Mice, Memory, and Medical history: A Personal Narrative

THESIS

Presented in Partial Fulfillment of the Requirements for the Degree Master of Fine Arts
in the Graduate School of The Ohio State University

By

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Graduate Program in Art

The Ohio State University

2011

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Abstract

My work is a response to natural stimulus, the beautiful and benign, the grotesque and insidious. My response is a personal synthesis of the two combining both beauty and repugnance. I use glass for its preciousness, fragility, lushness of color, and as a simultaneously utilitarian and luxurious material. I use other materials, plaster, metal, wood, and fabric, to name a few, when their material properties relates more closely to the idea I am trying to convey. I see art as a form of communication and I communicate in a very narrative way.

In using easily recognizable objects and images I seek to evoke a strong response in the viewer. My medical history and childhood becomes a frame of reference. Rashes, pests, mice and building materials act as specific emotional and intellectual triggers. I am sharing my experiences and observations as a way to connect with others. Additionally, the work is personally valuable to me as I am able to address traumatic and painful life events through the therapeutic act of making.
Dedication

This document is dedicated to my Mother and Father who allowed me the freedom to make, and to my brothers, friends and stepmother for their support and encouragement.
Acknowledgments

I would like to thank Richard Harned for giving me unhindered freedom to make the work I needed to make. For his advice and encouragement when I needed it, and the space to think when I didn’t.

I would also like to thank the rest of my committee members; Michelle Herman for helping me to get back in touch with my writers voice, and for her fresh approach to my work. Rebecca Harvey for patiently re-introducing me to ceramics, and encouraging me to explore new ideas. And Amy Youngs for so completely understanding my intentions and reminding me to look closer and find more meaning. I am truly fortunate to have such a talented, generous, and encouraging committee.

Thank you to OSU and The Art Department for my GTA and the facilities to make my work. Thank you to AGGRS for providing funding for my research. Thank you to my colleagues for your input and support. Thank you to my students, Katie Ream and Natalie Gregoire Baribeault for their constant willingness to help and the time they sacrificed for me and my work.

I would lastly like to thank my undergraduate professor Susan Holland Reed, you made me a better artist and your encouragement and faith in me has always helped me quiet my doubts and perceiver.
Vita

2004 ................................................................. B.F.A (Honors) Glass, Massachusetts College of Art

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Chapter 1: Glass

Glass has been my gateway material into the larger world of art. The act of blowing glass is as seductive as a dance and I fell in love with it. It is the perfect blend of physicality and artistry. It requires the best of me and it has kept me looking closer.

Glass’s long history as a utilitarian material makes it a touchable surface, yet it’s fragility and potential sharpness makes touching it not without risks. Even when holding a drinking glass, especially a handmade glass, a one of a kind utilitarian object, the tension is magnified. You use the cup carefully the awareness of using a precious, fragile, and unique object can change a pedestrian act such as sipping water into a remarkable one. I cannot under estimate the value of pleasure and risk inherent in the glass object.

As a glass worker I have grown accustomed to the broken glass; the irreparable and the permanently lost. I have grown accustomed to loss and yet it has not cheapened the material. It hasn’t made my process less labor intensive. In fact, it has made it more intensive because each success is that much sweeter. Each completed work that much more successful and valuable for the risk. Each new work asks me to look harder and
understand more fully the phenomenology and workability of glass. Glass is inherently beautiful, it is shiny, fluid, capable of producing spectacularly rich colors, and it captures and transmits light. Light so ethereal and vital that we are still trying to define its exact nature. The relationship between light and glass allows the sculptor to work in layers of opacity, translucency, and transparency mixing light and color in three dimensions. It makes glass the perfect material for me to create representations of living forms. Light gives glass life. Glass has trained my eyes and my hands to make art in the way my childhood prepared me to learn and experience life.

Artist Statement

I examine everything, from the mold on my rancid spaghetti sauce and the texture of my toenails to the drops of yellow water that collect on the ceiling of my bathroom after a shower. I look at everything and mentally catalogue shapes colors scents and feelings to be further dissected, categorized, contained, and interpreted. I see the patterns in nature and the colors as they mix in layers of transparency and opacity, and I make no distinctions between the natural world and the man made; in fact, I believe the hive created by honey bees is no more “natural” than the cities created by humans. Both Cities and hives are a constructed through the natural impulses of communal and social animals.

In addition to sharing some traits with insects we also share an intimate space. We live with small nibbling animals and sucking and biting insects. They live in the folds of our couches, beds, and clothes, run over us in our sleep, and nest in the walls of our
homes. They eat the crumbs we carelessly drop, and the skin that we slough off; they drink our blood, leaving welts, and take tiny bites of our flesh. They infest us -- and we poison them, trap them, drown them and burn them. They also carry disease that can infect us.

We are surrounded, filled and covered with viruses, bacteria and fungi. They eat off us, into us, and for us. They maim us, kill us, and spread through us, making us their home. I am afraid of what they can do to us. I am afraid of the way they spread through the bloodstream, using the paths that nurture and heal as a means of transportation and systematic infection. They creep and cause the skin to bubble and ooze, turning soft flesh into hard scales and leathery patches.

Studying images of pests and pestilence is like poking a wound that doesn’t hurt in the traditional sense. It’s like the insertion of a needle into a tensed muscle: it makes me light headed and nauseated. It creates a pressure in my stomach and the nape of my neck. As I probe the feeling deeper, my attraction counteracts my fear and discomfort. I habituate, desensitizing myself to the horror and learn to find the beauty in it.

So I infect the made object. I make it pretty, pleasing, and disturbing. I use beautiful colors, pleasing patterns, luscious materials to create an infection, a spot, or a spreading patch that necessitates the removal of the limb or section for the health of the organ or the building. I make the pinkies in their piles naked and vulnerable.
The work is an exploration of the disturbing and the endearing. It walks a psychological line between interest and disgust, preciousness and repulsion. I am fascinated by the tension created in displaying objects and installations that evoke strong visceral and opposing responses. It is my intention to create a situation in which the viewer is able to empathize with the vulnerability and fragility of both the work and the thing represented.

Figure 1. *Salmonberry Prosthesis*, detail of glass installation, 2007
Chapter 2: The Beginning

I was raised in an unfinished house. The walls that were lined with pink fiberglass insulation and covered with clear plastic coordinated with the pink flowers on the bed spread and the chiffon of my canopy. The exposed wires and 2x4 framing gave me a reference for the structure that lies beneath or over all things. The clear view into the inner workings of the home from its screws, wires, and joints to the mice that infested it, making it their home just as we did, made me look closer.

Figure 2. *Old House*, family photo, circa 1990
I looked for hazards; looking closer at the dishes for signs of mouse droppings, closer at the floors for the rough patches that would cause splinters in my bare feet, and closer for the nails, that if poking out, could ream holes into my heel.

I also looked for beauty; looking closer at the forest, seeing the trees, the bark, and the mushrooms; closer to see the slithering, scampering, and scurrying small reptiles, amphibians, and mammals; closer at pond water and potatoes under microscopes.

*The osb gave a little as our small feet pounded over it. We ran with salsa jars full of cloudy water from the stream. We stopped at the dinner table, a heavy, dark, wood affair with giant rounded chairs. Mom set up two of her microscopes on the table with a few different slides and some eye droppers next to them.*

*We unscrewed the lids of our jars, some of the water sloshing onto our hands and the table. But as carefully as trained lab techs we sucked the water into our droppers depositing a few drops on the slide, placed it in the microscope, and kneeling on the chairs expertly adjusted the focus. Then we would fight over who got to look first as there were two machines and three children.*

*When not staring into a world of the infinity small, my mother would let me make miniscule slices from different foods and materials around the house. I used a scalpel to*
get thin enough slices to make them translucent and viewable. We would draw what we saw, and tried to identify different diatoms in one of my mother’s freshwater ecology books.

In looking closer I developed an examining eye, a scrutiny which I apply to everything. With scrutiny come a need for knowledge, and the impetus for further research. I used Audubon guides to recognize and classify trees, flowers, fungi, birds and other animals and their tracks. I identified diatoms. I read my father’s anatomy and physiology books. I looked up everything I could in our world book encyclopedias. I grew up in a time before Google which meant that to know a thing you really had to observe and experience it.

*My mom pulled the truck on to the side of the road. She jumped out muttering something about being right back. She grabbed a trash bag, and though it was dark, I could see her put the dead raccoon into the bag. She put it in the back of the truck and we continued our drive to Massachusetts and grandma and grandpa’s house.*

*Mom was pleased that the raccoon was in such good condition as she was going to use it to make a coon skin cap for my brother’s Davy Crockett Halloween costume. The next morning we left my grandparents to pick up a new wood stove in New Hampshire. The wood stove wasn’t quite ready when we got there so we left the truck for them to load the stove into and went to get a snack.*
Sitting next to each other drinking coffee and cocoa, my Mom began to giggle. I looked up at her and said “What?” She replied, “I hope they don’t look in that garbage bag.”

I used to stand by the bird feeder for hours resting my hand on its edge covered in seed; trying to touch a wild thing or be touched by it. I used goggles to stare endlessly at the rocks in the ponds and streams, eyes peeled for fossils and anything shiny. I walked in the spring through muddy stream beds searching for clusters of frog eggs. I collected the sap of sugar maples for syrup, the wood of fallen trees for heat, and the Stinking Benjamin’s for my mom. I experienced the world in all its physical lushness and discomfort.

I found a dead mouse in the driveway. It was probably one the cat got. I used a stick to lift it onto a thin slab of slate and took it to my mother. “Mom,” I said, “can you show me how to skin this?”

Later that evening after dinner had been cleared from the table and all the washing done my mother put down some newspaper and plastic. She grabbed the scalpel, forceps, and tweezers she used for fly tying and set them on the table. She showed me how to make an incision along the limbs and across the belly a sort of X marks the start. And grabbing with the tweezers she lifted one cut edge with the tweezers and used the scalpel to cleave the flesh from the skin. She removed the entire pelt that way, and once removed the hide was placed in a tuna fish can filled with salt to dry and later be rubbed with a tanning solution.

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My brothers and I returned to the skinned mouse, all exposed muscle and bone. I grabbed the forceps and locked them on just below the base of the skull. I lifted the mouse into a bipedal position and proceeded to make him dance for my brothers. And as I began articulating his head as though he was singing I sang aloud Billy Joel’s River of dreams. My brothers joined in and we amused ourselves till it was time for bed.

I learned from my parents how to work and construct, how to make things with my hands, and how to take pleasure and derive satisfaction from the process and the results. I, through a combination of ingenuity and poverty, was taught the value of a “Do It Yourself” lifestyle. It is the crafts person as well as the artist in me that was drawn to glass in the late 90’s and what keeps me interested to this day.

Figure 3. Old House, family photo, circa 1986
It is with this understanding of my process as it relates to all subjects I can clearly see the evolution of my art as a consequence of examination and research. But I have turned my eye inward examining and interpreting my own experience so that I might communicate the humanity, fragility, vulnerability, and beauty of life. I want to engage the viewer and invite them to look closer too.
Chapter 3: Bed and the Beginning of an Autobiography

Our house was built on 30 acres in Greenville Maine on property my Dad bought in the late 70’s. They had planned on building elsewhere and selling that property, but the market hadn’t cooperated and they decided Greenville was good enough. They looked at books on building houses; there is one in particular that I remember reading on passive solar design. The design they ultimately settled on was a house with a single pitch roof with a 10.5ft tall south facing exterior wall covered in windows.

We built the house ourselves. I say we because though I was young I could wield a hammer and helped wherever I could. Mostly my brothers and I acted as clamps and weights holding and sitting on boards as our parents cut them or nailed them together. For the 8-9 years we lived in that house as a family it was never finished. It was added onto; my father’s rafting friends becoming enlisted every now and then, while my mom cooked dinner, to just help put up a wall or nail down some floor boards.

The land for the house and surrounding area was cleared by my parents. My dad would rent a backhoe to dig up the rocky soil and rip out the stumps left over from the trees that were cut and burned for firewood. I would sit on my dad’s lap and work the leavers
raising and lowering the bucket while he told me about the fantastic and elaborate
garden my mom was going to plant there. As it happened the rocky soil only produced a
rose bush that never flowered, a bag of potatoes, a few sugar snap peas, some pickling
cucumbers, and some wildflowers my mom later transplanted onto her father’s grave.

Figure 4. Bed, 8’x6.5’x3.5’, building materials, 2004
With Bed it was my intention to paint a picture of poverty and to comprehensively define our discomfort and pain. What happened was that while I referenced that poverty, I made something aesthetically beautiful out of materials that were meant to be unseen and thus not considered beautiful. In this one object I was referencing not only the discomfort of being poor, or going without, but also the beauty of the unseen. I acknowledged that though we lived in poverty my experiences were not impoverished. They were creative and fertile, we either made what we needed or made due without it.

Bed began the conscious use of my life specifically to create work for an audience greater than myself. I began to see my sculpture as a sort of autobiography. I have found the autobiographical writings of Authors like David Sedaris, Sarah Vowel, and Bill Bryson to be particularly interesting, amusing, and even illuminating. Although their lives are quite different from my own I empathize with their woes, triumphs, and adventures. It is through these realizations that I have come to accept the autobiographic sculpture as a valid and necessary form for my work to take.
Chapter 4: A Sculptural Medical History

There was about a nine month period after undergrad when I made little to no work. That period ended in the fall of 2005 with my apprenticeship to a glass sculptor, Karen Willenbrink Johnsen. To work for her I moved to Washington State from New England and rededicated myself to glass; expanding my glassworking knowledge and in doing so beginning a sculptural medical history. In 2008 I received a Jon and Mary Shirley Scholarship at Pratt Fine Arts Center which allowed me many hours of access to the glass working facilities there and assisted in the realization of this work.

Medusaphobia and Petraphobia

I took the 11pm bus to Manchester NH. The hour long ride had aggravated the pinch in my right side and it had become hard to breathe without pain. I figured sleep would resolve it soon enough. My brother came to pick me up. His headlights flashing as he pulled into the bus station. 45 minutes later we were at my mother’s house. I stayed there about twice a week spending the other 5 days of the week in Boston and Providence. I usually made it home earlier than I did that day, but I had picked up some extra hours of babysitting so my employers could have a date night.
I took a hot shower concentrating the stream on my right side and turning the sharp pinch into a dull ache. I filled a hot water bottle and went to grab a couple hours of sleep. I fell asleep almost immediately lying with the hot water bottle on my back. I was asleep for only 2 hours; it was the pain that woke me. No longer a pinch or an ache, it radiated out from my abdomen clenching my right side front and back. I poured the water from the bottle back into the electric jug and got back in the shower. I refilled the bottle with boiling water and went back to bed. I repeated this pattern several times, each time with a shorter interval of sleep. At 6:30 am I started throwing up.

My mother came out of her room as, wrapped in a towel, I came out of the bathroom. Our eyes met and before she could speak I said, “Can you take me to the ER?” she replied, “Yeah. What’s wrong?” I described my pain and even as I spoke felt the bile rising again. I dressed and got in the van. We drove to the ER in Peterborough about 35 minutes away on dark, bumpy, and winding, roads. I waited so long to go to the ER because I was uninsured.

When we arrived at the ER I was seen right away and given a cup to pee in, which I could only fill with a few tablespoons of dark urine. The nurse chided me for letting myself get dehydrated. As it turned out the color of my urine was not from dehydration but from the high percentage of blood in it. I was given drugs and IV fluids right away. It took 2 minutes for me to go from rocking huddled in pain breathing like I was running a
10K. to laying back in a manageable amount of pain and mentally caring little what happened next.

They gave me a ct scan and saw a 3mm kidney stone on its way from my kidney to my bladder. Scratching and scraping its way along my ureter. I was given painkillers and antibiotic scripts which my mother filled on our way home. I spent two days in my brother’s room watching tv, and making unfortunate food choices that had me both constipated and wracked with gas cramps.

Figure 5. *Petrophobia II*, 17” diameter glass sculpture, 2008
The kidney stones I made were much more elaborate, more colorful, and larger than the kidney stone I passed. The only visual evidence I ever found of mine was the minuscule off-white shards I found in the strainer I peed through for a couple days. But as in all things my curiosity compelled me to use the time I spent in bed recovering to research kidney stones and their causes, shapes, colors, and treatments. I learned that the form a stone takes is caused by the way minerals and amino acids can get caught in the kidneys filling the tubules and basically creating a casting of the negative space within the organ.

I also learned that the minerals that give the kidney stones their wide spectrum of possible colors are the same minerals that color glass, manganese giving a purple tint, calcium white and opaque. It was also the first time I began to really dissect color and try to recreate naturally occurring colors and patterns. By mixing layers of transparency, opacity, and translucency, I was able to create more complex patterns and more depth in the colors.

*Petraphobia II* is the most elaborate of the three kidney stones. It is approximately 17 inches in diameter and a prime example of the type of color mixing I have described. The kidney stones are another way of truly looking at the small and a way of visualizing the negative space within the kidney.

Spring Break
The room had 6ft ceilings, exposed pipes, and spiders above my bed. It was a small finished cell in the basement of a three apartment building. I slept on an old hospital bed left over from a previous tenant.

I woke up at about 1:30 am my bladder about to burst. I was barely conscious when I started up the narrow stairs to the apartment above. My foot caught and I fell forward putting my hands out to break the fall. 4 of the fingers on my left hand hit the floor where it met the exposed 2x4 framework of the building. My ring finger got bent back by the stud at an extreme angle. I was jolted into alertness by pain and examined my finger while I peed. It wasn’t popped out of the socket but it hurt like hell. I went to find some ice.

I lived with my Aunt...well really, when she was in town she lived with me in her apartment. She tried to never waste food and what she didn’t eat when she was in town went into the freezer. There was no ice but there was about 2 cups of frozen milk in the bottom of a half gallon plastic container. I took it back down to the basement with me and laid on my stomach palm up with the milk resting on my fingers.

I woke up in the same position 5 hours later, the milk had thawed. I called my insurance to find out which doctor to go to; as I was pretty sure the bone was broken. They said if I didn’t want to go to the ER they could get me an appointment with a doctor in about two weeks. I said, ”If it is broken the point will be moot in two weeks.” I got an appointment
that day. X-rays were ordered and the doctor told me I would get a call the next day if it was broken. No call came the next day so I resumed using my hand as usual, which meant blowing glass and working in the wood shop.

Three days later they called to tell me my finger was broken it had a crack in the middle phalanx and I needed to make an appointment with an orthopedic hand specialist. I called the insurance company and they said they could get me an appointment in a month, I hung up. I splinted it when I slept and used it gingerly for a few weeks.

Figure 6. Spring Break, 7"x24"x.25", pencils, nickle silver, 2008

Spring break is a sculpture illustrating the broken finger I had spring semester of undergrad. I used pencils as symbols of education; the supplies of the student. I
sharpened them to the length of the fingers of both hands and displayed them on the wall in a hand like configuration. I broke the pencil on the left ring finger at approximately the place my finger had been broken.

Palsy Portrait with Carrier

*After the divorce my mom remarried and we moved to New Jersey. New Jersey was vastly different from Maine, and one of those differences was that New Jersey has ticks. Dear ticks and wood ticks would lodge and gorge on the blood of our cat and dog. My mother would sit on the floor picking the ticks off the animals ending up with a pile of wriggling insects that she flushed down the toilet. One tick, a deer tick, ended up on me.*

*I was at a horseback riding lesson and quite suddenly my eye started to water profusely and I couldn’t seem to clear it. I was distracted and my instructor yelled, “Stop cutting the corners.” My horse, taking advantage of my inattention, had started to veer in toward the center of the ring. I rode in to the trainer explaining that something was wrong with my eye. She told me to, “Quit making excuses and get back on the track.” My eye continued to water and my performance remained dismal.*

*After the lesson my mom picked me up and noticed that half my face was paralyzed. It took hours of waiting in the doctor’s office on my brother’s birthday, a fact he still brings up as an example of how his birthday is cursed, to find out I had Lyme disease. I never worked with that instructor again.*
Palsy Portrait with Carrier is an illustration of my experience having Lyme disease. The portrait is of my face half paralyzed from Bells Palsy. It is a three tone rendering made to resemble the characteristic bulls-eye rash of a Lyme disease infection. The portrait is 6 ft tall and on the left cheek I installed a large glass female deer tick with its jaws imbedded into the wood onto which the portrait is painted. The sheen of the glass is perfect for the glossy exoskeleton of the arachnid and the red section of the body is etched and textured to mimic the hairiness of the magnified tick.
The deer tick is a carrier for Lyme disease. Lyme disease is a bacterial infection spread by the deer tick. The tick bites the host and buries its head into the flesh gorging on the host blood. Most infections occur when the tick has fed on the host for 24 hours or more, and rarely when they have fed for less than 24 hours. There are many symptoms indicative of a Lyme infection and symptoms can manifest at any time. Many people are familiar with the characteristic bulls-eye rash, but the other symptoms include those common to other infections like mono, extreme fatigue, nausea, muscle and joint pain and in rare cases, in my case, partial facial paralysis commonly referred to as Bell's Palsy.

Leaves of three, Let it be

I got into the shower with my sock on. The black fabric was sticking to the ooze that wept from my poison ivy. All my stuff was moved in to my dorm room and I was unpacked just enough to justify a shower. I let the hot water soak into the sock and loosen the connection. When I peeled it off some skin came with it leaving raw patches in addition to the raised and weeping areas. My foot was very swollen; the black sock had created an illusion of normalcy.

I went to student health the next day and they said they couldn’t do anything but that I could go to the emergency room in a town 20 minutes away if I really wanted to. It was orientation and I didn’t want to miss anything important so if figured if they weren’t concerned I shouldn’t be either. The next evening the rest of my leg started to swell and
get redder. The skin around the rash becoming too painful for even the touch of my pant leg. My RA told me to go to the ER.

I went and had full on cellulitis in my entire leg. They gave me antibiotics but said I may need to come back and get an IV antibiotic if I didn’t see extreme improvement within 24 hours. Also, I needed to keep the leg elevated. So all through my first week of Bio, Writing, Ceramics, and Society and Community I sat at the front of the class, my foot up on a chair in front of me.

Figure 8. Leaves of three, Let it be, detail, glass, 2008
*Leaves of three, Let it be* is an installation of glass poison ivy plants made to look like the blistered and raw rash I had on my leg. The dimensions of the installation can vary with the space they are installed in as each individual plant is secured to the wall separately. It is the illustration of a cause and effect relationship between an environmental hazard and the human body.

I feel that this series is ongoing and an idea for me to dip into whenever the inclination takes hold of me. It is mine to work on whenever I feel the need to heal and communicate my experience with others.

To say I am unlucky is inaccurate. In many ways I am very lucky. But in respect to my medical ailments in the words of my podiatrist “when it rains, it pours.” If I have one thing going wrong it is going very wrong and often I have two things going wrong. I don’t consider myself to be an ill person, though I do have intense and sometimes long stretches of illness or injury.

I also have good chunks of time where I am in good health with nothing more than the occasional cold to get me down. In a way, I sort of see it as the body’s job to get injured through activity and then repair. We stress and heal ourselves all the time it is how our muscles grow, our bones stay strong and our cells continually reproduce regenerating our entire bodies. But when these injuries happen on a larger scale we are sick, ill, and broken.
Chapter 5: Thesis work: Architectural Infections

I am standing in line at Lowes. I have some paint filters in my hand and I am staring hard at the 3 people in front of me wondering if they are buying 200 screws individually. I keep shifting on my feet. The wart on my big toe makes any pressure unbearable so for the last month I have walked with my toe up inside my shoe. The wart on the heel of my other foot isn’t as tender, but the one in my arch, the one that has quadrupled in size within the last month of waiting for a referral, is throbbing. I am trying to stand on the outer edge of my foot the same way I have started walking.

A jolt of pain travels from my ankle through my knee and into my hip. My modified gate has started taking its toll on the rest of my body. I am tired most of the time and sore at the end of every day. Today though the pain becomes too much. I realize I am about to start crying in the middle of Lowes. I drop the paint filters on a random display and leave the store yearning for my car and relishing the time spent sitting on ride back to school.

I see my advisor in the studio. He says something in reference to my upset state and I burst into tears, confessing the full extent of my pain and my frustration with the referral
administrator. One of my students is with him and I am embarrassed for crying in front of them. He offers to get on them for me and I say I will try calling one more time myself.

I go home and sit at my desk to make the call. When I get through I ask if I have a referral yet and she says, “No there is about a month waiting list for any of the dermatologists in network.” My voice cracks and tears start sliding down my cheeks again as I say, “It’s just that I am in a great deal of pain and the warts have gotten a lot bigger in the past month.” Her tone changed, “I am going to try to get you an appointment today. I’ll call you right back when I have something.”

30 minutes later she called me back. “How far do you live from Grandview?” she said. I replied that I lived in Grandview. “You have an appointment at University Foot Center if you can get there in 10 minutes. It is a podiatrist not a dermatologist. The size of the warts you described makes me think you may need a foot specialist.” They had grown beyond the scope of dermatology in the time I had waited for a dermatologist. I made it to the podiatrist’s office in 5 minutes; it was only 3 blocks from where I lived.

The wart on my arch was infected and they would all need to be surgically removed. I was given antibiotics. I had the warts removed in 2 surgeries. The first took out the two most painful, arch and toe, and the second the original heel wart and a small satellite growing next to it.
Architectural Infections is a series that began with my own experience of having plantar warts. In the fall quarter of 2009 the plantar wart, and the virus that caused it, that had lived rather peacefully on the heel of my left foot for many years, sheathed in layers of compacted skin, began to spread.

Plantar warts are caused by Human PapilomaVirus the most common, and ever present, virus around. It surrounds us, living in moist areas of our homes like shower floors. The form of the virus that causes plantar warts is related to the sexually transmitted version that causes genital warts and uterine/cervical cancer. It is called a sexually transmitted disease but unlike many forms of VD touch alone will spread it.
Viruses like cancer multiply and mutate using other cells to reproduce. The virus invades a susceptible cell and replaces the cell’s DNA with its own; turning the cell into a virus factory and spreading as it multiplies. The virus uses our own cells against us mutating what is already there.

My warts were bad because I had little immunity to the virus, and the stress of moving across country and beginning graduate school had not helped. After the surgeries, when told I needed to minimize my stress in order to keep from having another attack of the warts, I laughed aloud. I asked my doctor how many grad students she knew who were able to successfully minimize stress.

Figure 10. *Navel Sprout*, dimensions variable, photograph, 2008
The idea of having to remove a part of my body to help it heal was fascinating. I was thinking about how to combine ideas of infection, spreading, and excision in a recognizable and relevant form. The idea of the architecture of the home coming under attack in the same way our bodies can seemed perfect and even poetic. I was thinking of the human body as being the home for an individual consciousness and the house being the home for the body. I like the metaphor. I think using the home gives just enough psychological distance for the viewer to see the beauty and experience the horror.

Because the virus uses the existing cells to multiply I thought it appropriate that the wall mutation should be a mutation of the materials used and primarily the drywall. So I used plaster and spackle to create the diseases by casting the plaster into rubber molds and applying the forms to the drywall with spackle.

Figure 11. Garlic Husks and Potato Sprouts, source image, 2010
The molds I used were impressions taken off of garlic husks and extravagantly sprouted potatoes. I used forms that would be familiar but likely unrecognizable in the context. It is another way of making the ordinary both disturbing and beautiful and of using half noticed half remembered forms to lend verisimilitude to the work. They are found patterns. In using the same few forms over and over again I am able to have my artistic process relate to the actual process of virus reproduction. In effect the rubber mold becomes the cell that replicates the virus, or at least the more obvious visual effects of the virus.

The coloration of the infections is based upon the actual range of color in warts in humans, and the color of mold. It has been pointed out that in this work I have created puns within the process using mold as an inspiration, and molds for production, and I feel that is true enough. In the process of creating a fully integrated process and idea through sculpture it is pleasing to me that other relationships, unintentionally but poetically, exist.
First Excision is approximately 23 inches square and 5 inches at its widest point. The texture is from garlic husks and the colors are evocative of the fleshy blackened color of moles, warts and melanomas. This is the first work in the series and is highly influenced by the latex body modifications I made and photographed prior to entering graduate school. It sits on a piece of clear plastic commonly used in construction for protecting surfaces, in this case it is keeping the virus present on the wall from infecting the surrounding area through direct contact with the floor.
Figure 13. Second Excision, dimensions variable, plaster, drywall, wood, paint, 2011

*Second Excision* is the second work begun in the series. It is approximately the same size as First Excision. It is related to the navel sprout piece, in that the form is made from potato sprouts and the growths appear to emerge from a recess, however the recess in *Second Excision* appears to be created by the virus as opposed to the navel sprout which is growing out of an existing crevasse. It also has two different textures present on the same work but segregated by appearing only on opposite sides.
My intention is for it to appear as though the growths protruding from one side are actually drawing on the other side for material making the opposing side sunken and desiccated. It, unlike the others, is displayed on a makeshift table of a sawhorse and plywood with a layer of plastic between. Additionally, on the wall next to the piece there is evidence that the piece was recently removed from the gallery wall. A space the size of the excision was treated to look like a patch of drywall was used to repair the wall but has
only reached the spackling phase leaving it un-sanded, unpainted, and as exposed as a repair in progress. It is about healing as opposed to being healed.

Figure 15. First Amputation, 8'x4.5'x6", Plaster, drywall, paint, wood, glass, 2011

First Amputation is the Architectural Infection that most closely resembles Cutaneous Malformation. It is formally very similar as the way it is displayed in the gallery is directly related to the position of the leg in the photograph. It is 8 feet by 4.5 feet and 6 inches at its widest point. First Amputation, more than the others, appears as though it is
being eaten away, and consumed by infection. The infection in this case necessitated the removal of a more vital, more functional, section. In this case the removal of the whole doorway and a part of a bearing wall. Its coloration and even the drips of glass are based on a mold growing in my spaghetti sauce.

This idea of being eaten away or transformed into unrecognizability by an uncontrollable force working on a cellular level is deeply disturbing. It is seriously disturbing to find yourself not in control of your own body and feeling as though it has somehow traitorously betrayed you. Add on to that sense of betrayal, constant pain and what you should have is a mind as worn down and tired as the body. In my case, the act of making and the urge to communicate transcends the pain and make it all much more bearable.
The fear persists, the fear of pain and being out of control. I have seen my fears realized in the case of Dede Koswara also known as The Tree Man of Java. His exposure to HPV is thought to have come from a cut he got on his knee. The cut, in conjunction with a metabolic and immune disorder, caused the warts to grow and cover his hands and feet in cutaneous horns making it impossible for normal movement. His fingers and toes literally fused together.

Even now, just describing his condition, I am more aware of the space between my fingers as I type and how they move, if not fluidly, at least steadily and controllably over the keys. It is that discomfort and fear, which makes me keep looking and making. Fear keeps me examining my own feet for roughened raised patches of skin that could signify the return of my warts. Fear keeps me mesmerized by the images of Dede Koswara and other clinical images of unnamed patients covered a multitude of growths. It’s like I’m poking a wound to see if it has healed, to see if my fear has subsided.
In making the *Pinkies* as piled and curled up individuals I have come to realize that this work is less about infestation and more about vulnerability. Vulnerability can manifest itself in many ways. Individuals cope and hide their vulnerability with different emotions and habits, but identifying naked vulnerability is easy. The limping or decrepit herd animal will be the easiest to hunt, the limping person on crutches the easiest to mug, and the blind, naked, baby mouse easy to harm.
In addition to its vulnerability there is also disgust. Actually I should clarify, in addition to the disgust some may find at being vulnerable, there is a disgust with the animal itself. Mice are pests, disease carriers, and they shit where they eat. They are in a word; “gross”. And piles of 6-7 baby mice also imply that soon there will be 6-7 adult mice running amok and reproducing themselves.

A New Home for Childhood Memory and A Reconstruction of Home

Figure 18. Shipping Container, Photo, 2011
The shipping container project, as it was known for quite some time, has changed as has the idea behind it. I endeavored to make a work about mice and memory, childhood and inquisitiveness. I have succeeded, however my original description of the work as a field lab or work space became less apt the more I worked toward the goal. The things that worked, the parts that were more than just neat looking changed the way I thought about the work and it became less a field lab and more of a container, a house, or a new home for childhood memory.

Figure 19. Entrance to A New Home For Childhood Memory, 22’x8.5’x8’, shipping container, building materials, glass, 2011

By using the materials that created the aesthetic of my childhood, as well as found objects representative of the time period (80’s and early 90’s) I am making the work more specific to my childhood and my experience. I have often been warned that this
type of specificity could alienate more people than it engages but it seems more likely that artwork that is too vague runs the risk of speaking to no one instead of everyone.

The original idea included preserved mice in jars and while these were interesting as objects they are less engaging than the baby mice open to the room and visible without a barrier. To share the open air and direct space with them created more tension and empathy. There are fewer boundaries between us and them. In addition to eliminating the boundaries between mouse and human I needed to create a more intimate and womblike space allowing the mice to become a focal point of the overall environment. To do so I built out walls floor and ceiling making a room within the container that was less than 6ft3in tall recalling an attic space, a space were things are stored. Within the space there are 8 bare bulbs glowing softly. Of the bulbs hang over piles of mice each out, open, and displayed at the same height on the sides of the room.
At the far end two bulbs slightly lower than the others illuminate a table and on the table is a single mouse curled up on a bit of dryer lint and an older walkman sport. It’s yellow case bright against the soft pink of the room and mice. When viewers put on the headphones they can hear me and my parents telling the story of how my childhood home came to be. It is edited together from separate conversations I had with each of them on Skype to create a more complete narrative. The audio is the element which ties it all together for me; bringing memory and vulnerability together in one home.
Childhood, its traumas, joys, and mundane days of routine are the basis for a personal archeology. I am excavating memories to better understand adult inclinations and instincts. I would like to think that my work about childhood will pass but as with all things I will continue to look closer with both rapture and disgust.
Chapter 7: Work in Progress

Mouse traps

I read one of my mother’s books on genetics, a slim volume bound with a maroon fabric cover. It was the cover that attracted me to it on the shelf. As I read it began describing allele dominance as it related to coloration in mice. This led me to want to capture wild mice and through selective breeding over several generations breed the darkest mouse and the lightest mouse possible.

I knew there would be many intermediary mice that would need to be dealt with so I decided I would either feed them to the cat or sell them as pets and make friendship bracelet style collars for them as a selling point. I got my parents to buy me some live traps, pretty ineffectual little boxes that relied upon the weight of the mouse shifting the center of gravity and causing the door to close. After many unsuccessful weeks I soon lost interest but did not collect all the traps before I stopped checking them.

At least a week later I found that one of the traps had worked and that the mouse inside had been dead for quite some time. If I hadn’t lost interest already I would have lost the
stomach for it after starving a mouse to death in a small dark trap. I turned a live trap into the most inhumane kill trap.

Figure 22. Mousetrap, dimensions variable, video, glass, 2010

The mousetraps are a way of making what would be a utilitarian, disposable, and potentially disgusting object a lovely and functional sculpture. It gives an air of luxury to an otherwise distasteful chore. The clear glass allows you to see everything that is going on in the trap. This is a real contrast to many versions of the mouse trap that are not only inhumane but keep the inhumanity invisible. The many “no view, no touch” traps on the market keep you from the reality of taking a life. My traps actually let you see the pest, witness it struggle, snack, and accept its plight.
Future works in this vein will include:

A series of beautiful light fixtures that function as insect traps, including a design that allows for easy access and emptying of the carcass chamber. An elegant alternative to fly paper, and in all honesty fancy lighting often becomes an expensive insect trap anyway.

A series of yeast traps for catching and preserving wild yeasts and the lacto bacilli that create the flavor of a location, such as the flavor of a sourdough, beer, wine or other food made with wild yeast. By culturing and drying these yeasts into stasis I can preserve their biodiversity and turn them into heirlooms by creating a type of memento vivo brooch out of each sample.

Chucky the Bear and Future films

Figure 23. *Chucky The Bear*, stills from 1.5 minute animation, 2010
*Chucky the Bear* is a hand drawn animation about 1.5 minutes long illustrating my childhood experiences with our resident bear. I have found that there are many stories like this that could be strung together like acts and made into a feature length film. I am also tempted, as in *A Reconstruction of home*, to use more clips from conversations with family members to flush out and enhance the visual narrative. And because I can’t make anything easy I would also like to score the film using a Glass Armonica which I make myself.

**Walking in the woods**

For the next few months I will be walking a large section of the Appalachian Trail. Along the way I will be healing my body from its most recent ailments. While increasing my physical strength and stamina I will allow my mind to wander and remember, and allow my hand to write without a specific intent. I will also be looking closely at my surroundings and drawing from observation. I am going to make some room for new thoughts, directions, and emotions.
Chapter 8: Conclusion

A decade sounds much longer than 10 years, feels longer too. That is the amount of time I have been seriously pursuing art. It took a while, but my voice emerged and I am hitting my stride; able to quiet the self doubt more often and more successfully.

Over time patterns have emerged that turned into series which turned into a body of work. It has grown naturally from the conceiving of and making of art more or less continuously. I have begun an autobiography, and though it is my story I am telling, I am also telling our story, a story of pain, humor, safety, vulnerability and beauty. I don’t skimp on the details or shy from the potentially embarrassing aspects of our human condition.
References


Appendix A: An Essay on Pain

I have been typing for several hours. The work that was more important than a hot bath or a full night’s sleep is done, but instead of being relieved I am in excruciating pain. The twinge in my shoulder that began this afternoon has, by 2am, become a tight, twisted knot. The pain is constant, but worse when I turn my head, causing moments of spasm sufficient to keep me from moving more than I have to. My head practically immobilized, I search for my strongest drugs.

The years between undergrad and graduate school, of being uninsured and underpaid, taught me to fill every prescription to its max and keep it around, just in case. I knew I had some painkillers left from my foot surgery, and I looked in all the usual places, but could not find them. I bent to look under the microwave stand in the kitchen, and cried out as my shoulder protested by sending a jolt of pain through my neck and into my scalp. Fuck it, I thought; I’ll take some Aleve.

I took two pills (the maximum dosage) and chased it with a full glass of water and a few teaspoons of magnesium. Well, that ought to do something. As I went down my mental checklist of possible treatments, I hoped that I had estimated the right amount of magnesium to ease the pain (as magnesium is often recommended as a natural muscle...
relaxant by naturopaths), but not enough to make me crap myself (since it is also a common treatment for constipation).

I had 30 minutes to wait for the drugs to start working, and decided to spend them in the shower, under the hottest water I could stand. After only a minute, I felt my neck relax enough to allow some movement. I sat down in the bathtub and let the water run over my neck, shoulders, and back.

In my family, there is a belief that a shower or a bath can cure any ill. Well, a shower... and triple antibiotic ointment. I have learned that while this is often true, there are some pains that hot water and topical gels can’t quite reach.

When I was seventeen, I lived in New Jersey with my mother and two younger brothers. I had just a few months before received my driver’s license, and had just started to get over the novelty of driving myself around. (Having to pick up my brothers from multiple activities helped with dampening my enthusiasm for driving.) One of my frequent destinations was to the Atlantic Club, a family-oriented gym. This day, I made it there with only a few minutes to spare, and jumped on the elliptical with just enough time to warm up before meeting my trainer.

My first symptom wasn’t pain, it was a weakness I normally associate with low blood sugar. I was working with my trainer, Elisa, when I began to show outward signs of my inner disorder. I was doing pulls to strengthen my triceps, and could see in the mirrored walls that with each pull I became paler and paler, the amount of sweat on my face disproportionately high in relation to my exertion. I stopped, and Elisa asked me if I had eaten breakfast. I indicated that I hadn’t. We went to the café and I drank a glass of
orange juice slowly and deliberately. Elisa chastised me for not eating before exercising. Her explanations of the metabolic process were drowned out by my own thoughts that something is wrong, and the realization that a pain was beginning to needle away at my right side, just below the ribs. She told me to go home, and I rejoined the conversation long enough to agree. I got in the car and drove the 20 minutes back home, the pain getting worse and my sweating becoming more profuse. I knew I just needed to get home and get in the shower; I had pulled a muscle, or I had cramps from constipation or gas. I just needed to shower.

I understand my mother’s motivation for remarrying and moving us. She wanted to trade a rural life of subsistence for the ease of a suburban lifestyle. She longed for a life free from poverty, and from worrying where the next check would come from and how far it would go (never far enough). We lived in a raised ranch on a quiet street with little traffic and no crime. We had a lawn and flowering trees, a pool, and, in some rooms, wall to wall carpet. This was luxurious compared to the rock and weed landscaping, fiberglass insulated and plastic covered walls, and the subflooring we walked on in Maine. Though these comparisons were ones I often made when pulling into the driveway of the Jersey home, on this day I drove there in pain and my thoughts were understandably elsewhere.

I parked and went straight to the upstairs bathroom, because it had a tub I could lay in. Standing seemed to make the pain worse. My mom was on the phone in her office, so I didn’t see her on the way. I turned on the shower and lay down in the tub, positioning myself so the water hit my side first. I stared at the light gray walls. The bathroom had
been remodeled, but I still remembered the wallpaper that was there when we moved in: cobalt blue with a metallic sheen, and a velvety textured Fleur de lis design. It overpowered the small space, making it dark and oppressive. The blue, in combination with artificial light, had made my skin look sickly. The new gray walls enhanced the natural light from the one small window. As I lay there, the late morning light shifted slowly over the vanity.

Mom came to the bathroom door and asked why I was home early. I told her I didn’t feel well and asked her if she could pick up my brothers from tennis, as I didn’t think I could. She said she would, and left to make more calls, the sound of her voice barely audible over the sound of the shower.

It wasn’t unusual for me to deal with my own ills. If I had a cold, I would take Sudafed, lay in bed and drink juice, and ask her to get me some popsicles at the store. If I had menstrual cramps, I would get myself some Tylenol and a hot water bottle, and request Chinese food. My mother expected a certain level of self sufficiency in her offspring. As children, when we asked for juice or a snack, my mother would respond with, “Is your arm broken?” After the honest reply, she would continue with, “Then why can’t you get it yourself?” It almost made it worth the pain, the one time I was able to point out that, in fact, my arm was broken. We laughed as she poured the juice.

I lay in the tub until a shot of pain made me scramble out just in time to throw up in the toilet. I left great puddles of water on the tile floor, and after the orange juice left my body, I pulled a towel from the rack and wrapped it around myself as I began to shiver. Once the urge to vomit subsided I got back in the shower. I was there another
couple of minutes before my mother returned; the sound of the shower had kept her from hearing me get sick. The pain was getting worse, and I knew that no amount of hot water was going to make this better. When she knocked and said she was going to go pick up my brothers, my response was, “What side is the appendix on?” She replied calmly, “The right side.” I paused for a moment, figuring out if I could wait the 40 minutes it would take her to get my brothers. I decided I couldn’t. “I need to go to the hospital.” My voice cracked a little as I said it. “Okay,” she said, and went to call our HMO and the boys' tennis coach. Her response to emergency was action first, emotion later (or never). She came back after a few minutes, and said we were going to the emergency room at Centra State.

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Leaving Maine had been difficult. We not only left the only home we had ever known, we also left my father. The moving truck was packed full, and my mom and her new husband Frank (married just the day before) joked that they packed the truck so tightly not even an additional newspaper would fit. I remember my mother as jovial, a new bride happy to leave her old life behind. I hated that they were happy while my brothers and I were miserable. They showed little sympathy for how difficult leaving was for us. I was careful not to show how upset I was – both at her marriage, and at having to move.

The last time I had expressed an opinion was in a fit of anger and frustration when I wrote “I hate Frank” on the mirror in my room, using a lipstick from a child's makeup kit. I left it there for almost a week, letting the crude pink words become part of my
reflection until I no longer noticed them. I don’t know why my mother came into my room; she was probably dropping off some clean laundry for me to put away. I imagine that she was leaving when she saw the writing on the mirror. She yelled at me, asking me if that was how I really felt, asking me why I hated him. I lied and told her that I didn’t really hate him, that I just got angry when she liked the flowers he sent her for Mother’s Day more than the necklace I made her. (The flowers were in a vase on the table, and the necklace was left on top of the refrigerator until we moved, and then I never saw it again.) Though this was the event that had sparked my anger, my hate was multifaceted, and under-articulated. Full comprehension came later, after we had lived with him some months, and had ample time and opportunity to catalog his misdeeds. She threatened to call him and break up with him. She screamed at me, her face red and wet with tears, asking if that was what I wanted. What she meant was, Do you want me to be unhappy. I said, “No, don’t call him.” It came out as a whine between sobs. I don’t remember how many times I had to insist before she stopped threatening to call.

I don’t know if that was really a turning point in our relationship. After that day, I vowed that whatever I thought about Frank, and by extension their eventual marriage and our moving, I would keep to myself. I think I was trying to protect us both: her from my judgment and me from her reaction.

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I dressed as well as I could. The struggle of getting into a bra while still wet didn’t seem worth the effort, so I put on my sweat pants and a T-shirt. I told my mother I needed a bucket for the ride to the hospital; though, as it turned out, I needed it just to get
downstairs. I took most of the stairs on my butt, then got into the car. The hospital was 30 minutes away and I felt every one of them. When we arrived, I was put in a wheelchair and taken into the ER to wait for my mom to park.

I don’t remember how long I waited. I do, however, remember being asked several times if I could be pregnant. My responses varied from a straight “no” to “that would be impossible.” I was asked what my pain was on a scale of 1-10, 10 being the worst pain I had ever felt. “Ten,” I said. I was told my blood pressure was high, and that it was unusual because extreme pain usually makes it lower. “Like I give a shit,” I said— but not aloud. By this time, my wet hair had soaked the front of my shirt, and I wished I had put my bra on. I was in danger of winning a wet T-shirt contest in which I was the only contestant. I began to shiver, and my mom got me a blanket. There were no available beds with screens, so I sat on a gurney in front of the nurse’s station, huddled and rocking with the pain.

I passed at least an hour sitting there before I was moved into a room. There were fabric curtains that didn’t fully close, and the floor was still wet from being mopped. I was given a gown, and my mom stepped outside and let me put it on in private. The nurse gave me a cup to pee in after again asking if I was pregnant. Thirty minutes later, the nurse returned and told me I wasn’t pregnant. NO SHIT. I asked for something for the pain, but was told I couldn’t have anything until they figured out what was wrong. Then she said she needed to take my temperature again. I opened my mouth. “No, I need to take it rectally.” I rolled over. The nurse left after noting my temp was normal.

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We spent our last night in Maine with my dad. I had a Girl Scout function, then he took us to a dinner he couldn’t afford. It was during dinner that I started to feel like my ears were full of water, and Dad took me to the little ER in town. The doctor on call had no other patients, so he saw me right away. I was diagnosed with an ear infection and given antibiotics.

The next day, Dad came to say goodbye before we left. I tried very hard not to cry so I wouldn’t make him cry, and he left before we shut the moving truck. As we drove in our caravan of two, he passed us, honking and waving. Mom pulled the van over to the side of the dirt road. My father came to the driver’s side window and handed my brothers and me baseball caps. They were nearly identical to the one he wore that day, the one my brothers and I had admired the night before. His smile was tight as he gave us the hats and said goodbye once more. I saw the hats for what they were: an excuse to see us one more time before we left the road we grew up on, and the town we called home. It was his last chance to remember us as we were before everything changed.

The light that framed his figure in the window erased the lines on his face, and made him seem younger and sadder. When I think about that moment and all that we lost that day, I think about how he must have felt to return to an empty house. How the silence would have been unbearable. How he must have cried then, as I cried, laying in the back seat of a minivan moving farther and farther away.

The doctor came in. He had what I now recognize as a Czech accent, and was probably in his early fifties – though it was hard to tell since a straggly brown beard
covered half his face. He poked at my abdomen, and seemed pleased with my abrupt inhalations and the tears that seeped out from between squeezed eyelids. “You may have a hernia,” he said. “I will have to do a rectal exam.” I rolled over. I know that a rectal exam only requires two fingers, but if you asked me then how many he used, I would have said his whole hand. “No hernia,” he pronounced. “I am going to send in the (insert specialization here) surgeon,” he said.

I wish I could tell you what my mother and I talked about during the hours we spent in the emergency room. I just don’t remember what we could possibly have had to say. I do know what we didn’t talk about: we didn’t talk about Frank. We didn’t talk about the last time she was the hospital, watching him die of pancreatic cancer. ***

I did not grow to love my stepfather; I didn’t even grow to like him. People have told me that you should forgive someone when they die. I don’t believe that for a second. I won’t forgive a man who never admitted his fault, and it takes no extra energy on my part to deny him forgiveness. As far as I am concerned, he was an asshole who tolerated my brothers and me because he wanted to be with my mother. He reminded us at every opportunity that we lived in his house, that our things were his things and he could take them whenever he wanted to. Our mother was his wife, and her first duty was to him. He had three grown children who barely spoke to him, and an ex-wife that hated him for leaving her for a younger woman (my mother). The only emotion he was really good at eliciting from either of his families was resentment.
The marriage would not have lasted. I could already see where it was beginning to fail. By now I was getting good at recognizing the patterns in my mother's behavior, and I saw the change in her the day she began to realize what I already knew. But, before she could begin to disengage, he was diagnosed with cancer. What followed was 5 months of chemotherapy and her constant care. The chemo made him really sick. He didn’t let us see him. He stayed in their bedroom and only left to use the connecting bathroom, the door of which was always locked. He lost a lot of weight. I know this because of the glimpses I would catch of him through an opening or closing door. Each time I saw him, his hair was longer and his bones more prominent, a fact made more evident by the underwear that sagged down around his hips as he sat up in bed. My most distinct memory of his deterioration was when I caught a glimpse of him right before he went to the hospital, memorable because he saw me, too. He looked at me the same way he always had, as though I were a nuisance, as a child he wished was neither seen nor heard.

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We didn’t talk about any of this, my mother and I, as we waited for the surgeon. We have spent the last 15 years successfully avoiding the subject of my stepfather. I usually don’t believe in avoiding the difficult issues in any relationship, but in this case it works to preserve what we have. This is a relationship with someone I do want to forgive, even while I adjust my expectations of her. Frank’s death made my mother a single parent again, and as my father was too immature, irresponsible, and distracted by his other family to bear his share, the burden of my brothers and I was laid on her shoulders. On this day in the hospital, we sat and worried. She worried about my pain, and I worried
about the emotions she wasn’t showing, about what I thought it must be like to remember Frank’s death.

The surgeon came in and poked some more, and said he thought it was my appendix. Several hours after entering the ER, he came to the same diagnosis I had after only a few minutes in the shower. He ordered a CAT scan and an ultrasound. Another nurse came in with two large glasses of what can only be described as the thickest, sweetest, most metallic, and most disgusting Kool-Aid imaginable. I drank it all as instructed. Sometime later, they took me for the CAT scan. The pain had lessened; six hours had passed since my arrival in the ER, and I was able to move myself onto the CAT scan tray with little help. As I was being scanned, however, the pain from my full bladder (necessary for the ultrasound that was to follow) began to trigger the pain in my side. The way the two pains seemed to ricochet through my abdomen became the only thing I could concentrate on. I closed my eyes and willed myself to remain still. Afterward, I was returned to my room, to wait for the next test or the next doctor.

My next visitor was not the surgeon, but the Czech doctor. He looked triumphant when he told me I had an ovarian cyst the size of a baseball. He said the surgeon had thought it was my appendix, but he had known all along that it was not. I imagined the clean cut American surgeon begrudgingly paying this straggly Czech doctor after losing the bet. He said they would be calling in an OB/GYN surgeon to give me a pelvic exam.

We shuttled back and forth between New Jersey and Maine – the 500 miles between getting longer and harder to make with each trip. We were homeschooled, and
that allowed us greater freedom when scheduling visits. Despite this, we saw our father less and less as the years passed; not because we didn’t want to see him (though eventually I didn’t), but because we didn’t want to see his girlfriend.

The 7 years since the divorce had proved my father had even worse taste in women than my mother had in men. His girlfriend was pregnant less than a year after the divorce, and my half-sister was born when I was twelve. I loved my sister, but Patti, her mother, had always been volatile. Pregnancy caused Patti's mood fluctuations to become more difficult to anticipate, and even harder to deal with. I took her anger and sadness personally, and did everything I could to appease her. She got colder as she became crazier. My dad told us she was depressed, and that was why she treated us the way she did. When she locked us out of their house and ignored us when he went to work, or told him we did and said bad things to her that we didn’t (but would be punished for), my father called these ”symptoms”. I called it abuse, but not until years later when I was able to put names to the things that hurt us, my brothers and me.

For me, the last straw came on a summer night, after dinner at the picnic table. I told my dad we would be leaving a day early. Patti got really angry and yelled at us for not considering her schedule when making our plans. She strung together a series of accusations that made little sense, and were so often shuffled and repeated that they became unmemorable. My father responded as he usually did; to betray us by agreeing with her just enough to keep from becoming the object of her rage. He was worse than usual on this night, and piled on the guilt until I broke.
I got my brothers and my bag. I walked us up to the corner store and used the pay phone to call my mother’s cell phone. She didn’t answer. I tried calling the only other adult I knew in the area, the only one whose number I had. Melinda was a friend of my father’s, but I thought maybe she would understand that we couldn’t take it anymore, and she would let us stay with her until we could get a hold of our mother. Melinda answered the phone, and I explained the situation. She said she would be there soon. As we waited at the corner store, the light from within glowing yellow on the sidewalk, I told my brothers Melinda would come and get us. I told them I would get us away from here. I would keep us safe.

My dad walked the couple blocks to the store and reached us just as Melinda pulled up. Before he was able to speak, I opened the sliding door of her minivan and told my brothers to get in. Melinda came around the side of the car and said she wasn’t there to pick us up. She had called my father after she hung up with me. He was going to take us back to Patti’s house. She tried to convince me that I was overreacting and I was probably just PMS’ing and I would feel better soon. I was crying as she left and my father walked us back. I could feel the panic of knowing I was trapped, of realizing that all the adults in my life had failed me as I had failed my brothers. I promised myself then that I would never let us become trapped again.

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Another hour and a half passed, during which they canceled the ultrasound and I was finally able to pee. My mom called my brothers and gave them an update. My pain
was hovering around 2-3 at the time I was moved, without my mother, into a real room with solid walls and a door that latched shut.

My new doctor was Balwant Chatwall, an Indian woman with glasses that sat low on her nose, and soft, dry hands. Hers is the name I would remember for all future medical history forms. She and a nurse helped me into the stirrups, and explained that they were going to palpate my ovaries to better judge the size of the cyst. There were no more lightweight exam blankets, so they threw a heavy, woven hospital blanket over my legs. As I lay there, the excessive weight of the blanket seemed funny, as did the burping noise of the lubricant tube being squeezed, and I started laughing. I kept laughing all through the examination. At one point, I thought I might pee on my doctor, and this made me laugh harder. The nurse and Dr. Chatwall seemed disturbed by my reaction. Their eyes moved periodically from my crotch to my face; their reassuring smiles disappearing in stages as my laughter escalated.

The exam over, they took my legs out of the stirrups but kept the blanket over my lower body. I stopped laughing when they let my mom into the room. The doctor explained to my mom, and almost inadvertently to me, that the cyst was even bigger than they’d thought. It was actually the size of a grapefruit, and might be encapsulating both my ovaries and oviducts. When she said this, she was looking at my mom, not at me. So no one noticed when I started crying; no one noticed until I let out a choking sob and started shaking. I lay there and cried, the full meaning of everything breaking through the façade I had created to keep my mother from being upset. It was the doctor who comforted me, not my mother; her hands covering mine, patting them as though that
would help. I was angry with her for telling my mother and not me. I wanted to have this moment in private, and cry alone without being self-conscious. I needed to give this news to my mother through a closed door.

The doctor said the cyst would need to be removed, and a surgery was scheduled for 7 am the next morning. I stopped crying as I was lead from the room. I was still upset and digesting this latest diagnosis, but after the physical and emotional exposure I had already experienced, I was unwilling to cry in front of the strangers that bustled through the busy ER.

I was admitted to the children's ward of the hospital. My mom left to check on my brothers and to get me something to eat. I sat on my hospital bed and watched terrible late night TV. It was 11 pm. I had been in the hospital for 10 hours. Mom brought me some pizza, which I ate quickly as it was the only solid food I’d had all day. I had been warned by the anesthesiologist not to eat after midnight, and I immediately remembered a scene from the movie Gremlins when, as a result of feeding after midnight, horrible, evil monsters grew out of the kindly, fluffy, non-Gremlin. What could actually happen was much scarier; I could choke on my own vomit and die in the middle of surgery.

My mom told me she had called my father, and he asked if I wanted him to come to New Jersey. “No,” I said. ”Definitely not.” The last thing I needed was him weeping at my bedside over my potentially ruined reproductive system, lamenting the grandchildren he would never have by me. I couldn’t handle his pain and mine. He would make my pain about him and I couldn’t deal with another instance of his inability to protect me. Mom left at midnight to get some sleep before my surgery. I told her to go; I told her I
would be okay. I needed some time alone to deal with my reactions to the day’s revelations. After she left, I tried to sleep, but couldn’t get comfortable. I talked to the nurse when she checked on me. She was short, her head barely reaching my shoulders, and her red hair was cut in a chin length, no fuss bob. She was efficient and wore no makeup, and I wondered if she was someone’s mother. I asked her questions I already knew the answers to. “I only need one ovary to reproduce, right? And a man.” She replied, “You don’t even need the man. Just the sperm.”

In that moment, she became my favorite nurse. She told me about freezing eggs, and talked me through a series of thoughts and options that at 17 I was not nearly ready to consider, but I was grateful anyway. When the pain started to return, she brought me a shot of Demerol (another reason she was my favorite). She asked if I wanted the shot in my butt or in my leg. My sense of humor had returned, and I told her, “I’ve had enough things in my ass today, I’ll take it in the leg.” She gave me the shot, put up the bed rail, and left. I lay back and waited for the drugs to work.

They never worked. Within 15 minutes of getting the shot, the pain was back to a 10 again, and I knew I was going to throw up. I hit the nurse’s call button, and no one came. I tried to get to the bathroom, but the rail made it difficult, and all the extra effort made the pain worse. I vomited pizza all over the floor next to my bed. I struggled to the bathroom and kept throwing up. For the second time in 14 hours, I sat on the bathroom floor with a towel around me. I stayed there and hit the second call button that hung within reach of the toilet. The nurse came back and saw me in the bathroom. I apologized
for throwing up on the floor and told her the drugs weren’t working. She called the doctor to get permission for another shot, and to tell my mom to come back.

I got another shot in the opposite leg, and my mom arrived quickly. (With no traffic at 2 am, the trip was shorter). I couldn’t be in the bed. It was too uncomfortable. I sat in a chair normally used by visitors, and my mom sat in the chair across from me. I was in more pain than before: I had a new definition of 10. The pain went in cycles. It had a quick rise, and at its peak I could only moan and rock in the chair. After a minute, it would slowly recede and I would stop moving. I later found out that I would pass out for about 30 seconds until the pain would wake me, and I would start the cycle again. I have no memory of this; the time seemed continuous. The nurse informed the doctor that my pain was proving to be stronger than the drugs, and they moved my surgery up.

I was helped onto another gurney and rolled out of the room. As we went down the hall, I looked at the fluorescent lights on the ceiling, thinking, ”It looks just like it does in the movies. Now would be a good time to pass out.” I didn’t pass out. I blacked out. I am told I was awake and answered the anesthesiologist’s questions before I was put under. I was shaved and intubated. The tubes that snaked down my nose were only felt when they were removed, and even then I refused to wake up. After the surgery, I could hear the medical staff talking, but I didn’t want to understand what they were saying. I didn’t want to wake up yet.

When I did wake up, I was back in my room. My middle was numb and felt so heavy I imagined it might break the bed. I was hooked up to an IV, and a handle with a button was pushed into my hand. I was told it was morphine and that I could click the
button to get more if I needed it. They told me the cyst was the size of a cantaloupe, but that it had only encapsulated one ovary, so I still had one left. “One is all you need,” I remembered. That was the good news. The bad news was that I had 21 staples along a 7 inch incision that began just below my navel. And because I had been intubated, I was going to have to cough or I could get pneumonia. They put a pillow over my stomach and told me to cough, but first I gave that button a little click. I coughed and spit, and then passed out.

Three days passed in the hospital while I recovered, coughing and spitting, drinking then eating, sitting, standing, and then walking. I went home with a bottle of Percocet, and slept in my mother’s bed so I didn’t have far to go to the bathroom, the same bathroom that Frank had used while he was dying.

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I wish I still had that bottle of Percocet.

My shoulder is better after the shower, and I slather some Tiger Balm over the area I can easily reach. The hot pad is rolled up to fit my neck, and I lay down to finally sleep. Before I do, I think about the repercussions of my pain, both emotional and physical.

I had to get another ultrasound last month. A couple of weeks of pain in my left side had made me nervous about my remaining ovary. I went into the med center at 8 in the morning. After following the complex instructions for getting an uncontaminated urine sample, maneuvers that require three hands and a conversation with God, I sat pants
off and only partially covered by an exam blanket that resembled a large sheet of paper.

And I once again subjected my lady parts to the carelessness of yet another doctor. This doctor was male. Shortly after he lubed up the ultrasound wand, like a dairy bar employee arranging soft serve on an ice cream cone, I realized this ultrasound was going to be vaginal.

The procedure was, at its best, uncomfortable and, at its worst, painful. He moved the wand like he was working the gear shift of a car with a manual transmission. As a lay there, I hoped at some point he would use the clutch. He showed me my absent ovary: uninterrupted blackness on the screen. He showed me my uterus and then the lonely left ovary. There were three little cysts, follicles really, nothing I should worry about. He took a few pictures and, to my relief, withdrew the stick shift.

I took my feet out of the stirrups and sat up as he made notes on my chart, circling things on the images of my ovary. Then he told me to go back on birth control, so I don’t ovulate, thus minimizing my chances of getting another cyst. He paused in his writing and looked up at me, both his glasses and his bald spot catching the light. “You do want kids, right?” he asked.

I stared at him for a long moment. It's not as though I haven’t thought about it. I thought about it that night in the hospital. I think about it whenever I have sex or take my birth control. But my answer has never really mattered; I have never determined a course of action. I was being asked if I wanted to keep myself viable for procreation, if it was important to me to be a parent, and potentially make many of the mistakes my own parents made--in short, to bring children into this world and fuck them up.

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I have diagnosed myself with “trust issues”—a nice catch-all for an emotional self-sufficiency that can be off-putting to potential mates and friends. My close friends are few, and honest, and often have trust issues of their own. Their lives and parents aren’t perfect, and they never pretend otherwise. I am also a skeptic. And that is fortunate, as I am especially skeptical of doctors and godlike pronouncements.

I never went to see that doctor again—the one I saw last month, the one who asked if I wanted to have children. When I told him that I did, he said, “Then you should get on with getting married and having them. You aren’t going to be able to wait till you’re thirty-five.”

I am twenty-seven years old, in graduate school. When I think about the future I think about all the possibilities not about rapidly closing biological doors. I hated that doctor for saying what he said, for trying to rush me into reproductivity. I know that no doctor can possibly know for sure when my ovary will cease to function. Besides, any doctor who assumes that a prerequisite for children is a husband apparently doesn’t know that all you need is the sperm.