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SLOW DANCING WITH MORTALITY

I wanted us to compile this anthology for several reasons. One is a lasting interest in how we understand and share with others the astonishing experience of our own mortality, which comes most often through our direct experiences of illness and trauma. By mortality I mean both our experiences of death in life and life in death. How irreconcilable and indivisible these terms are—and what, if anything, do they have to do with the sequelae of nausea, the drumming of an MRI magnet shifting fields, the barrage of voices a schizophrenic forges through, the comfortingly sheer edges of an anorexic's ribcage? What, in other words, do they have to do with our sensuousness? Literature—stories, memoirs, poetry—felt the way of knowing through which these dissonances could be most fully and naturally explored, since the focus of literature is the meaning of life as we live it: scaffolds of thought, conflagrations of sensation, floods of feeling, crazy intuitions, wild imaginings, bleak understandings, intention and happenstance and everything that lies between—the whole shebang of being human.

I was also interested in putting writers side by side, each of whom is tightly focused on the mystery of their own particulars—something that is particularly distinctive of literature about illness or trauma. I wanted to see what changes in our understanding of our experience and our art come from seeing it set shoulder to shoulder with other equally self-consuming and transformative experiences. Does the experience of uniqueness itself become a source of communion? I wanted art that was created as art to return home—to the experiences that elicited it, experiences that we all share and of which we each desire to make gracious, unique sense.

Finally, I was interested in the healing qualities of creative writing itself as a way to shape, explore, transform, or absorb experiences that, almost without fail, shock us out of ourselves in so many ways—our sense

of physical integrity, psychological coherence, social embedding, essential wantedness.

We started with the idea of two anthologies—one focused on illness and the other on trauma and its core emotion, terror. However, they quite naturally elided into one. The line between them is somewhat arbitrary, and authors who submitted under one heading have quite often gravitated upon repeated reading into the other category. The first section, *Illness & Grace*, focuses more on physical disease. The selections in the second section, *Terror & Transformation*, include some physical diseases where the social or psychological reality of the experience is dominant.

But in both, our interest is in how, as readers, we can listen faithfully to the stories here—and by extension to the stories we tell ourselves or the stories our friends, parents, spouses and children try to tell us about what it means to them most specifically to experience that moment of mortal fear, mortal grace many of these authors try to describe in all its sometimes excruciating, sometimes tedious specificity because its meaning is permanently enfolded in these particulars.

Kimberly Farrar writes in “Big C . . . Little c”:

. . . I was afraid to mention dying. Afraid because every book and person we knew did not mention it. I watched the lights refract and shimmer. Because we had not openly discussed it, I thought about it more and more. Each time the thought of death passed into my mind, it was like trying to capture a stray cat with a pillowcase. The more I chased it, the weaker I got and the more vicious it became.

Finally I blurted, “You know I could die.” Jeff nodded his head and leaned against me. “I don’t want to say it, but it’s true. I don’t want to die, but I could and I won’t and. . .”

“I know,” he whispered. “I’ve thought of it too.” Then he looked away from me which made talking about it easier for both of us.

And the main, the only, character in Michael Onofrey’s “Rain” finds his own unique, precise way to a very similar place:

What led him to the hospital and then to the operating table was belief, belief in statistics, numbers, and percentages—people with hernias and all the operations that corrected them. But at the same time the skin of this belief became transparent while they were

slipping that needle into his vertebra. . . No matter how much support he had, and there was plenty, and no matter how powerful the statistics, Jack was alone in this. This was his experience, an experience his body would deal with in its own individual way. Pain was evidence of this truth.

Faithful listening to illness and trauma stories, whether the stories are written or haltingly spoken, requires returning to three basic faithful assumptions of story telling and writing in general. The first is that life recounted presupposes meaning. The second is that for this meaning to hold, it needs to follow the contours of our own experience. It has to have verisimilitude, the appearance of being real. We assess the power of a story by testing it against what we know, personally, of life. Which means this meaning is both very concrete and precise and also always changing as we change. As writers, our fidelity to what we know in our own bones is what allows our writing to ring clear and resonate with the equally precise, equally unique truths of our reader. As readers it is the same.

Which brings us to the third presupposition of writing—communion. We write because we need to believe that we can be understood and that we can understand. Even a story of great isolation or alienation presupposes in its very writing the grace of being read, heard—whatever the narrator, the character, or even the author says to the contrary. In the act of reading we become one with other readers and enter, as well, into relationship with the author—even, especially, when the author is *ourselves*. The promise of the process completes itself in the simple act of setting words down and returning to read them. We are, even in deepest alienation, conjoined word by word. (But this is a subject I explore more fully in the afterword.)

Here, what I would like us to focus on is what we are listening for as we read. If we can listen to these stories, through these stories, we may be able to listen better to the people around us—and to *ourselves*—when something similar happens most dissimilarly to us personally. It is inevitable that every one of us is going to experience illness and most probably some form of trauma. We are going to be shocked out of *ourselves* and need to find our way back into faithful relationship with the enormity of our own category-destroying experience and our own need, irreducible, equally enormous, for sustaining meaning.

But let's get back to particulars: the authors we are going to meet here in this collection. This is an open, over the transom anthology because

at Wising Up Press we want to encourage contemporary writers. Regular writers for regular readers on topics of fundamental concern—like illness and trauma. Most of the authors here have not made their writing career out of a focus on illness—but bring to the experience of illness their abilities as writers. The diseases they write about are the ones they have personally experienced directly or indirectly. We encounter as we might expect many stories on cancer, but none on cystic fibrosis. We have not tried to create an artificial spread of diseases, or to restrict the number of stories that describe encounters with a specific disease. Indeed, we have respected this normal aggregation. But the distribution is interesting to note because it focuses on the diseases that provoke us to write because they are meaning challenging, meaning changing—either because of the metaphorical properties of the disease, its fearsomeness or frequency or both, or because of the uncertainties it presents us in terms of cause or prognosis. We write because the disease or the trauma has been much written about but none of that writing seems to match our own experience in the ways that really matter, or because it has been written about so little we need to name and claim it as part of the normal range of human experience.

The question of the meaning of an illness or a trauma, how it slips and slides, is an important feature of all these writings. Writers both seek to define and to explore the ambiguity of these experiences, sometimes simultaneously. We see this in the numerous meditations on cancer, both how it changes one's basic assumptions about life and about what it means for one's future. People write about the intensified perceptions they have when undergoing MRI scans, ultrasounds, awaiting diagnosis. Or the experience of something that was once abstract, statistical, comes home in such a different form that it now means something completely different.

There are also many accounts of stroke, dementia—the aging of our parents. As our parents age and die, our own life stories shift meaning as well. Susan Hodara in her memoir of her father captures this shift well:

Then I become almost giddy when I realize my father won't be hovering over every dish I leave unwashed in the sink, every chair I pull out from the table and don't push in when I get up, every crumb that drops from my toast to the floor. In the shower, it occurs to me that I don't have to worry about the hairs I might leave behind, but then I automatically wipe them away with the dry yellow sponge that sits on the edge of the sink,