gregorian chant. Reassuring her that it's OK that she's alive. If someone is talking to her, if she's asking questions about their life, then she isn't a narcissist consumed by her body. She is so busy searching for something funny that she hasn't heard what Trish is saying.

'I don't know if I'm doing it right.'

Kelly says, 'Mmm.'

'But I did all the things.'

'You sure did, you're a badass.' This is not a lie. This is not a stretch. It doesn't matter what Trish has said. Trish is a badass. She is so good at everything she does. She's an attentive mother who gets the best out of her kids. She negotiates her marriage like a diplomat from a powerful country. She's empathetic to her man-child husband yet advocates for herself. Kelly often feels as though she is watching an expert. Like on one of those YouTube channels. Kelly once tried to make a swan cut from an apple for a party, but by the time she finished, it was brown slices and mush, and she ended up eating it and not serving apples. This is the same thing. She can see all of the tools that Trish uses. She can see the end product—her high-achieving, beautiful kids. She can clearly see each step involved in the process. Step one: Understand each of your children's needs at any given moment. Feed them nutritious food. Nurture their gifts without added pressure. Step 1a. Understand your husband is tired and give him space to be a child. The final product is clear—a functioning family. Kelly threw that away. Kelly has part of the final product. Junebug. But she knows Junebug is remarkable *despite* her parenting. She just puts the tools away and watches as her daughter becomes the coolest person in the world. In spite of her. In spite? Despite. Notwithstanding. Kelly just tries to get out of the way.

Trish doesn't ask about Kelly, which is a relief. Relief. Comic relief. Kelly makes a joke about the length of their walk. She is sore. They both work out regularly and while this is a long walk, they should not be this sore. They are old. Kelly laughs, she says it's as if they are crawling through mud. It's not funny, but her delivery is pretty good, locking in the flair for hyperbole. And Trish laughs and adds her own joke about how she thinks one leg is shorter, and that's why it's taking so long for them to get around this damn lake. They limp for a bit, one leg dragging behind the other as if it has gone numb. She feels something—just

a little shock like that time she tried to plug in her mom's ancient lamp, and it sparked blue.

Kelly feels.

I have given up looking for Kelly Wisely. At least for this year. I have taken a job as a receptionist at a we-are-so-boring-no-one-cares-what-we-do office. I had to leave my bookstore job because I was supposed to leave for my grand adventure but never did but had already trained my replacement. And Paul was transferring to his *real* university in the next semester and this job paid two whole dollars an hour more. I say receptionist because that was the job ad I answered, but it's not the kind of job where you just get to answer phones and give messages. I mean it is. That was what they told me when they showed me around the office. But there's this whole other part to the job, a secret part that everyone else knows but I'm not allowed to know until I get in trouble for it. It never said in the job description that I had to be a mind reader, but apparently that is the job requirement. For instance, the upstairs people like to traipse in at nine in the morning and say, 'Hold all my calls today!' without saying good morning, like they are Miranda Priestly and like I'm someone who wants this job. And then, at lunch time, they come down and get their messages and yell at me for not putting through an important call that they were waiting for.

Which brings me to yesterday. My boss, like the actual boss of this branch, power walks past my desk saying she's going to a lunch meeting and won't be back until two. She doesn't ask for any messages (which I have because she told me to hold all her calls) and leaves without even looking at me. An hour later, she comes in, red in the face, literally so angry she is red. I didn't even know this was possible. I have read about it, like there's the expression of the angry person seeing red behind their own eyeballs, but I have never actually seen a person so mad they turned red. But there she is, as red as a flashing cop car light. And she asks me if she has any messages. I hand them to her, and then she nearly fires me, right on the spot, like in the lobby, because the guy she was supposed to have a meeting with had

called her, apparently, to cancel, (except he didn't say that to me) so instead of firing me, my supervisor has given me the book *Who Moved my Cheese?*

And that brings me to right now. Here I am reading a book with cartoon drawings of two mice and two little people. And cheese. That's right, my boss asked me to read a story about how two people and two mice live in a maze together and look for cheese. As if to make clear that this book is a metaphor, it clearly lays out what the cheese is. To the mice (Sniff and Scurry), it's just cheese. (Thank fucking God they explained that because I often wondered if mice saw cheese as a metaphor.) To the little people who are living in the maze the cheese 'can be anything' but the authors give examples in case we are too stupid to realize we are not little people who just want cheese. Hem and Haw (actual names—I'm not joking) want big houses or jobs where you get to shit on your employees—the capitalist dream of being an asshole. Those are the examples except I added the asshole bit. I keep putting the book down and picking it back up. Like, I can't understand, is it a children's book? If it is, it's a terrible story about lost cheese—my baby cousin would fucking hate this book. But if it's for adults, why the fuck are they using cartoon mice who are running around in their maze? And they include two people. Like perhaps the irony could be lost if it was just about the maze and the mice. But when you add the people, it turns very sinister very fast. Like the authors seem completely oblivious to the propaganda they are peddling.

The maze is cement walls and bare hard ground—like a prison, if you will, and it's telling us we should be happy running around in a science experiment. Like they never address who fucking puts the cheese in this cement prison. It's about how we are supposed to make ourselves happy with the endless utter uselessness of our lives, as we keep tying on our running shoes, then run to keep up with the expectations of a mad scientist who makes money off our pointless running and how we should be excited that we get to eat cheese. It's supposed to be about how being flexible to change is good for business, but the authors are

either so unaware of reality or complete sociopaths. They wrote a how-to book for victims. It's the most insulting thing I have ever been given in my entire life. Especially since I actually like change. I fucking don't want anything to stay the same. I definitely don't want this job to stay the same. I keep changing my fucking diet in case eating cucumbers suddenly cures me. And I change the goddamn furniture around in my room every six months. Most importantly, soon (a bit late as I should've been in college three years ago, but still) I will move out of my parents' house. And while I will be sad and miss my mom's grilled cheese, I'm so excited that I can't sleep. Like, change and new things are what get me out of bed in the morning. Well, that and the pain. If I lay there too long, everything hurts, and then I never want to move again.

Tender

Kelly holds Junebug. Squirmy and scrunched. She balances on Kelly's still-swollen belly and c-shaped breastfeeding pillow. Junebug is already trying to move, to get down on her own.

Kelly cries at the state of her house. The mess that was a minor annoyance before now presses down on her. She can't keep up. The meds she's taking are the only ones safe for breastfeeding, and she will not change that. She refuses to use a bottle. But these meds do nothing. Everything hurts but, if she's very still and just looks at Junebug, nothing hurts. Who knows how long she's loved her? It feels like forever. It feels like there was no time that she didn't love this tiny human who cuts her own cheeks with her sharp fingernails and blames Kelly with a wail.

Dan does everything. He gets up with every feed because Kelly can barely stand in the night. The pain is always worse because she hasn't been moving. He takes a drug to help him stay awake, so he can help and still go to work. It was prescribed, so Kelly pushes the worry out of her mind. She needs his help. He needs the drugs to help. She can't do this without him. She hands Junebug over to him now. Every single one of Kelly's fingers is swollen, crooked, and not holding Junebug's fragile little body properly. He takes off a dirty diaper, and yellow shit projectiles from her tiny butt all over him and his childhood rug that Kelly hates. It's small but has a close-up of a horrid clown face. She laughs. She doesn't stop laughing even when Dan tries to look wounded.

Kelly misses Dan when he's at work. She worries that he will die on the way home. She watches out the apartment building window for his truck, taking only short shallow breaths, until he parks out front. He brings home food. Tacos and sesame chicken. He does the supermarket shopping. He cooks the food. There's no job that's just Kelly's as the mom. He doesn't demand her time. Their time is for Junebug. Kelly's illness is just normal. She

can't do stuff. He knows she can't. She doesn't have to explain. He has to go move their car because he parked at a meter. It takes too long. She imagines he's being mugged, his mild-kind nature unaware of danger. They nap on weekends when Junebug sleeps. They perfect the cuddle. They figure they can run a seminar on it for couples who are bad at being couples. They sit all weekend at her parents' house. Watch football. Eat Carl's Junior burgers and dip deep-fried zucchini in ranch dressing. Eat hotdogs on the back porch. Junebug falls asleep at least three times a week on Kelly's father's chest. He claims to have her sleep number. He's very proud of it. But Kelly isn't sleeping. Their downtown Denver apartment shakes all night. They bought the one-bedroom unit in the historical building when they had ideals of being hip people who walked to dinner and sat outside on Market Street drinking coffee—they did that. They held hands. They walked everywhere. Their pickup truck they called Tonka got parking tickets for street-sweeping days. They had Chinese food delivered like sitcom characters. They watched out their window as two drunk men who frequented the alley had nonsensical fights and one would occasionally try to throw a wild punch. Then one would shout, 'I love you man' and they would hug.

But now they have a baby and Kelly, already a light sleeper, has 'bat hearing', Dan jokes. And the city is always moving. A towering brick office building next door churns out thousands of workers. It has a constant rumble of semis making deliveries. One rolls past now, and she can't get back to sleep. When the rumbling breaks through the thin film of sleep, the pain replaces melatonin with adrenalin. During the day, Kelly tries to nap with Junebug; the trucks honk horns when they arrive with a delivery followed by a shrill ten minutes of beeping as they back out of the alley. She says to Dan she needs sleep. She can't go back to work since she's off her meds. He says, 'we could move back home'. His home. His country. The place that hates Americans. The place she couldn't make friends. The place

where his family hates her. The place where everything she does is wrong. Almost halfway around the globe.

She swore she never would. But, if she goes, she could hang out with Junebug all day. She could sleep. She agrees.

Malign

I have been trying to read this goddamn book for a week now. I keep wondering who the fuck I'm supposed to be in this little story. Like, dare I say a mouse named Scurry? The hero of our book? I mean I'm in trouble for not giving someone a message as they sprinted past my desk. What cheese was this? Brie? Blue? I do hate blue cheese. Anyway, I'm supposed to hand deliver the book back to the witch that is my boss in ten minutes, and I still have ten pages to go. I say witch because it's the meanest term I can give her because she's a crazy Christian who believes she can treat me like shit because she's better at loving Jesus than everyone. I have never met someone so sure they are loving Jesus enough that it doesn't matter how much they gossip about how horrible everyone else in the world is.

There's another receptionist, Kristy, who is my work best friend—you know the person who makes life OK at your hellhole job, but you don't really hang out anywhere else (she answers phones for the back office, so we don't get to sit at the same desk). Two weeks ago, we were just eating in the lunchroom and Kristy saw the Wicked Witch of the Sermon on the Mount reading one of those weird all-the-Christians-get-beamed-up-by-Scotty books and she said, 'Oh are those the *Left Behind* Books?' and Melanie said, 'You wouldn't have heard of this, it's a CHRISTIAN Book.' But she said it like CARISHTIAN as if the extra syllable and emphasis on the *rish* made it more holy. Kristy's face went all red and she mumbled, 'Yeah I know, I've read them.' And then Melanie shouted something incoherent about Kristy not getting the point and stomped off. I already knew Kristy was a Christian—it has come up a few times but not in a weird way, just in like an I-don't-know-what-you-are-talking-about-because-I'm-sheltered way. She's really sweet, and like I would not even make it through one day here without her, and I'm mad at the witch for making Kristy feel bad, but also at least I know now that Melanie truly is a terrible human being. Kristy is thoughtful and

kind and genuine—like the way Christians always say they are but aren't, but Kristy really is those things. And if Melanie is an asshole to her, then there isn't anyone good enough for The Patron Saint of Hell. Anyway, it's time. I have to fucking return the book of cheese to the antichrist. I'm still looking at the last pages because I must have missed something because I'm still fucking confused. I knock on her door, and she says, 'Come in,' but in that really fake way like she's expecting her boss, and when she sees it's me her eyes narrow, and her lip curls back over her canines. And I'm like, 'Hey here's the book back.'

'Oh good, what did you think?'

I think it was the shittiest thing I have ever read, and I read that series where the people have all the fifty shades of sex and the whole time the girl is just biting her lip. 'It was, um, OK.' I try to put a little pep in the OK. I think it works because I seem to be dismissed from her eminence's presence.

Psuedomorphie

Kelly attends the conference. She is late of course, but only two minutes. Well two minutes, but she still hasn't found a park and has no idea where the room is in the complex. It took her ten minutes longer to get ready than it usually did. She was slow, groggy, and limping. Every step grinding glass in her feet. But she's here now; her joints are moving, sort of. She finds a space, now five minutes late. She grabs her purse. It's stuck on something. She tugs. It won't budge. She crawls back in the car, her knee screaming, and she swears at the emergency brake that has caught the purse. She takes a minute. Gets control of her pain. She has a chance here. No one knows anything about her. It feels like a vacation from being her. Even though she will hate it. Even though the clock will tick every second as if it's broken and stuck over the three. She won't have to think. She isn't in charge of remembering coats. She isn't in charge of Junebug's food. Sure, Junebug will probably be eating nothing but ice cream with Dan in charge and his inability to resist her round cheeks. Kelly isn't really much better; she just has the inner drive of guilt that Dan lacks. It pushes her over the edge to at least hide some broccoli in the casserole. But she is off duty. She plans on pretending she is on vacation.

The lady who checks everyone in is clearing up the gift bags and the name badges of the no-shows. Her nametag reads Clara, and she crafts her look carefully out of shame and disdain. It's the look of someone who believes in platitudes and that conferences like this have significance. Significance: *worthy of attention*. The sign behind her is a picture of an iceberg. The tiny visible portion says, SUCCESS! And under the water with the big portion of the berg are horrid words like courage and struggle and sacrifice, adversity. And pain. Abstract words that someone who had nothing to do in the morning but get herself to work thinks she believes in.

But Kelly smiles at her, 'I'm sorry I'm late. That's me.' She points at her name tag. 'I love your dress.' It's not a lie. In another lifetime Kelly would have loved to wrap herself in so many flowers. Kelly adjusts her plain black skirt and jean jacket. She had wanted to blend in, look professional, but also not look like she cared too much about this stupid thing. The woman softens a little as she smooths the front of her dress.

'Thanks, it was on sale!'

'Even better!'

'You might be able to slip in while they're getting settled.'

'Thanks!' Kelly finds it hard to get the plastic smile to crack off of her face. The cheery exchange makes her feel dehydrated.

She tries to *slip in* to the training room which looks like a hotel ballroom but smaller. Same old carpet they seem to have in all of these places—it pretends to be regal. Now carrying the gift bag, her purse, and a water bottle, and trying to put her nametag on, she drops the bag and its contents and trips over the shoulder strap. No one moves. Just silence. Then the middle-aged version of the Sicilian in *The Princess Bride* scuttles over to help her.

'I'm so sorry,' she tries.

'Not at all! So glad you could join us!' He helps collect the various objects. A pencil, a keychain that reads, *The secret of getting ahead is getting started*—useless flotsam that will end up in the hallway drawer where Kelly keeps things in case she needs them, but she never does. A key to a diary she has lost. Receipts that are so faded they could not be matched to a product. The broken bits off random things that are most likely lost themselves. She sits in the closest empty chair next to a guy who is probably a little younger than her—good looking but way too old to be slouching like a teenager.

He gives her a nod that sort of resembles the way a sea lion's head lolls when it's too tired to actually turn its head.

She gives him an apologetic smile—not sure why: for the disruptive entrance maybe—but really, he just looks miserable, so the expression seems the only appropriate one.

The morning session is as bad as Kelly had predicted. They spend much of the first hour sharing a favorite lyric that ‘describes who you are’. It isn’t compulsory, of course, but everyone in the room is really buying in. They speak with solemn respect. Kelly wonders about their choices. They say it with such faith, tossing abstract nouns around the room like bubbles. ‘It’s a beautiful day,’ said with a sincere smile, ‘shiny happy people holding hands’, and about halfway through, when one more person raises his hand, the guy next to Kelly says, under his breath, ‘you’ve got to be kidding me.’

Kelly grins. Perhaps she’s chosen exactly the right seat. She sits patiently while a man explains that his lyric, some Latin phrase from some opera, moved him to tears. This not only was *not* the exercise but marks him as the person she least wants to meet in the whole world. Kelly wonders about people who speak up when they have no fucking idea what is going on. She wonders if this is a male trait. A white male trait: not bothering to find out if what you are about to say has any relevance what-so-ever to the room. There’s a pause, so Kelly raises her hand and has to cover her mouth to keep from laughing when sea-lion guy nearly collapses from dismay.

‘Yes, you there,’ the *Princess Bride* character perks up, clearly excited to integrate the more standoffish students.

‘Despite all my rage, I’m still just a rat in a cage.’

Sea lion’s head whips to her, his mouth hanging open.

‘Hmmm,’ the instructor nods, ‘interesting. I’m not familiar with that one. Why that particular lyric?’

‘Well, I particularly like that it rhymes, and I feel like sometimes life is a rhyme.’

She’s trying to keep the sarcasm out of her voice, so she ends up sounding a little like a

housewife from Jersey—she’s just missing a piece of gum to smack. Sea lion actually snorts a laugh but tries to cover it up by coughing. So, she doubles down, ‘Also I just feel like rats are cute.’

‘Hmm yes, well that’s very interesting. Anyone else?’

Sea lion puts up his hand and Kelly’s skin tingles with mischief. The little instructor gets so excited that she almost feels sorry for him as he points to her compatriot.

‘I’m a bullet with butterfly wings.’

‘Oh, butterfly wings, that’s lovely, can you expand on why you like that lyric?’

‘Yeah, well I just feel like bullets, you know, are like deadly, but if they have butterfly wings, they’re nicer.’

The little man is so confused. He quickly moves on. Kelly slides down in her seat and holds out her hand below the table. Sea Lion glances her way and gives her a low high five. When they break for coffee, he turns to her with an appraising look.

‘I wouldn’t have thought of you as a *Smashing Pumpkins* fan.’

‘Sure, yeah, fair, I can understand, based on the assumption of my, what, skirt length? Disheveled hair? My octogenarian tendency to collect pencils?’ She holds up the one from the gift bag.

He laughs, holding out his hand. ‘I’m Luke.’

‘Kelly.’ She calculates if there’s any other standard Western greeting she can use but comes up empty. He will have a strong shake and her hands are not great today. She has left him waiting almost too long. She masks a cringe. It’s a very strong handshake, and her knuckles grind against each other. She has often wished, for various reasons, she could live in France, where the greeting would be a double kiss. But then with immune-suppressing meds this could also be a calculated disaster.

‘What did you do to get this sentence?’

‘Oh, you know, murdered my boss for being too happy about his job. You?’ Kelly works her fingers back to an ordinary shape.

‘I burned the office down.’

‘Oh yeah? Anyone inside?’

‘I’m not sure. I didn’t really check, but I did pull the fire alarm on my way out.’

‘Nice. Classy. I’m sure they’re all fine.’

‘Don’t be mean.’

And just like that, Kelly has met Luke. This could be the beginning of a beautiful friendship.

Strike

Two days later, I'm called into Melanie's office for a performance review. I have never done badly in one of these, at any job, but apparently now I'm six seconds from getting fired because I was unenthusiastic about a cartoon book.

The real problem with the goddamn book is that it assumes that the worst thing anyone has had to go through is the fucking corporate policy change or the fucking boss realizing they might have to move to online buying. Someone fucking moved my cheese the day my knee swelled up to the size of a watermelon. And I didn't just sit in the fucking corner and cry like the book assumes I would. I also didn't strap on my running shoes like the mice and go look for a new knee. I fucking clawed my way out of hell with a little help from my mom. I got handed a life sentence, and I wake up and live every day anyway and find fucking new dreams. I didn't cry that I would never get a track scholarship to college like I was aiming for. Well, I mean, I did cry a couple of times, but then I fucking turned my focus to my grades. And yeah, now I have to work at this shitty job to help pay for it, but I am going to college. Like soon. Oh, the other reason I'm six seconds from getting fired is my skirt was too short three weeks ago. I assumed I had already been punished for this as I had to drive home on my lunch break to change into a more Godly-length skirt and since it takes a half an hour to get home and a half an hour to get back (as almost everything does in Denver—I don't even know how. Denver is getting bigger and bigger, sprawling out onto the plains, and it still takes half an hour unless traffic then it takes two hours) I had to eat lunch in my car. But no this was not enough punishment. My too-short skirt means I'm on strike two, combined with my unenthusiastic reception of the Capitalist Manifesto for How to Keep Your Proletariat Happy.

Negotiate

Kelly can't see. She can see, but she can't if she tries to focus on anything. It gets blurry. Blurry. *Lacks definition*. She can define it, though: obscured. Dark. Dim. Hidden. Is she going blind? She can barely see the lines for the cards she's supposed to fill in for interested students. She's way slower than Laura today. She tries to focus on her red stapler. A picture of Junebug—her curls flailing. She knows that sometimes the RA can affect eyes, and she is terrified. She can't lose her eyes. Everything else is fine. As long as she can read and write, the rest of her body can go.

This isn't true. When it's her feet, she thinks, please don't take my feet. As long as she can run away from predatory men, she will be fine.

When it's her knees, she thinks, anything but my knees. As long as she can keep hiking, breathing in negative ions from dripping pine trees and getting herself out of her car, she'll be fine.

When it's her hands, she thinks, please don't destroy my fingers. As long as she can get herself dressed and brush her own teeth, she will be fine. She has always loved her hands—maybe someone would fall in love with her hands but not if they are gnarled.

When it's her hips she thinks, anything but my hips. As long as she can keep walking—chatting with a friend, get around the supermarket on her own, she will be fine.

When it's her shoulders she thinks, please, anything but my shoulders.

When it's the cartilage in her ears she thinks, anything but my ears.

My toes

My elbows

My wrists

It's lose lose lose bargaining. She avoids asking what happens if it all goes. What if she ends up blind and crippled? Who would love her? But that's not really what she's scared of. What if she goes totally blind and has one of those days where her joints are actually locked in place? And what if they never unlock, and what if she is stuck so long that she dies there alone and forgotten?

So, she bargains to combat the fear. To combat the way all structures of her society are built to trap her, to keep her in place.

Today she bargains for her eyes. 'Please,' she whispers while Laura is on a call. Who Kelly is bargaining with she doesn't know. She's pretty sure there is a *something* out there, a power or source in the universe. Not God but some sort of energy pulling us forward to greater things. She closes her eyes like she used to when she prayed. She asks that something...that whoever or whatever, that thing that deals in the bargaining of lives, to please not take her eyes. How would she drive or work? She would be utterly dependent. Dependent. *To need support. To keep something going.* She would need support. She would need others, or she would have to stop. Who? Who could she ask, *Can I rely on you?* Rely. *To have confidence based on experience.* She would have to trust someone with her life. This isn't a one-time heroic rescue. This is day in and day out. From checking that she is wearing matching socks to making sure she doesn't run into any walls. No one comes to mind. Her experiment with this sort of trust was a disaster. She practiced with Luke, asking for just a little more than she normally would. Instead of saying, 'I'm fine,' she would say, 'Today is a bad day'. Instead of crying by herself in the car she would let him sit with her. And those moments where she knew she should stop, where she knew she should lie but didn't, blew up in her face. So, who does she have? Sarah and Lanni, but she would never ask them to do that. Her sisters have their own busy lives. Kelly would become a burden. Burden. *Something oppressive or worrisome.* What kind of life is that? This is when she thinks about Tinder

again. This is when she puts on lipstick and wonders if she can convince someone to be her caregiver until she dies. This is when she thinks about going back to the addict.

Damsel

It's a donut day, which makes me think of Kelly Wisely's birthday; it's sometime around now. But the donut is for me. I have to get gas on my way to work, and I can't get the gas cap off. I'm just standing there looking like an idiot while my useless hands make the shape of gripping the gas cap but can't actually grip it. I should be buying a donut by now but I can't get the gas cap off. It was a plan. My gas station shares a parking lot with a bakery that makes its own donuts. I'm not fancy; like, I'll eat any donut. Krispy Kreme, Dunkin', doesn't matter. But when I stop here for gas, I have an excuse to get the good stuff. I still can't get it to unscrew.

'You OK?'

I jump. A guy has walked up to me. A really cute guy. I blush. Goddamnit. For. Fuck's. Sake.

'Umm yep.' I parrot my standard response.

'You sure? Because you seem like you can't get the cap off.'

It would be really great if this guy could just twist off the cap, and then I could go get my donuts. But then I'm like that girl at the gas station trying to look cute as she can't get the goddamn gas cap off. But I can't actually get the cap off, and I need to get to work, and I need my donut.

'Umm actually no I can't.'

'You want me to...?'

'Yes please.'

I step out of his way because I haven't had a donut so my breath, I'm sure, doesn't smell like donuts. Although in a romance novel no one ever described her romantic breath as smelling of donuts. I don't know why. Donuts smell great.

‘There you go.’

‘Oh thanks.’ I cover my mouth with my hand. I’m not sure what my breath is like. I mean I have good oral hygiene; I just know it doesn’t smell like...Strawberries. That’s it. That’s what they always say.

‘No problem,’ he says and leaves, and I want to propose or like offer my broken body as sacrifice to the living god that he is. He’s wearing a suit and a scarf, and he walks with confidence and as if nothing hurts. I have to use both hands to get the nozzle into the car. Fucking hands. He smiles at me when I walk in to pay. He’s standing in line.

‘Thanks again.’

‘No problem.’

I chew on my lip for a second. I think about my sparse funeral. What the hell. ‘Hey umm today is donut day. I was going to head over to Flora’s to get one. My treat? Payment for your help?’

‘Donut day? Is there an International Donut Day?’

‘Oh no. Just Amanda gets to have a donut day because the donut place is by where she gets gas.’

‘Amanda?’ He points at me, and I nod.

‘Yes.’

‘Well Amanda, I wish I could, but I have to get to work.’

‘Oh yep of course!’ Oh my God. This is way worse than Tinder.

It’s his turn to pay.

He asks for a receipt. And when he turns around, he hands it to me. ‘That’s my number. Call me if you need help again or give me a bit of notice, and I will definitely celebrate donut day.’

For the rest of my life, I will never forgive myself for the laugh that my body and brain produce. It's a mix of every reality TV star.

When I get in my car, I tuck the receipt in the pocket of my purse. The paper is horrible flimsy material and I'm sure it will disintegrate. I never clean out my purse and one time a piece of gum—oh, peppermint, all the really dumb novels say her breath smelled like peppermint. Which duh. We all brush our teeth, genius. Peppermint breath does not a heroine make. I head across to Flora's and take my time selecting. But really, I'm wondering how long I should wait before texting him. Like a while, I think because his criteria were if I need help or if it's donut day, and donut day doesn't come around again until I need gas. Also, I should add a couple days because of the laugh.

‘What can I get you, hun?’

‘Two chocolate, please.’ I'll get one for Kristy although she will not be able to help with the dilemma of when to call the hot gas-cap guy.

Blade

Kelly wanders the supermarket. It's Friday night. Junebug is at her dad's. Kelly will be spending the weekend alone, and she has decided to make the best of it. She gets some chocolate, some popcorn, but she can't decide what to have for dinners. They need soap. She can't find it. She tells herself she's not sad. She looks forward to solitude. She passes the tampons. She passes the hair dye. They need razors. Men's razors leave less razor burn on her legs. She compares two brands. But what if she meets someone here in the supermarket. Someone great. Someone who thinks she looks cute in her sweats and flailing hair ponytail. They will see the razors and think she's not single, and her chance will be lost. She gets a glimpse of herself on the security monitor. She doesn't look cute. She looks hunched and like someone who is about to commit their first crime and who has just stopped caring about things like fair trade. She looks like someone about to be arrested for eating straight from cereal boxes. Pouring Cap'n Crunch and Froot Loops directly into her mouth and then re-shelving them.

She's still staring at herself when she hears clacking heels on the linoleum. A man and a woman approach the Health and Wellness aisle. They are tall, strangely tall, and they are both too beautiful to be in this environment. They look like the kind of people who have people. People who take care of them, who go to the supermarket for them. Who remind them they have a lunch with the important person of the business that handles everyone's business, and their car is waiting downstairs, of course, because these people have upstairs and downstairs in all areas of their lives. They say nothing to Kelly, nothing to each other, but they are both smirking. They stop in front of the condoms. Kelly can't look away. The woman squats in her impossibly high heels to examine the options on the lower shelf. Kelly can't understand how her knees allow her to do this. How the tiny straps looping back and

forth across her perfect feet don't snap. How she doesn't fall. How does her short dress still keep her covered? Kelly's jeans rarely do as well as this woman's strappy black dress that is twenty-four inches from her knees. Kelly wonders how she will get back up. The man watches as she chooses. Will he help her? Will she offer a demure hand, and will he take it and lift her up? She rises without the slightest effort or wobble. She doesn't even brace her hand on her knee to push herself up. She is one moment crouched, the next up and walking. They clack their way past Kelly who is still staring. Are they happy? Are they strangers? Kelly realizes she will never be able to wear shoes like that and select birth control with sultry grace. And she will never want to clack through the supermarket with a tall stranger. Kelly compares the razors. Triple blade, quad blade. She chooses the one that claims they're 'smooth for kissing'. She puts it in the top of her basket where everyone can see.

Weaponized

When I get to work, the witch is standing by my desk. Looking all holy that she got there before me. I'm not sure what Olympic event is connected with arriving early—like there are no points for it. I mean I'm sure you do better at your event, but there are no points for getting to the start line ten minutes early. Maybe she gets Jesus Points for it; like maybe every time she arrives at this horrid job, she gets a jacuzzi at her heaven mansion.

'Morning. Amanda.' God even her greeting is laced with shit.

'Morning,' I answer. She doesn't get out of the way, so I have to squeeze past her to try and get to my seat behind the big, curved desk. The phone starts ringing, and she fucking watches as I try to answer like I'm interviewing for the job I already have, which is, of course, how she's trying to make me feel.

When I finish, my fingers are screaming from still holding all my stuff and she says, 'It would pay to get here early, so you can be ready and at your desk at start of work time.' Then she spins on her stolen ruby slippers and marches off. I sit and wonder if I have ever experienced hate like this before. There was an annoying kid in senior year that said all sorts of dumb shit. But he just existed, I mean I complained about him, but everyone did and like he didn't have any power to, say, get me fired.

I send a text to Kristy in the back that I have a treat for her, and she sends me heart eyes, and I think I can make it to coffee break as long as Melanie stays in the West. If she comes back out here now, I will give her a detailed list of where I lost five-minute increments due to the utter uselessness of my body. I had to wear a different shirt because the buttons on the one I laid out the night before were too tight for my fingers to work today, and the new top didn't match the pants. I couldn't get the lid off the mayonnaise to make my sandwich, and I kept trying because I thought it would give at any second. I caught my toes on the edge

of the bath after my shower which made my whole leg angry—and fuck you Melanie I only lost a minute there. I just jogged-on to the gas cap incident and still fucking managed to walk in on the dot. But I don't want this bitch to know I'm sick. Well, I mean I told her when I interviewed and she was all, 'Aww how can we help? I think you will be great at this job.' And I told her I didn't need much but may in the future. And she was like, 'Of course, of course!'

And then one day I was just sitting in the lunchroom on my own—unprotected by Kristy who had the nerve to get food poisoning. It was just me and the fridge humming as if it might die soon. The cloth-covered chairs fraying. And fucking Melanie asked to join me, and she sat her ass down in the chair and made small talk for like fifteen seconds. And then she said, I shit you not, she said, 'Look I have been praying about you, and the Lord has given me some wisdom. I think that it would be really great if you came to my church on Sunday. There is a guest speaker, and he can heal people.' And then she laughed, and so I laughed because I was so fucking grateful she was telling a joke, and then it turned out not to be a joke. She said, 'I mean God heals the people, he is just the faith vessel. Anyway, I think you should come along, and you can put this sickness behind you.' And I was eating crackers so when she said 'faith vessel' I inhaled and nearly died from choking on the little crumbs that rushed into my lungs. Which I thought would be ironic if I died, not from a complication of my illness, or a side effect of the meds but from being told I needed to get healed. And even though I barely recovered from the choking, she would not let it drop. Like, you know how people invite you to something a bit awkward—like this one-time Claire was running this thing at her school, and she asked me to come for moral support and to sit with her while she had to "people". And I hesitated, and she was like, 'just think about it, no pressure.' And of course, I did it because it's Claire, and I love her, and I only hesitated because I was just thinking what I had on. But she gave me space. But Melanie stared me down, like a yahoo,

waiting for a contractual commitment. So, I said the only thing I could think of which was, 'You know I think I have been healed, yeah I have been feeling so good lately.' And then she still didn't let it drop! I don't know if she got a discount or like points for bringing people or what. So, then I had to say it was my mother's birthday which it was not. But now I have in my diary both days, my mother's actual birthday and this one in case Melanie remembers. She's the person who said that the disaster in Haiti was punishment because of their sins. So, I don't need any of that advice.

Cruciate

Kelly wakes up Easter morning. The sun is flashing through the curtains, and she hugs a pillow close. She searches for that feeling she used to get. That someone saved her life; someone died for her. That's what she was told growing up. She had feelings of gratefulness, sure, but usually she felt guilty. She was so upset that because she had been angry at her parents, or because she went on a boat tour in Hawaii, and the tour guide had all the pretty girls ride down the waterslide on his butt, this was clearly a sin, and someone had to die so she could be saved from it. Jesus had died for her before she was even born. Before the tour guide was even born. They told her she would never be good enough, so she kept trying and striving. Strive. *To devote serious effort or energy.* Devoted. *Firm in one's allegiance or to commit diligently with close attention.* She was devoted. Nearly every verse in her bible had straight, ruler-guided lines in purples, reds and blues, never black. Notes in the margins. Next to the verse: 'Run to God! Run from evil! Your body will glow from health. Your very bones will vibrate with life,'¹ she wrote: *Thanks for this!* and an arrow. And on Easter, she would allow herself the indulgence of feeling loved. Feeling what it was like to be chosen, that someone thought her life was worth saving. And this Superhero had defeated death and rose again on the third day. So, she no longer had to fear death. And it sort-of worked. She was pretty stoked with the concept of heaven, but she still felt fear of the pain of any particular death and also, she wanted to live. But each Easter morning she would lay on her side in bed, the sun reaching through the lace curtains, and picture being loved.

The church told her that Jesus had died with her, in particular, in mind. That he had hung on the cross in unimaginable pain, pressing up on the nails in his feet to get a single breath. And each time he did that he thought of her. She would try to imagine what that felt

¹ Proverbs 3.7.

like. Most of her fantasies would devolve into a rescue mission. Well before Jesus had suffered this pain. She would explain, at the trial, that telling the neighborhood boy he wasn't allowed in the girls' club didn't require a debt to be paid by death. That it was all a misunderstanding, just club rules, not unkindness. In the end, she often ended up rescuing Jesus, and then she would have to ask for forgiveness for that and back up on the cross he would go because of her pride.

So today is Easter, and Kelly misses the feeling of someone caring about her. She rolls over in her bed, blocks the sun with the duvet, and tries to close her eyes. Junebug is at her dad's. Kelly has nothing to get up for. Except for six loads of laundry and a pile of dishes in the tiny kitchen. For so many years of her life, she would have had a dress, sometimes new, sometimes hand-me-down from her sisters but still fancy, and tights that she would have had to fight all day to keep from sliding down around her knees. A church service. An elaborate lunch with lamb and mint jelly, mashed potatoes and three kinds of salad. Family stuffed into chairs at tables all over her aunt's house. Now she's alone. In too much pain to move. Without faith. It had been convenient, a coping tool. When you are sure everybody just tolerates you, and cringes when you walk into a room, you could point to the cross around your neck or on the wall and say, *Look, I'm worth that*. But she doesn't have that anymore. She thinks about the marriage that she dissolved. Whether she had been too hasty. After all, she had been able to point to that too. She was married. Someone chose her. Well, sort of. As far as everyone else was concerned, he chose her. She can't sleep. She gets up to make her coffee. The kettle is heavy. She bangs it on the edge of the sink, sending shock waves up her arm. She hits it on purpose now a few more times, taking her anger out on the inanimate object.

What she realizes this Easter morning is that Jesus's example made her believe sacrificial love was possible, and the ultimate display of love, but that if anyone sacrificed

anything for her, she could not accept it and felt an overwhelming sense of guilt. Guilt.

Feeling of deserving blame from a sense of inadequacy. Inadequate. Not enough, not good enough. Enough. To a degree that meets one's requirements or satisfaction. She realizes this Easter that the reason her marriage worked for so long is that Dan didn't care. It wasn't a sacrifice for him to help her. And the reason it failed was that it wasn't a sacrifice for him to help her. He didn't care either way—so she didn't matter—so she didn't have to feel guilty—but in the end, she didn't matter. This is why she knows she can never have another relationship. Because if it's a sacrifice for them to love her, she won't be able to accept it and if it's not, she won't feel loved. Now she wonders if she threw away the only love that she deserved or was capable of receiving. She wonders if she's only worth the love that is for everyone. A love that is not individual doesn't feel like love. She would not take the love away from anyone. She doesn't want God, if there is one, not to love the whole world. It's just that it makes her feel like she's in a line of grade-schoolers preparing for a baseball game, and instead of picking each member, Jesus says everyone can play. And that's great, but she never gets a chance to bat, never gets to talk to the coach because there are too many other players who need his help.

She swirls the half-and-half into the coffee like mixing paint, slowly, until it's the perfect shade of caramel. It's at this point she would have taken her bible and journal outside for a *quiet time*. She would have read the bible, found a verse to think about, and written her thoughts, and then spent some time in prayer. On Easter she would have focused on the story of the resurrection. How Jesus conquered death, so she no longer had to fear the death of her body. Now she feels death coming for her every day. Kelly misses benevolent bible teachers—not the stupid bigoted parrots who twist the bible to fit their own personal bias. But the real students, like her father, who study and question and wrestle and wait to speak and seek other points of view. She misses the existential soup they created for Kelly to digest.

She believed the other guys too of course. The untrained youth-group pastors who seemed like they knew but had no fucking idea what they were doing. They told her, when she was young, that Jesus would have died for her if it was only her. But then, if she was the only person on earth, what was her sin? What would she have done that would have warranted his epic battle with Satan for her soul? She's a footnote of future glory. She still wonders what her sin is. What crime did she commit that warrants she stand before a judge and Jesus stand in her place? Was it that she left her husband, a mild man who, because of his own issues, never really could express whether he loved her or not? Was it that she got mad at God for taking all of the credit when things were good and none of the blame when things were bad? Is it because she whines? Is it because she asks questions? Is it because she hates those who hurt her? Is it because she doesn't want to let them hurt her again? Maybe this is why her bones vibrate, but not with health. They vibrate outward. Her body glows like an infrared security system and a loud siren screams when anyone gets too close.

Take Cover

Over our donuts, I do ask Kristy's advice about the gas-cap guy and while her cheeks are very red, she wants to hear all about it.

‘Wait but he wants you to call him?’

‘Yeah, I just can't figure out when to call. It was such weird parameters. Like I can't say, I need help with the gas cap.’ Which, of course I will. ‘I guess I can have a sooner donut day—like he doesn't know they are infrequent.’ Melanie walks in right then to get some coffee. She just leans against the counter staring at us as we sit now in silence. Kristy can't stand it, so she starts packing up to go. I join her even though we have five minutes left. We will see each other for lunch anyway. I'm a bit slow to get up because it's a bad day, and my first few steps are limps.

‘You know maybe if you didn't treat your body like a whorehouse then you wouldn't be limping.’

I'm so flustered all I can think to say is, ‘were you listening outside the door?’ as if this is the worst part of what just happened. And it kinda is. I mean I have had flippant shitty comments about being sick before—but the eavesdropping? Fucking what?

‘Absolutely I was. It's my job to keep you accountable.’

‘To who?’

‘Whom.’

‘What?’

‘You said to who, and it is whom and the whom is God.’

And then I just stand there, and there's that feeling when you are like, that person couldn't possibly have said that. You are replaying the whole conversation in slow motion and just when you realize, yup they said it, the conversation has moved on. By the time I

have my perfect response, she has left the room all anointed with holy oil and or some other such puritanical bullshit.

It has been a week. On Thursday I decided not to text because it was too soon, and on Friday, I had plans. On Saturday and Sunday, I realized again how mean it would be for me to ask someone to be in a relationship with a sick person: Monday and Tuesday was: Melanie. I was so distracted trying not to quit every five seconds and also just not screaming *bitch* right in her face. But it's Wednesday, and if I don't text him soon, I think it will be over. And I can't tell what to do about that. I feel stuck in this place where, at my age, I want to do things and live my life, but I feel suspended. Between worlds. Like when you're sick you hide away and look after yourself till you get better and then go do all the fun things and the responsible things again. But I'm neither totally sick nor well and there doesn't seem to be a way to work out how to live my life this way. So I don't text.

Broken

Kelly and Junebug are staying with Trish and her family. Trish's aunt has a beach house that they get to borrow for a few days. The sun is cocooning Kelly in the corner of the couch. Kelly thumbs through some women's magazine. It doesn't matter which one, they're all the same. *Just be yourself. Stop holding yourself to impossible beauty standards.* These instructions are laid out next to articles about how to cover your wrinkles and which foods to avoid forever. This particular article says that everyone has two mountains in life. The first one you climb because it's expected: school, work, marriage, kids. And then you get knocked off it by illness (check) or divorce (check) and that person either lets it break them and they never recover, or it breaks them open. That suffering makes them better. She hates that. She throws the magazine back on the glass coffee table. She crosses her arms and then uncrosses them, suddenly aware of how "closed" she appears. She looks out over the muddy estuary. Did this destroy her? She couldn't be sure; mainly because the parameters of what a body should look like and what a life should look like are so mixed up. There is no clear picture. She grabs the article again. It says, 'After you fall off or get blown off the first mountain some may stay there and become smaller and more afraid, and never recover. They get angry, resentful. But other people are broken open.' It says that again. 'Broken open.' As if it has some sort of tangible shape. Kelly can't see anything positive from this shape of a body in pieces at the base of a mountain. If you are broken open anyone can come and take pieces of you, and they may never give them back and you will never be whole again.

The article goes on. It says you can tell which people are on which mountain. 'The [first mountain people] have an ultimate allegiance to self; the [second mountain people] have an ultimate allegiance to some commitment.' Commitment. *The state of being dedicated to a cause.* She should have stayed with Dan. But isn't that what she tried for so many years?

The kids come screaming through the living room, sand and towels flying. ‘We’re hungry!’

‘Yep, lunch in a minute.’ Kelly had such an allegiance to the commitment that she lost all of herself. It says that the first mountain is for happiness and the second is about joy. What the fuck does that mean? Her eyes scan the article for some clue, something tangible she can hold onto. ‘Joy involves...’ There it is, the answer. She reads it so quickly she doesn’t comprehend. She reads it again slowly. ‘Joy. Involves. Transcendence. Of. Self.’ That’s nothing. More abstractions. Maybe she doesn’t know what transcendence of self means. An internet search reveals it means feeling like you are an integral part of the universe. Integral. Integral. *Necessary to make the whole complete.* But she isn’t whole. Her body isn’t whole. Her body and her soul are in pieces. If you are an ‘essential part’ to the universe functioning, shouldn’t you be functioning? If one piece in the machine is broken, won’t you fuck up the whole thing? It also says that the first mountain is about competing to get near a sun lamp and the second is feeling the glow of real sunshine. She has tried to connect so many times, and each time she has been left in the dark. She has tried the second mountain approach until there was nothing left of her. She has lived for her commitment and when Dan chose drugs, she let him go. Then she didn’t want to be closed—angry, resentful or insular—to ever finding love again, so she started dating and was sexually assaulted. Twice. Where was this joy? Where was the sunshine? Her mountain looks a lot more like a welcome mat dissolving from too many days left in the sun. You can no longer read the font that says *don’t tread on me.* Just the d-r-e-a-d are left.

Quit Or Murphy's Punch

I'm driving to class at nursing school. I just started my second year. I took all of the prereq courses in one year instead of two (against the advice of the very nice admissions lady who was not even sure why her computer allowed me to take twenty-three credits in the summer, and then she realized that two of my six classes were online). Anyway, I did it, and I fucking aced it, and I got accepted into a small private (expensive) school here in Denver which means I can still hide out at Mom and Dad's on bad days, and no one has to know! I still live with lovely Keira, but I like pretending I'm normal with her as much as I can. It's a minor miracle I got accepted because I had to get references from my boss which was fucking Melanie the Mothman. And when I asked her, she was like, 'so you're quitting' and I was like, 'well not yet. I haven't been accepted yet'. And so, she agreed with her face all sour and gross. And then she had the nerve to come back out to my desk and wave the fucking thing in my face.

'What am I supposed to put for weaknesses?'

I was so confused. I just sort of stared at her.

'I mean you're terrible at multitasking, but a nurse has to be good at that, so if I put that you probably won't get in. But that's the truth.'

'Can you just say I sometimes take too much on?'

'Well, that's a lie. You barely do the work we ask you to do. Not to mention your "illness"'—she does actual air quotes around illness—'for which we are constantly having to make accommodations, and you won't even be able to do your job as a nurse on your feet all day.'

'Just, can you please leave my illness out of it?' They haven't made a single accommodation for my illness.

‘Well again, that isn’t the truth.’

‘Well maybe you should ask yourself what Jesus would do.’ I manage, just barely, to keep the sarcasm out of my tone. So, she’s not sure what to do with her own catch phrase.

She makes several attempts at starting a sentence, ‘I...you...I,’ and I just let her try to figure it out.

She clears her throat. ‘You should know that if you are making fun of Jesus who died on the cross for you, you will spend eternity in hell.’

‘Melanie, you are a horrible person.’ I reach out and yank the reference from her hand. ‘Don’t even bother. Actually, consider today my two weeks’ notice. Whether I get in or not.’ I need the money for at least three more months here before classes start if I get accepted. But fuck it.

She says, ‘Good. You are terrible at this job.’

And then I just stand up, gather my purse, and say, ‘Well I wouldn’t want you to suffer anymore. I will leave you in peace.’ She looks terrifyingly angry, but then the phone starts ringing, three lines at once, and she looks so satisfyingly panicked that I have to stare just a bit longer and then walk out the door.

I got wonderful Carol from the bookstore to write one in the end. She never knew I was sick, and she was always kind. But that meant I didn’t include a reference from my latest job on my resumé that I was sure they would ask about and then call Melanie who would say I was the spawn of Satan. But they didn’t and now I’m going to be a real nurse. It’s fall in Denver, so I roll the window down and turn my music up. The crisp air makes the orange, yellow and red of the leaves pop against the cement city.

When I get to class, I squeeze in next to Cookie (it’s not her real name but it’s the name she has been called since high school and it’s stuck) and she’s in her late thirties and even though I’m not as old as her, I feel old because I’m twenty-four and everyone else is

twenty. Today we're talking about geriatric health, and RA is one of the care plans we discuss. Care plan is like how we can help our patients, or their families, navigate what they call ADLs or Activities of Daily Living. Or, what everyone else does without thinking—like taking a shower or making a goddamn cup of coffee.

The teachers often do this thing where they ask students if they have an illness so that we can get first-hand knowledge, because all of them are fantastic lack-of-ego people who don't assume they are the only expert in the room. I guess this isn't that remarkable, it might just be what it's like to learn from all-female teachers. I eventually realized they are just putting into practice what they teach us—that the patient knows their body, and that is the best place to start. They drum into us every day: look at the patient, look at the patient, look at the patient. They give us like a massive dense paragraph about a patient: Blood pressure, heart rate, fever, level of consciousness—it goes on and on. And a lot of the questions you need to know what to do next. But in every test, there's a question that says, 'What do you do first?' And there are huge paragraphs of answers with more blood tests and imaging; but one of them will say, 'Check the patient'. The clue is, they give you all the data, but it was on the monitors, so they want you to look at the patient—because tests and monitors are great, but they don't always get it right, and nothing beats human eyes on a human patient. So, if someone has an illness, they are the best one to ask about what it's like and what they might need. I guess I just love these teachers, and I fucking love the ethos of nursing. But nowadays when they ask us if we have experience, most of us don't answer anymore, because there's this strange girl who seems to have every illness and when she's late or misses an exam it's not because she had a flat tire, it's because she had four flat tires. One time she answered that she had size four feet, but she doesn't because her feet are bigger than my size seven and a half.

So the rest of us just let her talk, and I think the teachers are starting to get confused (and did I mention they are fucking awesome and believe the patient every time—so they took a lot longer than the rest of us to get suspicious) because one time she claimed she had pyelonephritis. (Which is this super painful kidney infection, but it has a really simple test—you just tap gently with the side of your hand on the patient’s back where one of the kidneys is and it’s called Murphy’s Punch, after one of the doctors who described it. But I think it’s because it hurts the patient so much you have to also duck out of the way in case they punch you.) And I guess she didn’t do the reading before class because when the teacher got her up to the front to show us the test, she didn’t react—she just stood there looking all smiley and proud. So anyway, I don’t know what other cohorts of nursing students are like, but in our one we rarely admit to having something. And it feels weird because we are talking about helping elderly patients and when she asks, ‘Does anyone know anyone with RA?’ I don’t know what to do because I definitely know someone, but they are not geriatric, so I don’t say anything. Because really, I don’t want to be known as an associate of Nephritis Nelly. And if they find out they might say, ‘Umm why the heck are you trying to be a nurse when you can’t even shower on your own.’ And I won’t have an answer.

Warning

Kelly scrolls through Facebook at work. There's a post that says, 'Share the heck out of this'. It's a poster that heralds: 'May is Motorcycle Awareness Month' in yellow, then in smaller black and red words 'Four deadly words: "I didn't see them."' Then a cartoon stick figure drawing of a motorcyclist bleeding from a head wound and under that it says in bright red, 'BE AWARE—IT'S US OUT THERE.' The ad has the wrong effect on Kelly. She's hyper aware of motorcycles. She knows exactly who is out there. Just last week, one revved as it passed, and she had to stop herself from veering into him. It wasn't *him* of course. It's the sound. She's constantly listening for it. As she folds the laundry. As she goes for a walk. When she and Junebug are laughing at a TV show. *He* knows where she lives. She's quite taken with the fact that the poster looks a lot like a BEWARE OF THE DOG sign. She doesn't share the heck out of it.

Toxicity

It's around the time of Kelly Wisely's birthday, I think, but I'm going for a hike with Seb and Claire. We haven't hung out together in over six months. Claire is a teacher and has fallen hopelessly in love, but she still has time for me. Seb, however, has been finishing his master's degree in math (I mean it's more specific than that, but even though I asked him about it—like definitely trying to support—I wasn't ever sure he was speaking English). So, we've seen him, but more to like to throw Sesame Chicken and fried rice at him while he peeked out from behind a paper snowbank. Anyway, we are finally reunited. I'm having a great day. It hurt to get out of bed, but since then I have been moving at almost ninety percent capacity which means I almost feel like me.

I'm about to start my pediatric rotation in one week, and I can't wait. I can hear Seb and Claire before they bang on my door and shout, 'Police! Open up!' Keira opens it and both Seb and Claire go red. My two introverts.

'Sorry Keira,' Claire says as Keira leans in for a quick hug. 'You coming with us?'

'No, I have to earn that cash!'

'I hear that!' Seb says and instantly regrets it.

'OK let's get you two away from people.' I apologize with my eyes to Keira as I herd them to the door, but she laughs it off.

Another reason we aren't looking for Kelly is because my cousin is visiting, and my mom asked me to take her on this hike. I don't like her very much. She's one of those people who seems to change their story depending on who they are with. It's attention seeking and I firmly believe there's nothing wrong with needing attention. Like, I will fight you on this. If I have learned anything (and I don't mean that my pain has taught me some great life lesson because fuck that shit—just be good people, don't wait for pain). But if I have learned

anything, it's that pain demands attention, including mental pain. So, if someone needs to tell their story a thousand times, then I will listen.

The problem with Nikki, though, is the story never makes sense. And the things she's upset over don't seem to be real things. Like she cried for two hours because my mom didn't put out her towels for her and so doesn't love her. And she lies. And she's always trying to get everyone to fight. Like the last time she stayed, she told my mom it was unfair that I came home for her to look after me sometimes. And then she told me that Mom was really frustrated by how often I came home. What she doesn't fucking seem to understand is my mom and I talk honestly about pretty much everything, so I know exactly how she feels when I come home: sad that I need some help but fucking grateful she's still healthy enough to offer it. Like literally we have cried together about it. And the really stupid bit is that my mom is like cooking and cleaning for her. She's staying for six weeks and is treating Mom's house like a resort. But then Nikki has the nerve to complain to her mother that she's having to do all the cleaning. And I know all of this, because, once again, all of us talk honestly with each other.

Anyway, I will do anything for my mom, especially give her a break, so we have to take Nikki. She was like, 'Oh I'm really slow,' and we said we would keep pace with her, again and again until she stopped crying and decided to come.

She chitters the whole way about her various complaints, about who is mean to her all the time, and how she's not sure she will make it, and we keep reassuring her. We are just going up Green Mountain. It's an hour and a half at most. Nothing like The Fourteeners that Colorado has in the ranges.

As we head out on the trail, it's pretty steep, and we tease each other about lung capacity. We are all appropriately struggling because no one likes a perky hiker. Secretly, I'm loving it, and I want to go faster. I want to climb. My body is feeling great, and I want to

push it. I want to use my muscles until they burn. It's a different kind of pain. Productive pain. When your muscles sting for two days after a big hike the micro tears assure you that they are getting stronger. Not like the other useless pain. I love getting to the top and looking at a view that I couldn't have seen if my body had been shit. And this view is one of my favorites. On a day like today—clear but windy enough to blow the brown smog away—you can see Denver's skyscraper-traced skyline. It looks like it's still on the plains but it's actually a mile above sea level. That's why it's called the Mile High City. As you get near the summit, you can see the whole front range of the Rocky Mountains. There's something fucking horrible and terrific about the way putting one foot in front of the other feels like giving a big middle finger to the hand I have been dealt.

We stop every time Nikki needs a break, but as we get to another steep bit, she starts crying. I drop back to walk with her, and she says she thinks she's dying, and so we stop until her breathing is normal.

And then she says to me, 'I just wish my body would let me do what I want to do.' And I just stare at her. Her fucking perfectly healthy body, that there's absolutely nothing wrong with, isn't stopping her from doing anything. And I stand there waiting for her to follow up to say, *I mean I know you have pain that stops you, and it's not like that, it's just that I'm frustrated with my current lack of cardiovascular stamina.* And then I will say 'hey everyone has something' or 'yes that really does suck!' Because that's what I always say. Because that's what I believe. It's frustrating when your lungs don't yet have the capacity that you want. Not only that, but I also have these conversations all the time. I'm pretty fucking good at them because I'm not lying when I say I do believe that everyone has something shit in their life, and I don't want my pain to minimize anyone else's. And there are a hell of a lot of people whose pain is worse than mine. So, people are always like, I have had the worst week, I keep getting headaches. Or I have a friend who has depression and

when she's bad, she feels like her muscles are cement and on fire. And they tell me and then they catch themselves and say something like, I mean it's not as bad as pain all the time. And I can honestly empathize because headaches fucking suck, and depression must be a very particular kind of terrifying and feel a lot like chronic pain. And even though they might be temporary, and they will probably go, they still take over your whole life just like all pain does. So those conversations are easy. I can usually just say, 'Hey pain is pain, and it fucking sucks', and then they can go on and tell me more, and I can empathize. But Nikki doesn't say any of that; she just keeps crying and saying how unfair her life is, and then Claire comes back down.

'What's wrong?'

And then she says, 'I just wish my body would let me do what I want it to do.' Again. And I must have looked mad because Claire steps between the two of us and says, 'Hey Amanda why don't you go on ahead.' And I take a step toward Nikki, not sure what I would do. I wouldn't slap her, although apparently, I'm considering it. I really want to get in her face and tell her exactly where her body can go and how far she should bend it to get her own head out of her self-centered ass. But Claire takes my arm and gives me a little shove up the mountain, and I nearly run the rest of the way—pain shooting up both my legs because I'm stomping too hard with every step. Here the path is wide and fairly flat, so I try to refocus on the Rockies in the distance. They look purple today. All of the cartoon drawings of Colorado paint them purple. Then it's time for the last steep bit to the summit. I dig my feet in and push myself up fast.

I can't even look at her as the two of them come up and over the rise, and Claire congratulates her on how amazing she has done. I give her a smile. Because it's not her fault I'm sick, but it's her fucking fault not to realize what a privilege it is to sit on the couch because you don't feel like exercising. And to give your body the option of being out of

shape because you can get your own damn self off the couch no matter what shape you are in. I don't have that luxury. And nobody has to exercise if they don't want to—Absolutely. No. One. You can never set foot in a gym or go for a goddamn run your whole life. But you don't get to moan that your body's not letting you do something when it's perfectly capable, it just needs practice.

She's still crying, and Claire is being so patient and reassuring, and I really wish I cared. Someone is crying, and I'm ignoring her. I wish I could pay Claire or repay her someday for the way she looks after Nikki all the way down. Down is hardest for me. The 90% I was at the start of this hike is down to 60%, and I have to think about every step and where I'm placing my feet. The gravel is loose, and the gradient means I have to bend my knees past where they like to bend. And I can't think about the person crying about their healthy body. This is the new version of me, the version I hate. The one that is a little too short on empathy.

Crumble

Kelly sees Luke as an event—like a flash flood or tornado. It has been a year now. She has no feelings attached when she looks at his picture. It used to be complicated. She had a crush for a while, and she wished he would love her. Maybe she even loved him, if you can call it love when all you have is broken pieces. But that's gone. She let that go pretty early for his promise of family. Well, she first let it go because she wasn't worth a person as good as him. She wasn't pretty enough, clever enough, whole enough, well enough. Now she feels ambivalent to the name, ambivalent to the picture, but the event of Luke still remains in her everyday life, this void of horrid pain. This reminder that even a kind person will reject her. It infiltrates every new friendship she tries to make. It isn't new, it's just back to the way she was before Luke. She gets herself out of her own damn car. She edits her life. She lies about her pain. That bit is easy. The problem is that, as she heals from the event of Luke, she realizes he was nothing that he promised he would be, and he may even be an asshole; and, since he's intertwined in the time she made the decision to leave Dan, things are crumbling. She is rebuilding herself, taking back all the bits threaded into each person that hurt her. She cuts ties, but as she snips each thread, she cuts any certainty she has gained. She wonders if, since being friends with him was a mistake, leaving Dan was a mistake. Luke had spent hours telling her she deserved more. Telling her she was worth more love. He had told her the marriage was no good. But what the fuck did he know? He would state boldly that people weren't built for monogamy. He knew nothing of what it was like to fear that each morning this might be the morning you would be completely dependent on another person. He knew nothing of what building a life looked like, he knew nothing of compromises, of fear. And he went on and on telling her how selfish Dan was. Luke is soon to be married to one of the

meanest, most selfish people Kelly has ever met. Dan looks like fucking Mother Theresa compared to her. Guess *Luke* is built for monogamy after all.

Kelly wants the math equation, the exact right meaning of the word. The exact moment, the definition for why her marriage failed and why her friend decided she was nothing. She wants to get down to the basics. Basic. *The essential foundation or starting point*. She wants to learn her lesson. Was it because she was homesick their entire first year of marriage? Probably depressed. Was it because she pouted? Was it because she often reverted to baby talk when she was excited or sad? Was it because she hated his mother and his mother hated Kelly? Or was it the drugs. Was it the drugs was it the drugs was it the drugs. The drugs the drugs. Drugs. Drug. *A habit-forming medicinal or illicit substance, especially a narcotic*. Habit-forming. *Tending to cause addiction through physiologic dependence*. Addiction. *The state of being so enslaved to a practice that its cessation causes severe trauma*. Trauma. Trauma. *A wound or shock produced by sudden physical injury or an experience that produces psychological injury or pain*. Pain. Pain. Pain. Pain. *Physical suffering or distress as due to injury or illness, etc*. Et cetera. Et cetera. Et cetera. *A number of things unspecified*. Unspecified. *Unable to state as a condition. Has no specific character or detail, invisible*. Invisible. Invisible condition. Chronic invisible. Was this why her friend left: because she is chronic? Chronic invisible. A ceaseless black hole that destroys everything. Destroy. *Wound or injure beyond repair*. Injure. *To cause bodily damage to*. Damage. *Causing loss or pain*. Pain. Kelly is pain.

Scrubs

I did it. I'm a nurse. I graduated second in my class, and I would have been first except for the totally unfair B+ I got in my first semester. I couldn't find a patient to do my giant patient-project on. (Mostly my fault because I was just new, and I still felt bad asking people about their lives and disease. I was like, this is none of my business.) So, I was too confused to ask anyone, and then my preceptor (what they call the nurse who leads us around like little ducklings and makes sure we don't kill anyone and grades our papers) told me to make a patient up and then somehow, I got a B+ on the paper because I didn't get enough family info. From. My. FAKE. Patient. Anyway, I learned my lesson and I fuckin' A+ed my way through the rest of my degree.

And now here I am wearing scrubs that actually fit and don't have the little University logo—that advertises I definitely don't know what I am doing. My own scrubs that I bought from Scrubs R Us. I bought ones with little hearts on them, and red ones, and pink ones, and Winnie the Pooh ones, but I wore the more professional ones—the ones that look like surgical scrubs—today because I don't feel professional. I feel stupid, like I forgot everything I learned in college and also the extra course I took so I could work in the Neonatal Intensive Care Unit. When I did my last round of training in pediatrics, the nurse I was paired with mentioned that I always chose patients under two and perhaps I should look at working in the NICU. And I was like, 'WHAT!?!? THEY HIRE NEW GRADS?' but I only shouted with my face because it was night shift, and the kids were cranky or sleeping, and she said, 'yup', and now here I am taking report on my own. And the babies that are mine today look too tiny, like way tinier than when I had a safety-babysitter nurse. (That's not what they're called, but that's what they are. It's just the more experienced nurse who works with you until you

can walk on your own.) And this particular baby is all angry and raising her fist in the air in protest that she has the new-grad nurse, and when the day shift nurse leaves—well, when she unhooks my fingers from her scrubs at the door to the unit—I whisper to Neveah (there are a lot of babies named Neveah in here, so I’m not breaking patient confidentiality because there are thousands in this country—everyone likes to name their tiny babies heaven backwards for some reason, probably because cuddling them feels all squishy and sleepy and like you have spent all day at a spa.) Anyway, I whisper to the seraphim that if she promises to tell me when she’s not feeling well (like a cry or making her monitor ping—I don’t actually think neonates can talk—I’m a professional) then I will be the best nurse she has ever had. And she calms down, and her little fist relaxes so I can put my finger in her palm, and we shake on it. I make sure the other nurses aren’t watching, and I tell my other patients the same thing. It turns out they are the best patients ever, their monitors ding whenever they are slightly distressed. Not one of them pulls their feeding tube from their nose. And I’m only ten minutes late with my 4am medications. I give report to the oncoming nurse a little smug and loving my autonomy. I say a quick thank you to Neveah on my way out.

I keep wondering if a baby named Kelly Wisely will ever be admitted.

Blue

Kelly's mother takes her to the art museum. She moves through the exhibit trying to be thoughtful. Her feet hurt already. She isn't bored yet, but she's trying to figure out how many rooms are left. How many more paintings. She anticipates boredom because she's terrible at looking at art. She can make the appropriate faces. She looks at it from the left, and she looks at it from the right. But she doesn't get it. What makes it genius? She has never understood how and who determined it as art. The little audio thingy tries to help her, but it doesn't. The two curators are narrating so excited about the way he painted people like blurs—critics said he was bad at painting. Her skepticism builds. Would they have spotted his genius at the time? How does something disastrous suddenly become a masterpiece? She moves in close and then far out to see Monet's use of color because that's what people do when they look at art. She thinks. At least that's what people seem to talk about in movies that have one of his paintings. She wonders how his fingers were able to hold a small paint brush. But then there's one that stops her. She forgets to pretend. She wants to look. It's the blue. There are strokes of dark blue in the water that look black from far away. Up close they are deep and thick. She doesn't understand how he restrained himself. How did he stop himself from painting the whole canvas in that color? She would have wanted to dunk her hands in the pot, then slap them onto the surface of the canvas. Feel the ridges and squares in the fabric bump along as she slid her hands across it so that the paint would squish up between her fingers. His restraint annoys her. If you have access to such a color, why wouldn't you paint it on everything?

Next, she's caught by the fog. How did he paint a whole city behind a sheer film? She sees its clear lines trapped there. She likes it.

She wonders if Monet was an asshole—if maybe she shouldn't like his work. Did he do something to women, was he racist? They don't include that information on the audio guide. She wants to Google it. But her phone doesn't work in here. She thinks it's all for the best—all of the people who did anything famous end up hurting women in some way, and people just keep saying, yeah but his art was important, groundbreaking, influential—abstract adjectives meant to blur the lines of what it takes to degrade another human being. What would have happened if Picasso was jailed for abusing his power and having an affair with an under-aged girl? Maybe men would have gotten the message that it was a crime to rape women and then yeah, we wouldn't have *The Dream*. And maybe we all would have stopped to contemplate what type of person paints his own erect penis fracturing out of a woman's face. And maybe a woman would have painted a world-changing portrait of a jailed rapist, and women could walk home at night without fear. And maybe men would have given up on the idea that we dream about their dicks. People would have discussed her use of lines and the way the predator's eyes seem to reach out beyond the bars.

When Kelly does Google it later, she's relieved to find that there doesn't seem to be an indication that Monet did anything shitty. Wikipedia says he was appropriately sad when his wife died. Not that that means anything...Did he remember to tell her he loved her in the morning? Did she die of exhaustion from looking after his children while he painted every day? Behind every great work of art is a woman who has put aside her dreams to cook potatoes.

She moves to the next exhibit—abstract art—and spends ten minutes looking at a canvas the size of the wall. It's all blue with one yellow line. She can feel the paint spilling through her fingers and wrapping around her shoulders. This is how you should use blue.

It doesn't last. My next shift, I'm put in Level 1. This is the sickest babies' unit, and we are only allowed two at the most, but it's often just one. I have two tonight. As I fill out my clever little sheet that keeps me organized all night, I can feel all the minutes being used up. As soon as the day nurse leaves, I'm running between my patients who are not close enough because sometimes in order to match up acuity levels we have to trek across the unit. I'm so focused on meds and making sure I have done the math right that I'm late and have to alter all of the day shifts schedule and that means I'm late with my final assessments. Baby number two has been pinging monitors all night, threatening to stop breathing and can't really be bothered beating his heart. So, I keep having to wake him up to life and very gently growl at him for not trying because he has been so naughty, and I'm so fucking green that I'm not sure why he's being so naughty. I check his fontanelle is flat. I check his cap-refill, slow but not too bad. I warm the miniature end of the stethoscope in my palm, and I check his heart, no murmurs new or old. I check his lungs—breathing is clear and not too fast. I check his tummy is making all the right sounds in all four quadrants. Everything is fine. I chart it all and make sure I haven't forgotten anything, and then I place the little disposable thermometer under his arm while I change his diaper. When I check his temp, I breathe in relief; it is 35.0c. No fever. But as I'm wrapping him back up, I know something is wrong. I can't quite think what, so I just stare at him. I don't like his color. I check the cap refill again, still fine but a little slow. The monitor for my other kiddo goes off, and I rush over and coax her back into breathing on her own. But my skin is tingly, like that way it feels when you have said something mean you didn't intend and hurt someone. Something is wrong. Then it hits me: the temp. It's too low. Shock. Babies don't compensate for long. I race back over and unwrap his little body making him grimace, but that's worse because if he was OK, he would've been

full on raging at me. I flick on the warmer above him. If I was better at this, more experienced, I wouldn't have been just worried about a fever. I call the charge nurse, and she gets a dose of bicarb. I just stand there as she takes over. I think about running. I think about quitting. The on-call resident arrives sleepy and disoriented, and they save the day. Not me.

Hypervigilance

Kelly tries to write an ad. *Down duvet with dark blue linen cover. Brand new never been opened.* Well, the cover has been opened. It was open and ripped out in anger when she said no—said she didn't want it. He demanded she take it. Said she was being ridiculous.

She freezes, her fingers poised above the keys of her laptop. What if they ask why it's new—why she is giving away such a nice blanket?

Because she hates blue.

Because she hates feathers.

Because she let the man who assaulted her in her own bed, back into her house, and he tried to give her a duvet, and she can't have anything of him on her bed or near her bed.

It has been staring at her from the top of the closet. The cloth bag takes on a strange shape when the lights are off. The two zippers are locked together by a black zip-tie. They wink at her just like he used to do. The closet door won't shut. It barely catches the latch and then swings in a slow arch out until the duvet is watching her sleep again.

Preventative

It's hard to keep my eyes open. I'm not sure that it's ethical that the hospital turns five-hundred night-nurses loose on the roads every day at 7:30am when we can barely put one foot in front of the other. The light turns green, and I lift my heavy foot to the gas. There's a loud honk that makes me slam on my brake. I look around and up and see that I'm just inches from a car that nearly slammed into me. The other thing I notice is that my light is still red. I was watching the light at the next intersection. I wave apologies, but the guy flips me off anyway, and I roll back out of the way. I'm only five blocks from my apartment. I can make it. When I pull into my spot, I see Paul. It shouldn't be Paul because he's at school, but it is Paul, and I'm so tired that I have no sense of boundaries, and so I get out of the car and just throw my tired body at him for a hug. He laughs.

'What are you doing here?' I say into his shoulder.

'Amanda! I got home yesterday.'

'What?! Why didn't you say?'

'I did, but I think you fell asleep—we were texting, and then you just sent a bunch of h's.'

I cringe. I'm a bad friend. 'Oh, I'm sorry, but I'm so happy you are here!'

He laughs again but holds on tight until I pull away.

'What are you doing? You want to hang out?' I really need to sleep.

'Haha! No, I think you should sleep. I just brought over Frida's for after your night shift. Keira let me in.'

'Donuts!?!? How did you know I was on night shift?' I hug him again, and I want to ask him to stay.

He laughs again. ‘You told me! You really should not text or, come to think of it, drive after a night shift.’

I cringe. ‘I really shouldn’t. I nearly got in a wreck on the way home.’

‘What!? You OK?’

I wave him off. ‘No harm done.’

‘When are you off next? We’ll do grilled cheese?’

‘Tuesday?’

‘Tuesday! But I’m coming to you—no driving.’ He points me in the direction of my apartment.

I missed him so much, more than I realized. My arms feel electric from our hug. I feel it under my skin, like a buzzing. It must be what bees feel so they find their way home. But there is something off about it. There is a warning in the buzz. Not about him but about me. Like the stargazer fish that sends out an electric shock from its eyes to immobilize prey. Not that I think I am that irresistible. It doesn’t matter. I doubt he even still has feelings for me.

Devastation

Kelly sees a wedding invitation. Trish asks her if she wants to see it, and she can't decide for a while. He proposed to his bride six weeks after sexually assaulting Kelly. Just four weeks since Kelly finished performing the safety gymnastics in order to avoid further violence. Just six weeks from the time he stole all future romance from Kelly to locking down his happy ending. She can't figure out if it's better she doesn't know what he's doing. She can picture him as dead. This has been useful. But she decides she wants to see it. She pulls the thick envelope from within the postage envelope—like Russian dolls of privilege. She reads they would like to 'afford their guests the opportunity to witness their love'. He has written a letter to accompany the invite to explain their 'their utter devastation'—not that hundreds of thousands of people are dying in a pandemic but that they have had to have a different wedding than they imagined. It won't be perfect. Devastating, like a family's beloved mother dying alone without even a nurse to hold her hand, or a father who can't have a funeral for his only daughter, or even less sad things like students who will never have a chance to graduate, or amateur athletes who have missed their shot at the Olympics. They are sad that they will not have the exact party they wanted. Well, they could have it, but they would have to, God forbid, wait. His need for instant gratification, absolute control, and his complete self-centered outlook are dripping off the purple roses like dew. She can smell his entitlement. She is worried for his bride. Is she safe? But it seems as if everything is going his way, in the collage of photos you can only see half of her face—he is center stage. So, his fiancé should be safe. Reading it turns out to be the best thing she could have done. As Kelly reassembles the ostentatious detritus back into the envelope she realizes if he is focused and obsessing about this wedding, he's not plotting to kill her. She wasn't aware that she had been so scared of that possibility until the threat was diminished.

Decompensating

I have been a nurse for two years now. I haven't missed a low temp again. I haven't made a single medication error, and one of the families has asked for me to be on their team, (which means I get to have their baby on almost all of my shifts until I get to buckle him in his car seat and send them home) and I fucking love this job. But it's hard, and I'm not sure why I seem to find it harder than everyone else at 4am. I asked to be on night shift because I would rather just live like a vampire than do the horrid switching between day shift and night shift—which makes you not only tired but a little bit stupid and a little bit mean. For instance, every time someone asked how I was, I would answer, I'm fine, but there was a growl developing in my tone. So even though night shift is hard, it's way easier than never knowing where you are in time. Although it hasn't improved my social life. I thought I would be able to date, or even just see friends, when I got on to one schedule. But even on my days off, I can't imagine much worse than putting on makeup and going out somewhere. I just want to sleep. Anyway, by 4am it's hard to walk. But everyone is saying their feet hurt at this time.

Also, I seem to be bad at setting up IVs—and I wasn't at first. Now it takes so long that my manager actually asked me a few weeks ago about it. I couldn't give her an answer why, so I just promised I'd be faster. But now I have been paying attention. It's the caps—you have to pull off these rubber tabs and twist off tiny twist ones that my fingers have trouble gripping, and then I can't seem to get the air bubbles out of the line. And I wonder if I'm not cut out for this job. Maybe I wanted to be a nurse because I love Casey so much—not because I actually have talent for it. I have just left my shift an hour late because I was so behind, I didn't do enough of the pre-op prep for one of my patients. The oncoming nurse was so nice, and said she'd do it, but I went and finished while she got report and took care of her other ones. Because the whole point of me being a nurse is to make people's lives better,

not harder or worse. When I pull into my apartment complex, I can't get out of the car. I'm not sure what to do. Mom and Dad live half an hour away and have to go to work in ten minutes. I can't ask Keira. I could ask Keira. I don't want to ask Keira. I can still pretend I'm normal most of the time. I should ask Keira. I might be stuck here. I can't ask Keira. I don't want her thinking she will have to take care of me. If I stay still, only my feet are burning, so I'm just going to wait for a minute.

Kelly is having dinner with Laura. It has been three weeks since she stopped looking over her shoulder every half a block. She makes it to double the distance now. Kelly decided that even though he's a predator, he doesn't deserve as much airtime as she's giving him. But now here he is, standing at their booth. Right here. She'd forgotten just how ordinary he was. Ugly, sure, but ordinary. Just ugly enough to meet her low self-esteem standard but not ugly enough to have warned her that he was a predator. No sharp teeth. No claws. His sausage fingers twist together as if he's about to carve a turkey. She's surprised she doesn't run. She wants to. Her brain is screaming at her to run. But Laura is there, and she looks like a fucking warrior goddess. Kelly could swear her hair is blowing like Captain Marvel facing off against a Spaceship. Laura locks eyes with Kelly. And just like that she has a spine.

'How are you?' He runs a hand through his normal brown hair. She'd forgotten how normal his hair was. Washed. Not greasy or matted the way you would think an assailant's hair would be.

'God, I didn't expect to see you.' Kelly doesn't smile.

'Oh yeah we're just here for dinner.' He motions at a girl over at another table. Trying to show off his fiancée. Kelly hopes she's OK.

'No, I mean I thought you were dead.'

He laughs and claps his hands just like he always did when she said something witty.

'What on earth? Why? Did someone tell you I had died? How weird!'

'No, come to think of it, I didn't hear that anywhere; it's just when I picture you in my head, I picture you as dead. Mangled actually.' Kelly maintains eye contact and watches carefully as each muscle in his face registers what she's saying. He looks at Laura for some support, some clarity. She is silent. No help there.

‘OK.’ He says OK like gnokay in the back of his throat and with added letters. He does this whenever he feels unfairly judged, and he puts up his hands. ‘Look, I think—’

‘I think you should fuck off.’ Laura cuts a piece of chicken and takes a bite.

He slumps his shoulders like a wounded kitten. ‘Look there are two sides to every story. You don’t—’

‘Nope there’s only one side, her side.’ She points at Kelly with her fork. ‘And if you ever come near her again, you pass her on the street, she sees you in the mall, I will call the cops. And I will tell them what you did and that I witnessed it.’

He looks confused. Laura keeps talking.

‘Yeah, that’s right. Let that sink in. How will they interpret your side of the story? I recorded you screaming at her that you could convince her she’d like it. Yep, you betcha.’ She nods. ‘She called me and held the phone while you raged, and I recorded it, and you want to know the best bit? You said, out loud, that she said no and that you did it anyway.’

‘But you couldn’t...I was...did you—’

‘Yes what exactly were you doing? Where were you looking?’ Kelly drops her knife on her plate. ‘Yes that’s right.’ Kelly watches as the color drains from his face. You aren’t sure, are you?’

Laura repeats his words back to him. ‘Women are so emotional, we don’t always know what we want, it’s your job to acclimatize us, right?’

He nearly runs to his table.

‘Stay well,’ Kelly shouts after him. He and his fiancée gather their things and leave. Kelly wants to grab her and make sure she’s OK. She wonders if she will feel guilty about this later.

Collapse or Exacerbate

There's a tapping sound. I always have trouble opening my eyes especially after two nightshifts, and my head is so heavy. It's a guy, so I only roll my window down enough so he can hear me but not enough that he can get his arm through.

'You alright?'

'Huh?'

'I thought you were dead. It didn't look like you were moving.'

'What time is it?'

'12:30.'

Shit, I fell asleep in the car, and now everything hurts even more. 'Yeah, I'm OK.'

'Well, you can't sleep here.'

'Yeah OK, I know. I worked a night shift and fell asleep.'

'Well, you can't sleep here. The parking lot is for residents only, and if you are homeless there are shelters.'

'Hey dumbass, I live here, and if I *was* homeless, you are an asshole. Next time offer a goddamn sandwich instead of yelling.'

'I'm going to report you.'

'Hmkay.' I answer in my very teenage tone that I reserve for just this type of douchebag. I grimace as I try and move. I have been stuck in one position way too long, and now he looks scared and starts backing away like I have some sort of disease, which I do, it's just not contagious. 'Yes. Run away, little boy. Run away.'

I have to beg each leg to get up the steps, and I can't lift them high enough to get in the shower. So, I just lean over the edge and try to get as much of the hospital off my skin as I

can before crawling into bed. I can get another four hours if I don't eat and grab something later at the cafeteria. I'm so fucked. I don't know how I will go to work.

When I wake up, I have to call in sick. Both my hands are too swollen, and I can't get myself dressed. I don't know if I can do this job. I'm so fucked.

Drain

Kelly rolls the word *pandemic* around her brain. She has always valued her ability not to be prone to hype. The media are always trying to get everyone interested—they peddle fear. This news cycle resembles all the other times the world nearly ended. Yet this one seems different—it makes its way past her skeptical defenses. She knows that with her medications she's at most risk for this particular pandemic. Her meds make her susceptible to respiratory infections. Susceptible. *Likely to be harmed*. She is likely to be harmed if people don't adhere to the government's guidelines. They are worried that people like her will be a drain on the system. Drain. *Deprive of strength or vitality*. She doesn't want to deprive anyone, but she also doesn't want to end up on a ventilator where they decide to harvest her organs while she fights to live in her sleeping body. Although, her disease has made even her vital organs useless to anyone who needs them. Useless. Useless. Useless. She would be useless even in death. One upside is people actually know what the term immunocompromised means now. She doesn't have to encounter the blank stare that usually follows her utterance of the word. Now though, they look her up and down and wonder, does she have cancer? Does she have AIDS? She doesn't know. That may not be what they are thinking at all. Maybe she's making it all up in her head and they are all just as scared as she is.

Matter or Coagulate or Differentiation

It's Kelly Wisely's birthday today, and I can't get out of bed. Well, I can get out of bed, but I don't want to feel my feet hit the floor with the weight of my body pressing the joints of my feet into the wood. It reminds me of when I used to stand on my Legos—that confusing amount of sharp and the way it forces itself into your skin but never actually makes you bleed. I'm supposed to go to a Black Lives Matter protest today. But not till later, so I just want to lie here as still as I can for a little while longer. It's a bad day today. I used to use that phrase after a day finished, 'Ugh I had the worst day!' Now I see them coming while my head is still hiding under blankets. I haven't done anything for Kelly's birthday in a few years now, but I haven't forgotten. I still want to. It's just that a little of the magic has gone out of the world. There used to be a shimmer on things. Like, I didn't actually believe in magic. I knew there was no Santa and that my mom put money under my pillow when I lost a tooth—I figured that out like quite early really. But if I'm being honest, I wasn't too keen to completely dismiss it either. I used to be adamant that no one tell me how a card trick was done. I knew intellectually that there was math or sleight of hand, but I enjoyed believing that it was real magic or they really did have psychic powers.

There was a gloss to life that I was lucky enough to see. An extra sparkle in the way the sunlight came in through the curtains in the morning—it always brought possibilities. I didn't know it was a privilege of course, I had to learn that from my friends who had skin color that was not the same shade as mine. I mean, when I learned how to drive, I was told that if I got pulled over, I should remain calm and do what the police said. My friends had to learn how to always keep their hands visible so they wouldn't die. I always learned that if I was in trouble, I call the police. They were there to serve and protect me. Some of my classmates learned that the police were there to catch them—usually doing nothing, but they

would be caught for something. I'm privileged, and I need to be going to this protest. I should be out there with a sign for my friends and my favorite nurse, Casey, but also for the people I don't know. We need real change. Black Lives Matter.

But if I'm still being honest, at the moment, I feel like only my life matters. All I can see is my own pain this morning. My body is the only body that matters. I'm crawling through mud. There are no more shiny possibilities. And I can't get up and make myself breakfast or even coffee, and I know...like I know in every white-privileged bone in my body that this is unacceptable. I lift off the heavy blankets. It hurts. It's unacceptable for me to sit around until every single life matters. But I can't see beyond my own body. I can't make it do what it should be doing, and my few years of pain is nothing compared to them fearing for their lives multiple times a day. But I don't want to go. I can't imagine walking right now. I shuffle out to the living room. My roommate and her friend are all dressed, and they have signs—good signs. Her roommate's is nearly dry, and it says, *We Stand With You*. I can't stand here for much longer. Keira looks up at me.

'You staying here?' She looks at my jammies. I can't answer. She nods. Her friend's face turns sour. They pack up their gear, and I hear them walking down the front path as her friend says, 'Fuck, it must be nice to be so guilt free—at least some of us are making an effort.'

Keira answers, 'You don't know her.' And they are in the car and gone, and I don't know if Keira explains or if she leaves it at that. And I'm not sure which one I want. I hate telling people I'm sick. And I hate using being sick as an excuse. Keira doesn't even really know how bad it is. I haven't told her. I just can't hide it very well when I can't open a bag of chips because my knuckles are swollen. I tried to make a joke out of it once, but she got so grossed out looking at it she was like, 'Oh my God! I'm so sorry, but you have to get out of here! It looks broken!' She had actually gone quite pale. She wasn't being mean. She can

barely handle it when she cuts her leg shaving. One time I found her nearly passed out on the floor with the water running over the edge of the sink and a little trickle of blood streaking down her shin. So, I try to keep it all hidden, but sometimes I limp, and sometimes I grimace, and Keira is good people, so she notices and tries to help when she can. But no one knows what it's like, and I can't seem to make them understand. It's not like I want to hit them over the head with it or keep talking about it. The feeling is like when you can't find the right word, and it's so frustrating, and someone gives you an option, and it works for your story or the point you are trying to make, but it's not the right word; it's not the word that connects it all together.

I curl up on the couch. I feel sad. I feel bad for missing this, but also, selfishly, I feel like I'm missing out. This is historic. I mean what if we could actually change something now? I hate missing out, and I hate more than anything when my body makes me miss out. And really this is where the guilt sets in, because I will rarely cancel coffee with a friend because I can't walk too well, I just take extra time. So, something about this feels horribly selfish. Where were you during the protests after George Floyd was murdered? Hiding under a blanket on my couch. My roommate went though. She told me all about it.

Syndrome

Kelly wonders about math. As the pandemic nears its end, in Kelly's corner of the world, statistics are being thrown around—numbers that calculate whether the sacrifice of the country was worth it. It. It. Worth what? How do you measure worth? Someone's value. Is there a math equation? Her Creative Writing teacher once told her that an 'it' almost always needs clarification. But the article Kelly is reading doesn't clarify it. 'It' is a series of estimated numbers. The Deputy Prime Minister says, 'We have to risk it.' It. It. Risk what? Risk Kelly's life? Risk losing Junebug's mother? The Deputy PM says, 'Risk it and get going.' Get going. Going. *Advance toward an objective.* Objective. *An aim, goal or end of action.* But what is this goal? He says, everyone needs to get back to work to avoid 'despair and hopelessness, when people can't see a way out.' Kelly doesn't want to cause despair and hopelessness. But is it really her life that causes it? Or is it the jobs that people work, for barely enough money to feed their family? Is that the objective we should be risking Kelly's life for? Should we be risking anything to get back to this normal? To exhaustion. To moldy bread for dinner. To two-minute noodles on special occasions. To sleeping in coats and winter hats to save on the power bill. To the loss of identity from the loss of a job that took every ounce of the humanity that person ever possessed. Identity. *Distinguishing character or personality of an individual.* Does this guy actually think that someone's identity, their distinguishing characteristic, is their minimum wage job cleaning toilets? Because this is hopeless—hoping the debit card clears for the purchase of milk and dollar white bread. In a society that says you only have to work harder and then you'll have enough money to pay for the bag of apples your family needs because they are so unhealthy eating only the dollar white bread. But how many hours will it take to make enough money to fix the mental health of those in poverty? And what of the mental health of those not in poverty? Do they want to

get going? To the poverty of relationships sacrificed to answering emails until after your kids are in bed? He says, ‘There’s only one way out of this, think smart and work harder.’ Harder than what? Harder than before when we weren’t sure what our kid’s current favorite color was? Harder than when we stayed late one night and then the next and then the next to meet an arbitrary deadline so a CEO’s stock could go up a quarter of a percent?

Kelly does indeed believe her life is worth more than getting back to a normal that only works for the Deputy Prime Minister and people like him. They are all shouting for everyone to get to work, and it reminds Kelly of that scene in *The Matrix* where Neo is told to get to work on time. The window washers squeak squeegees in shrieking patterns cleaning the windows. The sheer uselessness of the two jobs, and the people in them, come clashing together in the most hopeless combination as Neo is told very clearly, he’s no one special—just as the shouting privileged who seem to be yelling at Kelly now. They want everyone to believe that a job at McDonald’s actually staves off depression. As Morpheus says, ‘It is the world that has been pulled over our eyes to blind you from the truth.’ The picture of a world back to normal blinds us to the truth. Kelly, even though she is sick, has worth.

Control

I don't do New Year's resolutions. It feels too intrusive and bossy. Which is probably why I don't stay at my jobs for very long. I should probably "resolute" about that someday. My need to make others happy carries me for a while until I feel bossed by stupid people making stupid decisions, or they make me read *Who Moved my Cheese?* and then I quit...It's the same with New Year's resolutions. I tried it for a while, some socially dictated norm I needed to conform to. I would say, 'This year I will stop eating red velvet cake.' And about a week in, I start saying to myself: 'Who are you to tell me what to do? You don't know what is best for me. How can you possibly know that eating healthier will add even one month to my life!?' And then I buy red velvet cake which makes me think of Kelly, and I wonder where he or she or they are. So, I don't do resolutions anymore. It's not as if I don't make positive changes in my life; I just start in December or March and don't write it down or anything. I just change it.

Anyway, despite my strict no-Resolution policy, this January (the month is arbitrary—it only seems like resolution timing) I found myself on a cucumber and celery juice fast (I realize that because this contains the word 'fast' it still seems like a resolution but it's not) followed by eating nothing but vegetable broth and rice and I took up hot yoga. OK it does really sound like a resolution now, as these are probably in the top five of most common resolutions. However, mine was a desperate attempt to control something that is out of my control. My meds are not working, and my pain is like the boss who was always mean but suddenly became deranged and started screaming at everyone about things they can't change and stapling everyone's work to their foreheads. So, I had to take leave from the hospital, which sucks balls. Everyone is like, *gosh sounds great a few months off from*

work...and I'm like, shut the fuck up. Having that job made me feel like this world was better because of me in it. And I'm not some brainy scientist curing cancer, but one of those babies might someday actually cure cancer or even like foster ten babies and love them so much that they all have happy lives, and I love being part of their journey. And there's a fucking pandemic, and I would really like to be helping my fellow nurses. And I had to move home, and I couldn't afford to pay rent, so Keira had to get a new roommate.

So, I'm twenty-eight, single, and living at home. And if I'm ever to move out again, I will have to start over with how much to share, how much to show, how much to trust. I will have to vet for vegans who think that I eat too much; and Christians who think I'm sinning too much; and privileged assholes who think I just need to buck up. So, I'm feeling pathetic. Also, the whine in my voice has reached such epic proportions that I worry the neighbors will call the cops. Although, I sound pretty much like a three-year-old and people rarely call the cops for a three-year-old whining that someone (my dad) put the lid on the water bottle so tight that you are sure you are in prison where they taunt you with water that can't be opened. And Dad is the warden. Like I went upstairs to fill my own water bottle because Dad had filled it for me already, and I wanted to goddamn do something for myself. But then I was standing at the sink, the water running, and I could not get a tight enough fist around it to twist the lid off. And I was like, 'Dad, oh my God, why the fuck do I live in a concentration camp!?! Why are you so sadistic?' Which was mean to my dad who isn't sadistic clearly because he came running because I was screaming. Not only that, it was completely unfair to people who were actually in concentration camps—it was a totally dick thing to say. Also, he didn't even have to strain to get the lid off, and I'm a monster.

The only good part about being home, apart of course from my parents who bring me water bottles and cook food and wash my dishes, is Paul keeps coming over. He had enough patience to break through the haze from my night-shift phase, and we started eating grilled

cheese whenever we could find the time. He always has weird movie suggestions—too weird for Mom and Dad, and we had to switch to watching them in the basement while they watch *The Crown*. I tried to like *The Crown*, but I found they were making not-dramatic things really dramatic. Like low iron levels. Like OK she was pregnant, sure, keep the iron up, but it's not worth a whole show. Anyway, I have grown quite accustomed to Paul. He doesn't say stupid things like 'look on the bright side'...actually he did once, but it was hilarious. I was limping and so he offered to help me up the stairs. I didn't want to accept, but I didn't want to walk up the stairs, so I agreed. He threw me over his shoulder. And I was like, 'I hate this' and he was like, 'Look on the bright side...it's my butt...my butt is the bright side.' Which, now that I say it, doesn't sound that funny, but he was misquoting a show we like to watch, *Brooklyn 99*, and I was looking at his butt. Anyway, you had to be there, I guess.

Auscultation

Kelly's neighbor is having an affair. She lives sometimes alone, sometimes not. She seems to have grown-up kids who come and go. She has dark hair and is named, apparently, 'Sexy' because that is what her visitor refers to her as—never her name. He drives his supermarket delivery van to her house during work hours, and they play loud music while they fuck, and then sit on the porch all day and drink RTDs. Sexy giggles as he tells her his wife is 'struggling at home with the kids', and she listens, and then they kiss and giggle, and he teases her about her dancing, and she teases him that he isn't even really smoking. He's just pulling the smoke into his mouth and letting it out. So, he's pretend-smoking—paying for cigarettes—so he can sit outside and not smoke while she smokes. He takes calls from work telling them he 'got stuck handling that last delivery', he'll be 'stuck' for at least another forty-five minutes. Sexy giggles. Every day is exactly the same, so they find ways to amuse themselves. They are twelve years old playing four square. They are thirteen playing rhyming games—finding words that end in o. They can't do it. They are both idiots.

Kelly observes them as she would a science experiment. Between the fence posts, she tries to see if they are sincere. They never talk about anything real. No one brings up God. No one brings up pain. And Kelly is desperate to understand. She wants to dissect this affair. It's a real one, not glamorized on TV, and it looks horrible. She doesn't envy it. She doesn't judge it except for the fact that there's some poor woman with multiple children doing everything while these two sit and drink beer all day. And of course, the inevitable grenade it's throwing into all of their lives. But still, she wishes she could see if they really are in love or if they are just fucking. And she can't figure out what the difference is. The problem with this, whatever it is, love (she uses this word out of convenience rather than accuracy—she has to ignore its actual definition) is that it feels like all that's out there now that she is no longer

married. This is what she has to look for: some other broken person trying to fill the void in his life. And what is the void? This thing people run from into the arms of absolutely fucking anyone. She dreamed of romance more when she was still married. It contained a sort of gloss, this filmic flicker that suggested bliss was possible. But now she wonders if stories of love are the great hoax. Of course, for this argument to hold—this argument that love doesn't exist—she has to ignore Lanni and her husband who aren't perfect but hold each other with such care.

Kelly must sit outside because the sun is her only source of heat. The cheap house she lives in with Junebug has the insulation equivalent of a tent. It's cute. Remodeled at some point years ago—blue on the inside, blue everywhere because it's so small, you can't really decorate each room differently. Kelly groans as Sexy's playmate pulls the supermarket truck into the neighbor's drive and her calm day outside is ruined. Kelly doesn't go though. She refuses to let assholes make her give up warmth and go sit in her freezing house. They discuss how what they're doing isn't cheating because of the variations of actual 'real sex' they use. Sexy giggles, and Kelly flinches every time. Kelly wonders how they aren't bored. Comparing whether they take the seeds out of the tomatoes or not. They figure out they both put ham and cheese in their eggs as if they are soul mates; for fuck's sake everyone puts ham and cheese in an omelet. They sing along to a Spotify reggae playlist, 'This could be love; Let's get together and feel alright.' He talks about the house he bought with his wife. They laugh and call her a yuppie because she likes to live in the new area of town. What the bloody hell is the point? Sexy giggles at all of the stupid sentences he strings together—you can't even call them stories. 'I got my hair braided in Fiji.' She giggles. 'My uncle is so fat he eats fifteen scoops of ice cream.' She giggles. It's the funniest fucking story. 'I shot the sheriff, but I did not shoot the deputy.' It's just filler until they can talk about sex again.

The sun drops below the garage, and it gets cold. Kelly goes inside and curls up on the couch with Junebug to watch yet another Marvel movie. The kick-ass main character says, ‘Love is for children.’ Kelly likes this. She keeps tossing it around in the air as she gets ready for bed and all day the next day. It makes her feel free—like getting a driver’s license or finding out that Santa isn’t real. It frees her from the expectations. She agrees. The neighbors are acting like children. She doesn’t want what they’ve got.

Cure

Somehow, even though I have lived with this disease for twelve years, I suddenly felt it was unfair. And so, to the internet my mom and I turned again...as if we hadn't turned to the internet separately and together one million other times. Looking up every story of anyone who had ever cured themselves of any disease. We ruled out people who cured themselves of diseases that cure themselves. Like the articles that say, *I cured my cold in one week!* This is about how long it takes for your body to cure a cold, numb nuts. But we didn't eliminate things that seemed like the person developing the theory may have lost a little piece of their mind. Even if they claimed to cure actual illnesses. Because losing little chunks of your mind seems like a side effect of most chronic illness. It chips away at your sanity when you don't die, and you don't get well. And you begin to go on desperate searches for cures in the Amazon, which will not have any more cures because we chopped it all down. So, you arrive with your suitcase, dressed in explorer khakis, and the pilot who flew you in says you're here. And you're like, 'No, I meant the place with the trees...the rainforest.' And he's like, 'This is it,' but it's just dust and mud. And then he flies off and the propellers cover you with dirt. So, you read everything and try all the foods, even the weirdly shaped fruit that smells like feet. In the end, Mom and I put together the crazy people's and the doctor's research, like a TikTok of academia. Then we boiled the vegetable broth and bought a rice cooker.

As the fast started, I felt great, just as the magic internet man said I would. But he had also said, 'rent a bunch of movies and tuck up on the couch' which I did; and I now wonder if I should just do that once a month. There's something about getting a prescription for rest that makes it less stressful. I think a break for two days might like give me four days of very low pain without the fasting. Paul came over, I think he was lured in by the amount of movies. He would "discreetly" disappear to eat with my parents who were very kind to make

things that didn't remind me of food smelling and tasting delicious. Then he would join me again downstairs and not even complain that I didn't pause the movie. Anyway, the pain was pretty low those two days; but everything after that was a crap shoot, lots of pain one day, less the next. I was adding food slowly and in the order Internet Guru said, mainly yams and lots of lettuce. Sort of like I'm a bunny. But I had the strange sensation that I was in somewhat less pain but still could not manage to sit up and get off the couch—which is usually a pain thing. However, it turns out I was consuming roughly fifty calories per day and still trying to work out at the gym, so my body just tried to shut down and go to sleep.

And then I started eating more of the recommended foods so I could put one foot in front of the other and the pain came back. Or more likely I had enough calories in my brain to register pain sensations. So, I'm giving up today. It has been three months, and my dad still has to help me to bed, plus I'm sad because I don't get to eat yum food. Today I'm having Vietnamese rice noodle bowls (minus the cucumbers—I don't know if I will ever be able to eat another cucumber) with Mom for lunch and then Claire and Seb and Paul are coming over and we are having so much pizza. Like, I plan on not stopping until I reach Thanksgiving-level pant-pain.

Kelly hears ringing from Junebug's room, but it's still dark outside. She sits up to go turn her phone off and checks her own for the time. Ten missed calls from her sister and five from her sister's husband. She hits Lanni's name to call her back. Her sister's masked face appears.

Kelly says, 'Sorry! I don't know why my phone is off! Are you OK!?'

'I'm OK! But I'm flying to Denver.'

Kelly starts planning. She has to go home. Something's wrong with Mom or Dad.

'Something happened to Dad—'

'OK so he's at the hospital?' Kelly grabs a bag to start packing. Junebug stands in the door of her room.

Her sister starts crying. Her strong, superhero of a sister is crying. A black medical mask collects giant tears.

'He passed away.'

'What?' Kelly nearly screams. She doesn't believe it. It isn't true. 'Why? What happened?' Kelly just argued with him about politics two days ago.

'They aren't sure. Aunt Anna called and said the paramedics couldn't resuscitate him.'

'Why.' Kelly is shaking. She is so cold. Junebug tries to give her an awkward hug. Junebug calls Dan.

'Mom is shaking.'

'Put a blanket on her,' he shouts. 'Do you need me to come up?'

'Do you want Dad to come up?'

Kelly can't process. She just keeps asking Lanni why, and Lanni keeps saying how sorry she is. Lanni, who would do anything for Kelly, can't fix this. Kelly searches her brain for a way to fix this. Lanni fixes everything. All you have to do is ask, and Lanni fixes it.

Lanni and Sarah have been spoiling Kelly since they got their first jobs—buying her treats and clothes and whatever else she wanted. But they can't fix this.

Kelly hears Junebug say, 'I don't know.'

Lanni says, 'We will get you here. There's a flight on Thursday. Can you get on that flight?'

Kelly says, 'Yes.' OK, Thursday, day after tomorrow.

The paramedics didn't take him to the hospital. They have been told to treat in the field because COVID has overrun the hospital. Could her father have been saved at a hospital?

Kelly doesn't get on that flight. Kelly has spent the pandemic in a country with closed borders. The safest place she could have been. New Zealand has protected itself from the pandemic, but now she is trapped. If Kelly goes home, she might be fine. She might not get COVID, or she might get it and be fine. Or her already broken immune system may send her straight to living on life-support in an ICU—her sister paying twenty thousand dollars a day to keep her breathing. Her family doesn't even have one thousand dollars a day. And Kelly can't get travel insurance—they all state COVID isn't covered. She still wants to go. She will risk it. Her family's need outweighs the risk. But the quarantine facilities don't have space for another four months. She can't leave Junebug for four months and she can't take Junebug out of school for four months. Maybe she could leave Junebug for four months, but what if it's longer. What if they are separated?

Sarah's face appears on Kelly's phone. Sarah says, 'Why aren't you here, yet?' She laughs, but she's crying. Kelly has been sitting on her phone, which is connected to her parent's Google Duo, which sits on the coffee table. They are all trying to figure out what to do. It's Friday. There's another flight on Sunday.

Their mother, Lanni, and Sarah all gather on the couch. They smoosh together so Kelly can see them all on her small phone screen.

Lanni says, 'I have to be the one to say the thing none of us wants to say. Kelly you can't come. I can't lose you. I can't keep you safe here. And I can't go through this again.' Everyone cries.

Kelly's illness has done it again. Kelly's worst fear is realized. Her illness is affecting others. It has leaked. This is what she feared every time she set foot on the plane. That her family would need her, and she wouldn't be there. But she would talk herself out of it. She told herself she would just get on a plane. It would take a day to get there, but she would just pay whatever it cost—get a payday loan—Lanni would pay—whatever...and she would get home to them. That's how she fell asleep at night. That's how she put the worry away. And now she can't. Her mother needs her. Sarah needs her. Lanni needs her. And Kelly can't go.

Kelly feels the balance of weighing the decision. The safe side versus her family's devastation. Her pain versus their pain. Her pain was never supposed to outweigh theirs. Her pain is last on the list. Now she must stay away. She must abandon them so that she doesn't become a nightmare for them.

Spin

I added hot yoga to the mix because lots of stories included hot yoga as the cure, including the magic-cucumber-juice guy. About a month ago I go to my first class and within minutes I'm sure I had made a mistake. I think, *they are actually making this room hot...Like, from the floor...* Secretly, I thought the 'hot' in hot yoga was a metaphor. Like you will be hot after doing this yoga. Or it's more of a workout than regular yoga, so your muscles get that burning-hot sensation when you work them out heaps. But we have only just started and the guy in front of me is already dripping with sweat and sort of flinging it everywhere when he grabs a sip of water. Which the instructor keeps telling us we should avoid, until she says it's time.

I think I will be ok because I have worked out before and manage to keep my sweat to myself. However, twenty minutes in, I'm sweating—now, I'm not *just* sweating. I'm sweating from my shins. I didn't even think I could sweat from my shins. I mean I know anatomically it's possible to sweat from your shins, I just assumed my shins don't because they never had. I start to panic because I can't figure out why the room is on a boat and slowly rocking from side to side. Like, is it part of it? Did they put the building on those bouncy earthquake stilts? So, I stumble blindly, gripping other posers as I pass and run out the door, the instructor calling after me, 'AMANDA! WAIT AMANDA!' I don't wait. I sit on the bench outside. I can still see all the brightly colored Lulu Lemon outfits with everyone moving in unison and their outfits weirdly matching. It's a perfect palette swirl of neon and pastel. Then I realize, I don't fucking quit. Like, I will never come back here, but I won't leave until these other people are finished too. So, I wade through the sweat puddles back to my own saturated mat, and I finish every last minute. And when I leave, I decide that the cold

night air was what I had been missing all my life. And that I have, in the past, too harshly judged frostbite.

However, that night I sleep all the way until 3am!!! This never happens. So now I try to recreate that day exactly, complete with a perfect ratio of granola to yoghurt, which I had achieved that morning, a visit from Paul who brought coffee (this part can only be recreated some days) and that day, the day of the sleep, I did hot yoga. So, I have become *that* person who carries a yoga mat and a paper baggy of granola everywhere and declines invitations because ‘I have to go to hot yoga...’. I drop *Namaste* into conversations at regular intervals and think it’s perfectly normal to lie on my friend’s living room floor in *Savasana* (dead man’s pose) for as long as I want. Since my rapid fleeing, the instructor has started saying, ‘If this is your first class, make sure you stay in the room for the full ninety minutes. If you feel dizzy, just sit or lay down. But don’t leave.’ I’m pretty sure she looks right at me every time, but I make myself seem busy, adjusting my pastel pants or making sure the corner of my towel meets perfectly with the edge of my purple mat—which I purchased for twenty-five dollars from the yoga place because it’s a *proper* yoga mat.

Rip

Kelly writes a eulogy. Her sisters ask her to write it. And she agrees because it's all she can do. It's all she can do. It's all she can do. They are planning the funeral. They are hugging her mother. They are entertaining mourners in surgical masks. They are all sleeping in Mom and Dad's bed. Kelly is alone, still in the pajamas she woke up in one week ago. Eulogy: *a speech or piece of writing that praises someone or something highly, especially a tribute to someone who has just died*. Tribute: *something that you say, write, or give that shows your respect and admiration for someone, especially on a formal occasion*. Admiration: *something regarded as impressive or worthy of respect*. Her dad was impressive. Her dad wasn't perfect. He was hers. He wasn't perfect. He is gone. He wasn't perfect. But that doesn't help. She tries to remember the things that used to piss her off. She tries to grasp with both fists the way losing a board game made him mad. How he totally botched her education. She focuses all of the synapses of her brain on the way he was always the boss, but she can't.

All she can see is how much time with him she missed by moving halfway around the world. All she can see is the way he was always learning, growing. The way he pushed Kelly to achieve without any sort of force or threat of disapproval. The only time Kelly ever disappointed him was when she had lied to him. Once. How do you write a eulogy for the father that sometimes failed but never really failed because he was yours? You can't capture it with dates, with high school names, with college credits earned. She can't put on the page the way his death seemed to rip off the muscles from her chest, so she can't keep her heart and lungs in place. She can't capture the way her phone keeps showing her pictures of her dad. Her dad with her nephew. Her dad with Junebug. Her dad with her beautiful mother. Her dad. Her dad. Her dad. Dad—*a male parent, often used as a name*. A name—*a word or symbol used in logic to designate an entity*. A word or phrase that constitutes the distinctive

designation of a person or thing. How can *Dad* designate the ice creams eaten in blizzards? How can *Dad* capture the distinctive awkward hugs? How does *Dad* constitute a laugh that meant Kelly was never lost in a crowd? How does the name Dad compose the terrible elevator music he played in the car? How does *Dad* designate the sense of home his quiet presence created?

Each guest that arrives peers into the camera and tells Kelly that her dad has gone ‘home’ and ‘isn’t it wonderful that it was so quick?’. Kelly can’t put that in the eulogy. She can’t say she’s happy for him. She still needs him. She starts with the ducks, an old sermon her dad gave.

Consider the duck. This was embroidered on a brown with white-flowered pillow in Mom and Dad’s bedroom through my entire childhood and is still there today. It has two layers of ruffles around the outside. I remember tracing my fingers along the ruffles and the quilted duck floating calm in the reeds. My dad’s duck sermon was about how the duck looks calm on the surface, however, under the water, his feet are paddling fast and hard. And the duck doesn’t see how much he changed the water behind him. Just like Dad.

She writes of the family her mom and dad created with her aunt and uncle and cousins. She writes how he nearly ate a cookie he had dropped on the sidewalk in downtown Denver. She writes that Lanni was his favorite, but only for the laugh. She writes about how he never introduced them as his family. ‘These are my girls,’ he would say with his giant smile and sparkling eyes. She writes of his obsession with Riverdance and how he thought ABBA was a band he had discovered on YouTube. She writes about trips to the ocean and trips to the mountains. She writes the truth.

Dad wasn’t perfect but who would want a perfect dad? A dad who makes mistakes is a real dad. And that is what Dad was, 100% real 100% of the time. There was no subtext to his words that we had to decipher. No false pretense to his actions. When dad was done, he went

to bed. But this meant I knew that when he was spending time with me, he wanted to be spending time with me.

She writes of how much he embarrassed Junebug, and of the hundreds of times she fell asleep on his chest. It's not working, so she writes that too.

This is a terrible eulogy because my dad can't be contained in this amount of words. I can't write it right. I can't get an A in communicating how much my dad means to me and how much I still need him. I can't edit this down to a succinct and yet beautiful tribute. There aren't enough adjectives to get you to understand just how much of an anchor my dad was and how, when I was lost, he was my compass.

She thinks of all the useless platitudes about how her dad is with Jesus now and she refuses to make his loss into something good. In the end, she decides she will talk to her dad.

I'm so mad at you for leaving. You were supposed to be invincible. Even though I'm not supposed to think that anymore, I still secretly did. And I know you love God and wanted to be with him, but you already had him. We need you still. You're who I would have called to help sort through the impossible decision to stay in New Zealand right now. A decision that makes my skin feel like it's not my own. You always had a way of clarifying what value to place on each piece of the puzzle. I don't know how to make the pieces fit without you. So, I won't say I'm happy for you—I'm too sad. But I can say thank you.

Thank you for killing the spiders while we screamed and for emptying the honey bucket at the cabin with no bathroom. Thank you for growing-pain massages, and tickle attacks. Thank you for the lunch dates, trips to Dairy Queen, and showing me that life is too short not to pick the fun option. Thank you for perfect cups of coffee. No one else makes it like you. Thank you for long summer nights in Denver on your porch. Thank you for the life lessons and the driving lessons (actually, I take that back, you were bad at this—it took you the whole half-an-hour drive to work up the courage to let me drive and then you pulled over on Sixth

Avenue and made me merge onto the highway from the thin shoulder. That was terrifying.) Once I did eventually get my driver's license, thank you for the hundreds of full gas tanks. For like a whole year, I thought that little blue Toyota Corolla was the most fuel-efficient car in the world because it never seemed to run out of gas. I had to fill it up like once every three months. Of course, it was you making sure it was full. Making sure I was safe. Thank you for every single long conversation in your office. Thank you for all the pranks (except the one in the crawl space—you know what you did.) Thank you for all the campfires and teaching me to make the perfect toasted marshmallow—I remain the best at it. Thank you for your honesty. Thank you for making sure I knew you were proud of me. Thank you for the hundreds of games you and mom played this year with me and Junebug over Duo during lockdown—I will never forget how much we laughed.

Even my thank-yous are wrong. Not enough. I have forgotten things. I had all of this, but I wanted more—more time. The world isn't allowed to move on. 'Stop all the clocks' as W.H. Auden says. I don't know how to exist in this new world. But I'm trying to consider the ducks and the ants and the trees and the lakes and the mountains and listen just like you showed me. Dad, you paddled hard, and you were calm on the surface—even when we were in trouble. And I'm pretty sure you had no idea how much you changed the water behind you.

Kelly makes a video of herself giving the eulogy. She wears a red shirt because her mother said, 'no black'. Her purple striped pajama pants on the bottom because no one will see.

So, I'm in the void of still not being able to work, but able to walk a little better. We are still researching and are trying everything. Paul even bought me this foam-roller thing which is horrible because it hurts to use but helps heaps later. I can only do certain exercises like stair climbing and then my knee will hurt, and I can't tell if it's the disease or the repetitive strain from doing the exact same exercise every day. And then I used the roller, and it fixed that pain, so he just went out and bought it. He came over, and I was like, 'Oh my God Paul, this kind lady at the gym told me to use this roller, blah blah blah.' And the next day he showed up with it. Anyway, we are literally trying everything at the moment because it feels like I'm doing something. And that really is the point. When things in your body go wrong, the first stop is the medical profession; we see them as the answer. Until they start saying things like 'We all feel tired.' Or like you think you are giving them a clue, and they say those three magic words, 'That doesn't matter.' Like when I told them about the foam-roller or that my fingers freak out when I eat chicken. Or my personal favorite, when you tell them a new symptom and they say, 'That's nothing.' And you think, *phew that's nothing. Good. OK. At least I'm not dying.* But then you do some research online, and it turns out like just under half of people with your same illness have that symptom and you wonder, *Huh. Now what?*

That's the first stage, the stage where you start to think, *hey I don't think they know all of the stuff I want them to know.* But you talk yourself through that stage. This is especially true for patients who are also healthcare professionals like myself, because we think, *I really love my patients, I want only good things for them and REALLY want them to get better.* So, you believe that other healthcare professionals share this sentiment. And they do, for the most part...Except now that I actually sit down and think about it, ten minutes of most of my fifteen-minute appointments are usually spent discussing whatever is bothering

the white male doctor. For instance, out of the last three doctors I have seen, one has gotten cut off by another driver on the way to work (which is really annoying and dangerous and yada yada...road law issues...people should be in jail...people shouldn't be allowed to drive...possible racism or sexism I'm not sure because he just said, *and she looked a bit like, well you know the type*, so he was either assuming I'm racist and knew the stereotype he was referring to or I know because I'm a bad driver because I'm female...etc.) The next doctor was just 'so tired' and really wanted a cup of tea. I offered to wait while he went to make one, but he declined, discussing instead the 'sacrifices one must make in life'. I was like, 'hmm yes.' But I was really confused about who was sacrificing what, for whom.

Maybe it's because I ask them how they are. Maybe I should stop asking, but I always thought it must be annoying hearing everyone's problems. And what if you were really having a bad day or something? It would be nice to be asked how you are. But then, really, they should put extra time in for the consultation. Actually doctors, *you* should do better. If you are a doctor of people with a degenerative and debilitating illness, it would be good to remember that you don't have it and wanting a cup of tea is dumb especially when the person sitting in your office would find it impossible to even lift a kettle of water. I have never told a family with a tiny baby fighting to learn how to breathe and beat their tiny-fist-sized heart on their own that I'm having a bad day. I don't waste their time because what they have going on is bigger right then. Maybe not always, maybe the mighty fighter learns exactly how capable he is, and later when he's running around as a two-year-old pulling canned goods off the supermarket shelves, shouting something that sounds like *dimo-dlower*, but he's really saying dinosaur, but he's too little to make words, and I run into them, and the mom asks how I am because she remembers me...Actually, even then I probably wouldn't say, because raising little dinosaurs is hard, and she has to go pick up the ten cans of refried beans, get whatever is sticky off his hands, figure out if the sticky substance is toxic, and still make

dinner. Anyway, I digress. I still don't think of my doctors as malicious per se, just stupid. And if I really think about it, the one who takes care of me the best is Casey. She listens. She has done the research. Like when I told her about the chicken thing, she was like, 'Oh yes I've read about that!' But then she rolled her eyes and said, 'No one is actually doing real research about what it means. But it's a real thing. Some foods, seem to be really bad.' And the nurses I worked with were all about looking at articles that researched weird fixes for things. So, we were always changing the way we wrapped babies and taped IVs. So, it's probably just doctors. The real issue is the doctors are working for the drug companies. They don't know it of course; they think they are working for us, but really the drug companies say this will help your patients and they think, *yay!* And even better, the drugs work...sort of ...some of the time...*yay!* But then the drug companies are only researching solutions that will make them money, not cure us, because if they cured us, they would not make any money.

So that's how it starts, you think someone is in control of your health and that you can trust them, and then you realize you can't, and no one is in control and then you freak out and start drinking cucumber juice. And really none of it may work, but at least you feel like you are doing something besides waiting for the drugs or the disease to kill you. That's what cucumber juice is really about; feeling like you have an ounce of control. That you can tell your body, 'Hey! You do what I say now. And if I say it's only yams today then you better deal with it.' It feels good, instead of your body saying, 'No, you can't get up. No, you can't use the bathroom because it's too far away, and the toilet is too low. And no, you can't use your hands to lift a glass of water to your mouth so good luck with your future hydration goals.' It begins to think it's the boss, and we all know how well I do with bosses...Cucumber juice gives the power back to you even if only for a moment. And as for hot yoga, that's really where I get to stick it to my body. I get to say, 'You will stay in this hot room for an

hour and a half, and you will like it, and yes you will bend (sort of) and no complaining! If you do this, you will leave feeling strong and relaxed.'

Isolation

Kelly is alone at work. Everyone is gone for the students' graduation. There has been half-staff all week in preparation. Kelly has been alone for two days. And she is wondering if she exists again. She decides to pay for a coffee next door even though she really shouldn't. She can't afford it. But she needs a reason to see another person. And Junebug is at her dad's, so the week will just bleed right into the weekend. She has to actively ignore that she is paying for human contact. For connection. She asks the barista about her kids. She asks the barista about her weekend plans. One kid is playing soccer. The other has a birthday party. The barista asks about Kelly's plans. She will be doing laundry and trying not to cave under the deafening silence. The coffee is made. She has no real reason to stay. She says goodbye. The coffee is terrible. She carries it, for warmth, back up to the office. On the step outside there is a bird. It looks dead, but Kelly watches it carefully for signs of life—a twitch of the leg, a sharp intake of breath. Nothing. She leaves it and wonders whose job it is to get rid of dead birds. She takes another sip of her coffee. She dumps it in the bathroom sink.

Badass

Paul has taken me out for dinner downtown at our favorite little place on Market Street. All year round, Market Street hangs lights back and forth across the road like a canopy. And the little café is all disorganized and sells giant things of cheese and bread and yum sandwiches. We walk slowly back to the car. I'm in a lot of pain. And he matches his pace with mine.

'I can go get the car?' he offers, and I shake my head. I love walking in downtown Denver. And I love walking with Paul.

'I'm sorry I'm slow.'

'It doesn't matter. It means I get to spend more time with you.' I feel his words more than I hear them. I want to hear them, but they make me stop. I have not been careful enough, it seems.

'Paul.' I try to squeak out a warning, but it sounds more like pleading.

'What, Amanda?' He turns me to him. 'You going to tell me to stop? To not say how I feel?'

I start crying. 'I think I know how you feel. And if I was different, I would want you to say it right here on Market Street under the lights. It's like a goddamn romance novel. But not while I'm limping and so tired and so aware of how much I slow your life down.'

'OK Mandy. Time's up on this. Yeah, you're sick. That sucks so much. And yeah, that complicates a future, and that sucks so much. But when you find someone worth *in sickness and in health*, it doesn't really matter what order those come in.'

'But you deserve—'

'The only thing I deserve is to be with a badass. And yeah, you are a badass for getting up every day and facing what your body throws at you, but I know you, and you would be a badass without that. And I have been in love with you since the first time you ate

a stupid tuna sandwich with me, and if you in all of your badass-ness love me too, then let's get on with life.'

'I *am* a badass.' I smile at him, but a tear still tracks down my cold cheek.

'You definitely are.' He wipes the tear away and leans in, and this time I don't pretend there's a bug in my hair. I let him give me a soft kiss. Then he pulls back, and there's a little flicker in his eye.

'Actually, I'm kinda glad you are sick. There's no way I could kiss such a badass—it kinda evens the playing field.'

I laugh but punch him in his arm, which hurts, and I yelp.

'OK, calm down super soldier. Let's try to get back to the car before we freeze to death.' It takes a long time to get back to the car because, yes, I'm limping, but we stop and kiss again just as it starts to snow.

Fluke

Kelly is holding the acceptance letter in her hand. She can go home.

Nearly six months ago, Suz had tagged Kelly in a Facebook post about a competition. A kind thought and the click of a mouse. Nothing much. *Write a short story and get a scholarship to study creative writing*, or something like that—just a small ad. It was from the University at home, back near her mom. She wrote a short story about mustard seeds and Buddha. And how no one has suffered like the woman in her story and yet everyone has. Well, every woman has.

They sent her offer by mail. Old-fashioned and official. She runs her fingertips over the gold and black embossed letters, and she looks up the Greek lettering on the official seal. ‘Let your light shine’. Shine. *To throw or direct the light of*. It ends on a preposition again. There’s no noun to clarify or give direction. Let your light shine. Your. Hers? To reflect her own light. Does she have any light in her to reflect? It’s a bit hokey, a bit abstract. But also, it seems to make her sit a little straighter: someone thinks she does have something to reflect. She can go home. She can go home. She thinks it’s a fluke. She thinks they made a mistake. So, she opens the website and quickly enrolls before they realize. She knows this is irrational. If they realize they made a mistake, they will still just tell her and give it to the more deserving, more talented writer.

I'm thinking about Kelly again. I wonder if she—my picture of her has settled as *she* for some reason—I wonder what her life is like. It's very glamorous in my head. She travels and changes the world sometimes—like maybe a journalist or one of those human rights lawyers. I have to start thinking about living. Like really living and not living with my parents forever. I have to face the facts that I can't be a nurse. I can't do the job. My body won't let me. But I think there's a chance I can be a nurse practitioner. Except it means going back to school. Paul thinks I can do it. But he seems to think I can do anything. Even commit to him. Which I definitely would have already because I love Paul—like real-deal forever love. But I'm just starting to emerge from this latest flare of the black death (it's what I have renamed RA)—I hope, because some days I'm right back where I started. But I have enough bad days that I see them piled on top of him—like those travelers who wear backpacks on their front and back at the same time and look tired and like they regret their choice. And I don't know if I can or should have kids, and he would be a great dad. I glance up at him, my head is on his lap. He doesn't look at me right away. He's absorbed in the weird German show we are obsessed with. So, he first looks at me in that glazed way and then back at the TV.

'Mandy, you aren't watching. You do realize Martha just came back from the dead somehow, right?' He says Marta like they do on the show instead of Martha.

'What?' I whip back to the TV, and he sighs and pushes pause.

'You know, this is no amateur show. You have to concentrate.' His voice is very grumpy, but his eyes aren't, they rarely are with me.

'Sorry, I was distracted by your beauty.' I flutter my eyes at him, and he laughs.

'What were you really thinking about? Because even I know my beauty isn't enough to distract from this CRAZY show.' He motions dramatically at the TV.

‘Just whether I can live in my parents’ basement forever.’

‘Hmmm.’ He nods and tries to form his face into an I’m-thinking shape. As if it’s new, and a major decision. Which isn’t new and, he believes, not major. We have covered this before, and on my good days, I’m basically living with him anyway. But he doesn’t push. He runs his fingers through my hair and waits.

‘I can’t ask you to take on what I come with. My parents asked for this by having unprotected sex.’ I try for the joke, and he smiles, but it wasn’t that funny. ‘But I kinda like you, and I kinda want to move in. But, like the other stuff and like I don’t know if I can...like what about kids and like...but I just want to.’ It comes out in a rush, and I’m scared-shit-out-of-breath.

He smiles. ‘About time,’ he says, ‘now concentrate!’ He un-pauses the show. And he doesn’t say, *it’s no big deal*. Or *everything will work out*. Or *I don’t need to have kids*. Or some other stupid shit. He just watches the show and holds my hand.

Tenuous

Kelly passes a young woman in a car. She looks like she is crying. She approaches with caution.

She edges into her field of vision, gives her a wave. The girl tries to quickly remold her face as she rolls down the window.

‘Hey, you OK?’

‘Yeah, I’m fine. Sorry.’

‘No! No sorries. Want to tell me what’s wrong?’

There’s a long pause, and Kelly recognizes something. The girl’s middle finger is swollen and looks disjointed. She can’t wrap it around the steering wheel.

‘Are you stuck?’

The girl whips her head toward Kelly in shock. She nods, and the tears come again. ‘I’m supposed to be going to class. I can call my mom, she will come. I can call my boyfriend. He will come. I just...I will be late.’

‘Let me help you.’

‘But then I have to walk there.’

‘I know, but if you’re anything like me, once you get over those first few steps you might be able to keep going.’

The girl looks at her.

‘RA?’

The girl nods.

‘Me too. Let’s get you out of there.’

‘I don’t want to hurt you.’

‘Nonsense, I’m having a good day! Call it a down payment; when you are having a good day next you can haul me out of my car. Deal?’

The girl laughs and wipes her nose. ‘Are you a teacher here?’

‘Nope, I’m a student just like you. What’s your name?’ Kelly leans down to put her arms under the girl’s shoulders just like Dan taught her and waits as she tries to get each leg into place.

‘Amanda.’

‘Ready?’

Amanda shakes her head into Kelly’s shoulder but squeezes tight.

‘One. Two. Three. And up we go.’

Amanda lets out a little sob and holds on, and Kelly steadies her.

They let go.

‘Nice to meet you, Amanda. I’m Kelly.’ Something weird happens on Amanda’s face—recognition.

‘What’s your last name?’

‘Hutchinson.’ She cringes a little around the name. She wants to say Wisely, but the other name still sneaks out first because it’s still her legal name, and it’s still Junebug’s name. She will change it someday. The girl looks disappointed. ‘Sorry, was that the wrong name?’ Kelly gives her a teasing look, and Amanda laughs.

‘No no, it’s just that I used to—’ She takes a step and grimaces. ‘Never mind.’

‘Let’s get you inside.’

Amanda nods, and Kelly walks with her to the stairs. She puts a hand under her elbow—just a light brush, not too tight.

Just the promise of steady help.