"Counting" Excerpts

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I: Preparation

Before I met Sarah (not her real name), a precocious boisterous ten-year-old girl with leukemia, I'd had a lot of exposure to cancer: one aunt survived, but is now down two breasts and two ovaries; the other aunt fought for her uterus, breasts, lymph system, and lungs, but lost.

Before I met Sarah, I thought the word *leukemia* sounded beautiful – exotic, glowing, flowing. I signed the name a few times, a sweeping *S* and *K* and perfectly spaced vowels, curvy *M* offsetting the straightened *U* and *I*. Wistful.

Leukemia was different than the cancers my older relatives had suffered. Unlike solid mass tumors, leukemia did not visually assault my eyes. I couldn't see where Sarah was sick. Her cancer just was, like tides and colors and fleas.

I learned to adjust my vocabulary to that of a ten-year-old. I mastered the subtleties of removing complex words and casually replacing them with simpler, more playful spelling test words from fifth grade. It was difficult to walk into a room and not say, *"Hey! How are you?"* but I learned. It was difficult to be conscious of vocabulary, in the same way it is difficult to be conscious of *like* and *umm* and *uhhh*. The ingrained phrases and words that flow naturally outside of a hospital are garishly inappropriate within. Words became conscious choices, requiring a deliberation more crucial and challenging than conjuring the right adjective or verb for a college essay. My solution was specificity: *"Hey! How was your lunch? Have you seen any cool movies lately? Did you make anything fun yesterday?"* My solution was to narrow the sphere in which she and I interacted. As a result, our visits were eternally happy, playful, and the nursing staff outside her room told me how she had recently been doing.

In my interactions with her, I felt that I was winning each sprint, but slowly losing the greater marathon. I hesitate over the word "*artificial*." Our interactions were *anything* but artificial; she played the part of intelligent, curious, somewhat precocious ten-year-old. I played the part of the awkward pre-clinical student who still stored her stethoscope in its box at the end of every day.

She was my teacher. In my medical infancy, she became the first harsh lesson that human interactions within the walls of the hospital are governed by an entirely new set of rules.

Leukemia is a body's confusion. The marrow, the vascular tissue of the cavities in the center of bones, loses balance, and thus the inner and essential part that gives strength and vitality, shuts down. The cell lines' animalistic fight for dominance overwhelms and consumes the body. I was constantly off balance.

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II: Progress

I stopped reading the online Carepages.com updates as soon as the email notification arrived. *The CarePage of someone you love has been updated!* It's an inverse form of caring, to not depend on the information, the details, the STATUS in bold capitals. It's an inverse form of caring, to care without knowledge. I thought about clicking "disable notifications." I cared without structure; she was somewhere between a patient, a case-study, and a friend. I did not have a grip on our relationship, or a grip on myself. I'm still working on it.

My third grade teacher attempted to correct my pencil grip with a reflective yellow rubbery "Get-A-Grip." It was somewhat triangular and had a "T" for Thumb, "I" for Index, and "M" for Middle where my fingers should have gone. Razor blades removed the ridge between "T" and "I" and my teacher never discovered that I never learned. I have a groove now, in the cartilage of my ring finger, from my failure to "Get-A-Grip."

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Everyday, she pretended she was still a child. She understood medical professionals explaining how her sister's marrow would hopefully instigate a fight between her marrow and the leukemia cells, but she also made Pink friendship bracelets, and kept my secrets that weren't worth keeping. She possessed the maturity I lacked -- the ability to remain a human, specifically a child, within the medical sphere. I had coped by creating an impassible chasm between the two.

I never found a way to speak to her openly about her medical situation. There were no guided pathways for learning to see a patient as pure personality, outside the context of medicine. Our conversations always were completely unrelated to the harsh fact that she was dying of leukemia. The barrier between casual, friendly, ordinary conversation and purposeful medical language regarding *condition, status* was too great an impasse; I was wordless as a medical person, because I could not traverse that barrier. My emotional connection grew, independently of whether she was *doing better today* or *not having the best day*.

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III: Perpetuation

I tried to mold our relationship, like my "Get-A-Grip."

I worked on it for a while. It became rhythmic, like waking and sleeping and eating. My awareness was cyclic, like the cicadas that bury themselves in earth for seventeen years before their one glorious season, and like the penguins that trek from the ice to the ocean to the ice to the ocean, to hopefully give life to a fragile egg. Mostly I lived in a friendly, happy emotional realm with Sarah, but sometimes I cracked and slipped back into objectivity, back into my analytical life -- the probabilities, statistics, not sure whether to say "she's doing alright," or "it's been rough lately." Numbers became my crutches, and I'm still learning to walk.

I was not ever able to go through a whole visit with either half of my brain turned off. We painted nails, strung beads, cut and glued and pasted, wove bracelets, but somewhere between one nail or bead or stitch and the next, I looked up and saw a patient.