

C & I

*“My mother died at what now seems a tragically young age of 65. Both my sister and I celebrated when we each reached that age as if it guaranteed we would live to be ancient women.” **

C.

We had been through this 10 years ago, the biopsy, the diagnosis, the treatment. The oncologist assured us that C. would not die from the disease. It was Stage 1 and detected early. A small lump was surgically removed disfiguring a small area on her breast. The procedure had caused her nipple to partially sink into the surrounding tissue. C. was worried about my reaction.

C. underwent multiple rounds of radiation and chemotherapy and endured their side effects. Then came the estrogen suppressant drug, which she took for five years until the side effects became intolerable. We were told that by taking the drug for six years, it would significantly decrease the chance of the cancer's return.

During this time and after using up sick leave, C. returned to her academic responsibilities of teaching classes and serving as Graduate Director. She even traveled to Cyprus to serve as team member of an academic review. I still have wigs from this time.

10 years later and it is now stage 4 breast cancer that has migrated to her lungs and bones.

*“Bob curls into the triangle of space made by ck’s feet, knees and hips on the multicolored stripes of the lounge deck chair. B. will not relax until she feels c’s joints disengage and fall softer into the padding, inefficient as it is. This won’t occur until the next scheduled reddish brown morphine tablet takes effect. Till then c feels the pleural effusion around her nonfunctional right lung making the side of her chest (on which she now lies) heavy where the tumors now reside. She listens to the familiar sounds when each breath sends tiny waves through the fluid. It sounds like rice crispies punctuated by little whistles, as if a baby squirrel is in there.” **

C. was always concerned about her weight even though she was petite at 5ft. 3 inches and weighed just 110 pounds. Most people thought she had nothing to worry about. C. had just taken a bath and stood naked in the doorway. She was

surprised how she looked after losing 30 pounds. Her body revealed every nuance of vertebrae, sacrum and scapula. The well-developed muscle mass from her daily hikes had slowly disappeared revealing an articulated femur and tibia. Her skin had become tight and translucent exposing the hourglass shapes of finger bones and bulging joints deformed by years of rheumatoid arthritis. I smiled back but knew the disease was slowly but surely taking her from me.

*"I now know approximately how many more years I will live, and I know what will most likely kill me. I will leave a husband in the prime of his life at 61 and I may even die before my father, now in his mid nineties." **

Multiple rounds of chemotherapy and radiation were followed by a hormone suppressant drug. The nurses were instructed to inject the thick viscous drug simultaneously into each buttock. One morning during the procedure, C. felt a sharp pain in her right leg. They immediately backed off inserting the needles and slowly began again. Immediately after the procedure, C. realized she couldn't feel her right leg. Doctors and nurses were called in to consult. One of the needles had punctured and damaged the sciatic nerve. C. eventually regained the use of her leg but could no longer incline her right foot. We later acquired a custom-made carbon fiber foot support to help her walk. She would no longer hike in the foothills or descend into a mountain bowl to walk the shore of Blue Lake.

Breakthrough pain. I'll never forget the term. It refers to pain that cannot be contained by the prescribed dosage of Vicodin and Morphine. Additional dosages of Morphine were needed either by pill or oral syringe. "Breakthrough pain" was later replaced by continuous intravenous dosages of Morphine and Lorazepam to relieve anxiety.

One day C. had trouble breathing and we drove to the hospital emergency room. D. was with us in the car and asked if I had ever driven an Audi. I found it peculiar that he was concerned about my preference in automobiles. In some way it was a pleasant distraction. We later played a game on my phone as C.'s blood and oxygen levels were tested. The trips to the ER became more frequent.

One morning C. was rushed by ambulance to the Critical Care Unit. She had arisen from bed and realized something was very wrong. She could barely breathe. Later we discovered that her right lung had collapsed and her left lung was at 50% capacity. Her 95 year-old father came to visit and cried as he left the hospital. He asked how I could remain so calm. I had no answer. Later that night the oncologist stopped by on his rounds. He said it was time for hospice and we agreed.

Friends and family came to the house to say their good byes. People gathered on the porch. C. did her best to interact despite the sustained build-up of Morphine

in her system. The Hospice nurses came and went over the next three days and nights. I called them frequently providing frantic updates on her condition and asking advice on what to do next. Finally the hospice nurse stated, "She will not get better. It will only get worse".

S. and I watched and waited through the fourth night as C. slept. Her head moved back and forth gasping for air during her final hours. Out of pain, out of this world and into the next.

I.

After her body was removed from the house, the hospice nurse said that I was responsible for disposing of the large amounts of medication that I had so diligently obtained from the pharmacy. I still have most of it. A friend recommended I use it to mix paint. Not a bad idea.

Over the next few days the oxygen machine, porta-potty and morphine dispenser were picked up. I re-arranged the furniture since it had been moved to accommodate the wheelchair. Word began to spread that C. has passed. It was announced in 3 newspapers and on social media. I received over 200 lovely cards and posts from friends, family and previous students. I even received a card from a "friend" who had literally de-friended us. I found it ironic that she would write such kind words after causing C. so much sadness. I felt like writing back but left it at that.

I never really spoke to C. about death. I was too busy tending to the necessary daily tasks such as picking up prescriptions, cleaning house, preparing food, and administering medication. Once, on the way back from the hospital, C. was worried that it would be a burden for me to care for her "little things". I told her it would be ok. "Little things" referred to the large collection of little books, plastic bags of varying sizes including little, little bottles of various colors, little dolls, small postcards, pencils, letters, floaty pens, and many other "little things". The little things would eventually loom large and become very dear to me.

I read a few books on death and grieving. They were helpful to a degree. I attended group grief therapy with a remarkable group of women. All, except me, shed tears. I tended to gasp for air. No two people experience grief the same. There are the major categories of denial, anger, bargaining, depression and acceptance. Over time I experienced them all in no particular order, especially anger and depression.

Later, during a road trip with my dear friend, I experienced and later coined the word “slippage”. It occurs when you least expect it, slipping away from the present and into the past. It makes you angry when you have to return to the “now” because “now” is not where or who you want to be. It is probably best to be alone when “slippage” occurs since there is a tendency to lash out in sarcasm in a vain attempt to re-direct anger and self-pity. Several years ago I had very serious abdominal surgery. It left a large scar 2 inches in diameter above my groin. I didn’t mind the ugliness since I thought I would be with C. for the rest of my life. Since then a close friend touched the scar and made the fear go away.

I have no children or grandchildren to keep me busy. I have a few close friends and colleagues that were there when needed. It’s hard to make new friends. They don’t know how I was formed. It is a lonely feeling and makes me angry sometimes. Maybe I feel they don’t need to know or I simply don’t want them to know. Maybe I should just relax and accept life as it is and be thankful that people care.

I am trying to learn to love again. I was never very good at it in the first place - learning how to listen and share. Learning how to be patient and learning how to be loved. Getting to know the intricacies of another person. Being intimate when you are in your mid-sixties is not the same as when you were in your mid-twenties. It’s enough to make you want to be celibate. Or maybe not.

I still miss C. and always will. I am, at times, still angry at the world for taking her from me. I will inevitably embrace one of the most challenging stages of grief – “acceptance” and hold dear the time we spent together, blessed to have known her in the way I did.

Iceland

It has been 18 months since C. passed and I am in northern Iceland attending an artist residency. Outside the studio, a simple self-activating machine built by an artist records the changing directions of the Arctic winds in small meditative drawings.

Today is the traditional first day of summer in Iceland. It is snowing and the wind is howling outside the walls of the studio. Sewage from the town empties into the ocean. Birds gather near the end of the drainage pipe to find precious bits of food. Plants cling to rocks along the shore with tubular tendrils that resemble the major veins that pump blood in and out of the human heart. The fishermen unload their catch of cod at the harbor, which is immediately exported to other ports of call. Fresh fish is hard to come by in the local store. It is a land of struggle and extremes, from slowly shifting glaciers to dormant volcanoes waiting to come to life.

Weeks later and the weather is warming. Children play outside on a large inflated rubber mat bouncing up and down like bottles on the sea. The flies proliferate at an astronomical pace. They rise from the beached kelp to land on the walls and tables inside the studio. Their life span is short but others take their place at a frenetic pace. It is an appropriate place to be at this time in my life searching to find myself in an ever-changing world.

Richard A. Young
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* Written by Cheryl Kae Shurtleff Young during the last year of her life. She passed away September 4, 2015 from stage 4 breast cancer.