HEAL

Humanism Evolving through Arts and Literature

LADY IN THE GARDEN
Chaitali Hambire, MDS

Summer • 2021

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

PROSE

Let's Give Her a Hand
Dominique Catena 3
Al's ALS
Sandra Meyers 5
Dementia and Death in the Time of COVID, April 2020
Paul Rousseau 11
Bare Feet
Pamela Anderson 15

POETRY

The Privilege of Another
Bryan Pacheco 2
Coup d'état in Myanmar
June Gould 7
Cultivating Weeds
June Gould 7
Poison Pen Letter
Alexandra "Xan" C.H. Nowakowski 13

ARTWORK

Lady in the Garden
Chaitali Hambire 1
Tiny Wonder
Emily Gansert 4
The Long Way Home
Emily Gansert 6
Class of COVID-19
Nafisa Choudhury 12
Hanoi
Madeline Mickler 14

GRAPHIC MEDICINE

Unmasking Dysphoria
Joe King 8
Barriers
Daniel Oheb 9
Being a Medical Librarian during COVID-19
Susan Epstein 10

The Privilege of Another

Bryan Pacheco, Class of 2021

I feel it has been months, love,
and you're far, dreaming something new,
but I've been here all this time,
in our living room, away from you.

Glancing looks at these pictures of past,
of what we love most,
I think I feel your hands in my white coat,
you make a most beautiful ghost.

And I know that this glow is the pale moonlight,
oh, I adore how it bathes your skin.
I've missed all these meals waiting,
I hope you forgive me for a late check in.

Give me a few hours, to continue this trekking on,
to my heart and our plans;
truth is, while you were saying goodnight,
I had memorized facts about parotid glands.

I hope you don't mind living this double life,
I just need a little more time,
because all I endear is built between us
and losing you would be my greatest crime.

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On the cover: *Dr. Chaitali Umesh Hambire, compassionate and dedicated to the management of various dental problems of children, is a certified specialist in Pediatric and Preventive Dentistry.*

LET'S GIVE HER A HAND

Dominique Catena, Class of 2022

During my Summer Clinical Practicum of the M1 curriculum, I engaged several patients in a "no agenda" interview. In this style, the line of questions in a traditional patient encounter such as "What brings you in today?" or "What health conditions do you have?" are replaced in favor of hearing a person's story. Hearing the varied responses for each patient opened my eyes to the greater scope of clinical practice. I realized that the narratives this question produced were rarely the chief complaint listed on the chart.

As these visits occurred before I gained access to the facility's electronic medical record, I had the added benefit of going in with no prior preparation. I was able to hear Ms. C's entire situation in her own words. The nurse suggested she was present for a simple follow-up on labs that assessed her blood thinner levels, since she has been on warfarin chronically. Admittedly, I did not think I would receive much of a story from an 83-year-old woman who arrived for an 'INR check'.

Dutifully, I began the no-agenda interview with the following prompt: "Please tell me what you think I should know about your situation." She was polite but curt. "Everything's fine," she reported; though she sat rigidly in the chair with her pocketbook in a white-knuckled grip on her lap. It seemed only as we sat in brief silence, when she realized I intended on sincerely listening, that she began to quietly cry. In the moment I had taken to glance at her lab values, I almost didn't notice the silent tear rolling down her cheek. As a newly minted second year medical student, I was so stunned that I had to ask, "Do you need a tissue? Are… are you crying?" She only nodded. Frankly I was shocked. Not only was this the first patient encounter I'd had alone with a crying patient, but it was striking to me that what started out as a lab work follow-up turned into this patient confessing her fears. As I scurried for tissues, she relayed "My husband has dementia so I'm his caregiver. It's just been so hard with all my health problems." She told me that her most recent visit to another provider gave her greater concern over her atrial fibrillation (AFIB, an irregular heart rhythm) *and* a recent scare with malignancy. She noted, "It all just made me so scared, I didn't know what to do. I got worried it would just make my AFIB worse." The combined stressors had amplified her worries about her heart. Her terror became intensely real as she began to sob now, "I was so scared that I just stopped doing anything. What if my heart gets bad and I die? Who will take care of my husband?" Admitting that she was so petrified of exacerbating her AFIB, she had stopped all physical activity she enjoys; I envisioned this weeping woman, sitting at home paralyzed in fear.

Early on in our medical education, we are taught the utility of 'SOFTEN' skills. This acronym refers to Smile, Open body language, Forward lean, Touch, Eye contact, and Nodding. It's often taught didactically with some small group discussion. As with many components of medical school, these skills are only truly understood once applied. And while I'd had the opportunity to use 'SOFTEN' skills with patients before, this was the first encounter I used Touch in that context. I gave her a tissue and then held her hand while she told the rest of her story. Every so often she'd squeeze my fingers, and I understood the contact aspect of rapport for the first time.

In the age of COVID, our relationship with touch has changed drastically but appropriately in the name of infectious control. And though the reasoning is sound, it does not lessen the blow that the lack of physical contact leaves. I learned in this encounter that touch is an integral skill in the clinical toolbox of a physician. And now during clinical rotations in the pandemic era, the moments in which I would otherwise embrace or hold the hand of a mourning or distressed patient leave me feeling bereft of such a basic instinct. This is not the new normal, yet it has shown me the value of human contact a thousand-fold. More than a tool, engaging in the therapeutic intervention of human touch is not only a basic right but a privilege for providers.

Continuing her story, Ms. C noted, “I’ve been so upset that I think I missed a couple doses of my warfarin.” So consumed by other anxieties, she was clearly unbothered by another task of taking medication. I began to piece it together. Perhaps the INR—the whole reason for her visit—was too low for the blood thinner to be effective because all the distress caused her to forget her warfarin. Not only did this address the reason for her visit, but also it was expressly through this anecdotal experience that we were able to ascertain her true concerns and address the decline in her quality of life.

Although following basic guidelines for patient dialogue gave me some useful information for working with Ms. C, it felt as though the “no agenda” style of interviewing and active listening were what permitted Ms. C to realize that I was there to listen to all aspects of her life which affected her health. Clinical guides, lectures, and textbooks do not cover how to address an emotionally distressed patient, but I realized in that moment it was not nearly as technical—just being sincere and extending an open-ended offer to share her narrative was enough to prompt the genuine reason for her visit. I have found value in employing most parts of ‘SOFTEN’ skills in my encounters, but “Touch” was one I had not yet used. All the skills in this memory device have utility in practice, but only touch directly brings together physician and patient in a tangible solidification of trust, acceptance, and understanding. Topically, it may appear trivial, but it was a poignant experience to see both the comforting effects and easing feelings of isolation when I held her hand. I firmly believe it was the use of touch, coupled with the simple open-ended request, which helped to establish the connection which made Ms. C comfortable enough to share her story.

TINY WONDER
Emily Gansert
Class of 2024

This encounter in particular demonstrated the importance of using this interview style on even the most seemingly ‘routine’ visit types. After seeing firsthand the positive effects of narrative competence in the practice of medicine, I too can advocate that this method of interviewing is not only effective at addressing patient concerns, but helps them to feel heard and involved in their plan of care. Every patient is first a person, each with their own story. And while they are all unique, they share the commonality that we, as providers, need simply to listen.

AL'S ALS

Sandra Meyers

"Hello, I'm Dr. Stewart," the neurologist said when he arrived. "How are we doing today?"

"Good!" says my father, perched up on the examination table. This is the *special* specialist the other neurologist wanted my dad to see. He has more experience with ALS. The first neurologist we saw thought my dad's initial diagnosis of stroke was wrong and that he may have Lou Gehrig's disease: Amyotrophic lateral sclerosis—ALS. Ironically my father's name is Al, so if that doctor is right, it would be Al's disease.

The doctor had looked through my dad's chart and conferred with the other neurologist already.

"Let me do a physical exam and we'll see what we're looking at," Dr. Stewart said. "There's no blood or other test we can do to confirm ALS, but there are some telltale physical signs that we'll look for." He described the first one: involuntary muscle twitching. "Let's roll up your pants and take a look at your legs."

That's when I saw it. It was like tiny jumping beans were embedded under my dad's skin. After a moment of watching my dad's thigh dance to a tune no one could hear, the doctor moved on to other items on his list. It didn't matter though. I had never noticed it before, but now those jumping beans are all I can see.

Before this appointment I had read that the general prognosis for ALS was 3-5 years. My dad was 76. *Five years would make him 81. I guess that's a pretty good long life*, I had thought. Five years seemed like a long time.

"I don't understand though, he can still walk fine and there's nothing wrong with his arms," I said.

"I thought that's where ALS started—in the limbs."

"There are really two types of ALS. One is as you describe, where patients lose the function of their extremities," he says. "But the other starts with symptoms related to swallowing, speaking and breathing. That's what your father has."

When I do more reading later, I discover that my dad's form of ALS has a much more dire prognosis.

My mother speaks up and mentions the trip they had planned to see family in South Dakota. "Can we still go?" she asks. The doctor says yes, the sooner the better. It's early September.

It was less than three months ago when my dad went to see his primary care doctor. He'd been feeling short of breath and at times would stumble over his words. He was starting to get frustrated with himself.

At that appointment, my dad, mom, sister, brother and I all crammed into the doctors' exam room. Knowing that my dad doesn't always remember details and my mom is hard of hearing, we thought it better to have reinforcements. The doctor he'd had for years suggested that he had had a small stroke. Our focus then was to get him to see a neurologist to understand how we could prevent another, possibly bigger stroke in the future.

It took several weeks to get that appointment, and by that time, we were convinced it wasn't a stroke, unless he had been having a new tiny episode every week that made his breathing and speech a little worse every time. The changes we saw in him were happening gradually, bit by bit. While the suggestion of ALS by the general neurologist fit dad's symptoms, it was shocking. Due to a lifetime of bacon, red meat and cigarettes, I always figured his heart may give out one day, not his brain.

~ ~ ~

The changes came fast. My father had always been one for bear hugs, but now he didn't seem to have the strength. He loved to eat good food (or bad food that tasted good), but he was losing his ability to swallow. He had the original "dad jokes" with his silly puns, but it was getting harder for him to participate in group conversations. They took the trip to South Dakota they had made countless times before, but I had to fly out to rescue them after my father had an episode and was hospitalized. At any typical Thanksgiving my dad would have stuffed himself with turkey and mashed potatoes then rested happily with a full belly and a wide grin. But this year he took just a bit of soft food and tried to eat where no one would watch him struggle.

One night when my young sons were asleep and I was ready to put the day behind me, the totality of his illness suddenly became real. I cried—hard—for a long time. As I fell apart, my husband let out a sigh of relief that I was finally exposing what he already knew was happening inside me.

A week after Thanksgiving, my father was back in the hospital again after what might have been a massive panic attack. All my family could be sure of is that he could not breathe and he was beside himself. At the hospital, they sedated him to calm him down and make him comfortable.

They started asking my mother to make serious decisions about my dad's care. With a terminal illness as horrible as ALS, there are no good options. We could do a tracheotomy for a breathing machine, continue feeding him through the feeding tube, and he could possibly go home. But the one thing I knew my dad did *not* want was machines and tubes. He had made that abundantly clear. We had to make decisions that were right for him, not us.

After a few days considering the terrible options and making awful choices, my family stood in the hallway outside his room, discussing a move to the palliative care unit. Caregivers there would focus on comfort care rather than restorative care. The nurses would not give him antibiotics for the infection that had arisen, they would not give him any other meds or nutrition through the feeding tube. They would just keep him comfortable.

I wasn't sure if my dad knew what was happening, but I do know I wanted to feel close to him. I slowly slid myself onto his hospital bed and wrapped my arms around him. A "baby bear" hug. At 39, I'm his youngest "child" and I didn't mind looking like one. I put my face close to his ear and whispered to my dad how much I loved him. How I cherished his sense of humor and his generosity. I told him he was a great dad and that I was so, so lucky to be his little girl. I told him that I would make sure that my six- and three-year-old boys always knew that he loved them even though they might not remember him.

At the palliative care unit, they gave my father a room with a window looking out on a little garden area. It was calm and quiet there with nurses who were in tune with the gravity of their patients' situations. Surprisingly the atmosphere there wasn't sad; just subdued.

Early Friday morning, a week after my dad went to the hospital, he took his last breath. My mom and siblings all gathered in his room before they took him away. I wanted to keep touching the areas of his body that were warm. Where there is warmth it seems there is still life.

As his fingers, then arms turned cold, I moved my hands underneath his core and could feel the warmth of his back against the bed. I pressed my hands in farther. He stayed warm for quite a while.

THE LONG WAY HOME
Emily Gansert
Class of 2024

Coup d’état in Myanmar

June Gould, PhD

The rain is not visible from my apartment,
only a drizzle, not at all like the rain
in Myanmar’s monsoon season.
I open my bedroom window, stick my hand out.
Rain prickles my palm.

America’s attempted coup failed,
and that’s a relief, if only for a while.
Burmese have not rested since their military coup.
They stay awake, are angry, listen, watch,
eat tea leaf salad, drink milky tea (as usual),
and some march with the “People’s Protest
Against the Coup.”

Will their demands release Aung San Suu Kyi,
will their bullets stop firing into female protestors?
If they die, or return home in despair,
will their thoughts be stuck in jail, tormented?

If they lose, when they are released or go home,
their vote betrayed, will they say,
my blouse is too loose, worms crawl in my stomach,
they took my shoes, I hate cold brown water,
or I thought they used rubber bullets.

The definition of a *coup* in my dictionary,
is a seizure of political power by the military
and now, the dictionary next to my bed
is under my beloved book,
“The Meaning of Everything.”

In my apartment, miles away from Myanmar,
I wait for a just conclusion.
If it is not fair, my mattress will ache,
and the drizzle outside my window
will twist into a tortured tornado.

Cultivating Weeds

June Gould, PhD

I moved to leafy Connecticut
from Brooklyn, tended a shady
rock garden. No idea what made
a daisy sought after, a dandelion unwelcome.
My husband rode a mower in circles around
the grass bordered rocks.

I poured fertilizer and water
on, what I later learned,
was low growing chickweed,
tall and spiky horseweed,
large flat crab grass, deeply cut leaves
of mugwort. I pampered those plants
until they thrived, even flowered.

After it rained, the rocks, covered
in chartreuse moss, felt velvety
as fawn’s ears. I didn’t know
if moss was respectable or inferior,
so I fed it too.

In fall, the lawn grew patches
of standing water. The rock garden
wore a rough layer of dried stalks,
long shoots and brown wrinkled leaves.

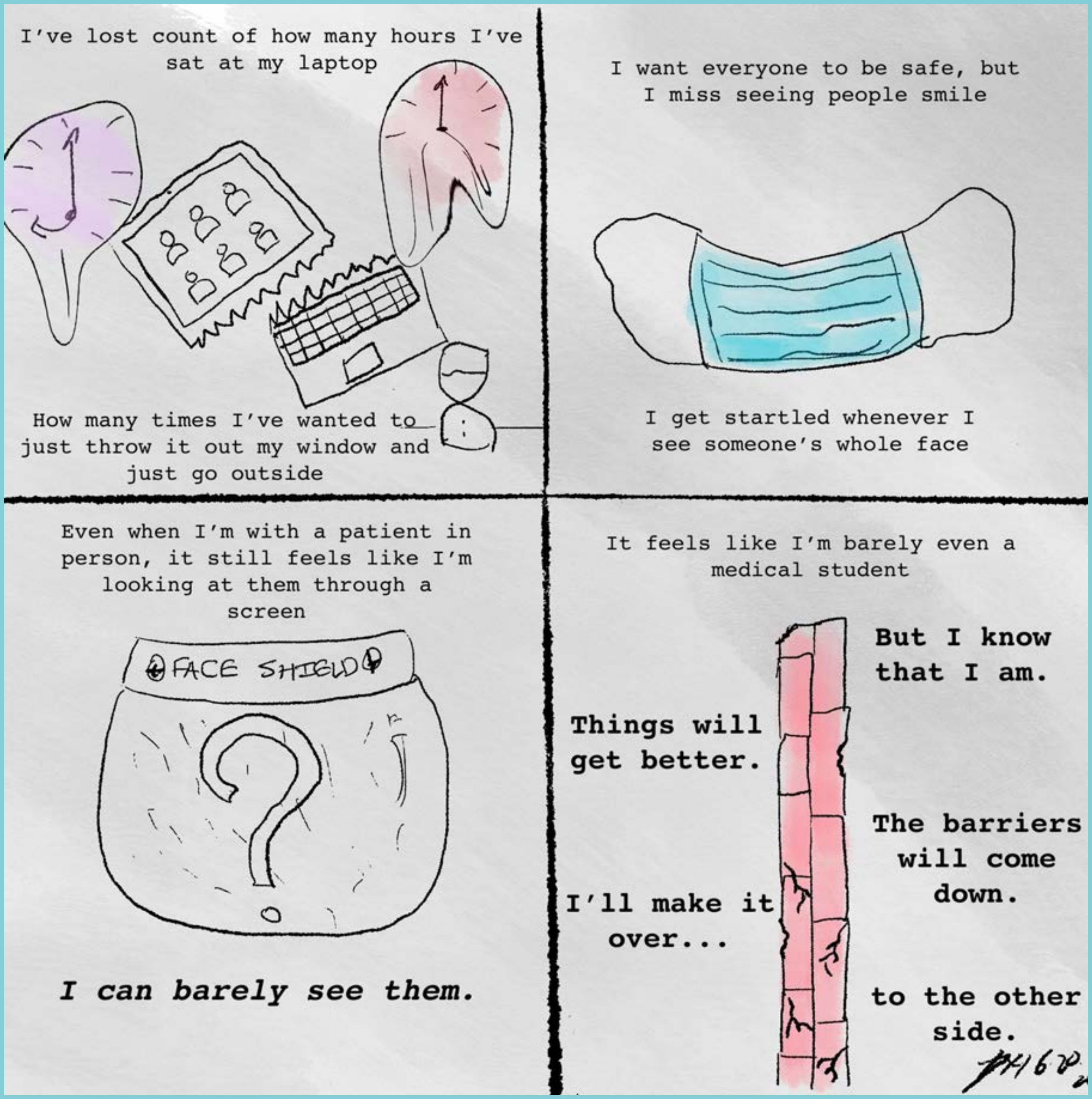
Years later, in his winter, my husband
remembered the tall funny flowers.
I didn’t tell him they weren’t flowers
because, before he died, everything
in the world was precious, blooming,
beloved to him, even weeds.

June Gould, poet and novelist, is the author of The Writer in All of Us. *She’s served as a writing workshop leader for the International Women’s Writing Guild, and her poems have been published in* The Journal of Psychohistory *and other poetry journals.*

GRAPHIC MEDICINE

UNMASKING DYSPHORIA
Joe King
Class of 2024

GRAPHIC MEDICINE



BARRIERS
Daniel Oheb
Class of 2024
University of Arizona College of Medicine, Phoenix

BEING A MEDICAL LIBRARIAN DURING COVID-19

Susan Epstein, MSLS, AHIP
Charlotte Edwards Maguire Medical Library

DEMENTIA AND DEATH IN THE TIME OF COVID

APRIL 2020

Paul Rousseau

Paul Rousseau (he/his/him) is a semi-retired physician and writer published in sundry literary and medical journals. Nominated for The Best Small Fictions *anthology from Sonder Press, 2020. Twitter: @ScribbledCoffee*

She sits in a hard slant, hands slicing the air. Her eyes are pinched narrow, her brow creased in ruts. "*Do I know you?*" she barks. I remind her we worked together at the hospital.

She gazes out the window. "*Do trees hurt when they're cut down?*" My head jerks. I am startled at the depth of the query.

"*I don't know.*" I respond. "*Perhaps.*"

She pivots and surveys my face. Her brow creases, her eyes pinch narrow. "*Who the hell are you?*" I explain who I am, again. "*I don't know you. Get the hell out of here.*" She grasps my arm, tight. She squeezes. I gently pry her hands loose. My skin stings red. Her hands clench in fists; she swings at my head. I lean backwards, toppling from my chair. Her husband scrambles to her side and grabs her arms. "*Calm down,*" he whispers, "*calm down.*" He plops in a chair next to her. "*Who are you?*" she screeches. "*I'm your husband, Don.*" His shoulders slump. "*Fifty-two years of marriage...*"

Sadly, the reciprocity in their relationship has vanished; he has become just another nameless person. He glances in my direction. "*She's not the same person the past week. She started coughing, and now she gets winded just walking to the backyard.*"

"*Has she been tested for COVID?*"

"*No, she's been too agitated. Cramming a Q-tip up her nose would be hard enough on a good day let alone now.*"

I begin to worry. Cough, shortness of breath, increased agitation. There is a high probability she has COVID. I contend she needs to be tested. He counters she is too agitated. I suggest sedating her, a proposal I abhor, but one that is necessary in this circumstance. He reluctantly agrees.

——

We transport Roberta to a drive-up testing center. She is arousable but lethargic. However, when a swab enters her nostril, she screams and spits and pummels the technician. We grapple to restrain her until the test is completed. Two days later she is diagnosed with COVID.

——

Roberta declines rapidly, and is admitted to the local hospital. Her husband is prohibited from visiting due to the contagion of COVID. The nurses provide twice daily FaceTime visits to ease his worry, as well as FaceTime visits when Roberta is markedly agitated. However, her lungs congest and she abruptly deteriorates. Her husband forgoes admission to the intensive care unit and elects to keep her comfortable. The nurse props an iPad on the overbed table. "*Hello sweetie, it's your husband, Don.*" "*Hello sweetie, can you see me?*" "*Hello sweetie, I love you.*" He is unable to say a last goodbye, so he says a last hello, repeatedly. Letting go is hard.

CLASS OF COVID-19

Nafisa Choudhury

Nafisa Choudhury is a medical student at the Dr. Kiran C. Patel College of Allopathic Medicine Nova Southeastern University in the class of 2022. She is interested in the interplay between visual arts and medicine.

Poison Pen Letter

Alexandra ”Xan” C.H. Nowakowski, PhD, MPH
Department of Geriatrics/ Department of Behavorial Sciences and Social Medicine

Violations of consent and bodily autonomy in places that are supposed to be safe cause deep harms both individually and collectively. We share a fundamental responsibility to ensure that power does not continue to get abused following known breaches of this basic trust. The costs of doing otherwise often remain hidden from view; speaking truth to power carries a price of its own. But the consequences of inaction in the face of abuse within our community are no less devastating for the forced discretion that silences our voices as survivors. Trauma informed care means little if we do not practice it proactively with one another.

Beside me the safest person
of all sleeps soundly, her soft hair
tickling as I lie awake, vigilant.
When the boys held her down
in the lonely woods, no one
heard her scream. I have been lying
for months now, wearing two masks:
one for disease and one for rage.
The second always seems to fit best.
Goodness knows
I have had practice.
Back then I covered bruises
beneath long sleeves,
bled behind closed doors,
practiced saying *no*
as if it might somehow matter.
Aloud, like a benediction.
Aloud, like tender praise.
Bless me. I know that I have sinned.
Something original within me
spoke too strongly, as it always seems
to do, and made me damned.
I bite that rotten apple every day,
collapsing flesh held fast against my tongue
to keep things quiet.
We choke upon desperate words of loss—
of impotence, and the deepest of intentions.
Tears that we hold back
find themselves in one another until
everything
breaks open. How many stories
died before they ever reached that file
left moldering on expensive desks?
Thirteen months is a long time
in lessons and pandemics,
in pages buried and unearthed,
in fear of retribution.
We never could afford the cost
of so much spoiled ink, and now
only poison pens remain.
I carry them against places
he touched again, years later
instantaneously
as I read the morning news.
Those same hands—
as fresh as frozen—
closed around broken
ribs that never did quite
heal, and the scars beneath that go
deeper than all of it.


HANOI
Madeline Mickler
Class of 2024

BARE FEET

Pamela Anderson

Neon Green was the color I wore as I “may-I-take-your-order”-ed my way through my first job at McDonalds. Certainly not awful: bright, cheery, All-American. But for me, it was a tragic color, incapable of masking underarm sweat stains. At age 16, I spent most of my time at work with my elbows pressed tightly at my sides so as not to shock or alarm the next customer, but each night as my shift unfolded, the sweat circles spread to a monstrous size. One survival mechanism was to frequently offer to stock the frozen goods, so I could spend some time in the walk-in freezer.

Brown was the color of the leather shoes I was wearing in chemistry class one day when a classmate inspected my feet and asked if it were raining outside. I shrugged my shoulders not understanding, and then she pointed and said, “Your shoes. They’re soaked.” I wasn’t quick enough at the time to retort with something clever, so I simply replied, “Sometimes I sweat through them.” We both laughed then: she, because it sounded absurd, and me, because I surprised myself with my honesty.

Violet was the color of my prom dress. Because I was on Prom Court, I had to waltz with my date after the “Grand March.” Thankfully, in 1980 the prom trend was wearing gloves with our long dresses so I didn’t have to worry much about my hands sweating as we danced. However, to combat other possibilities, I spent the day of prom sitting in a steam room at the health club for as long as I could stand it, trying to eliminate every extra drop of water from my body so I wouldn’t worry about sweating through my gown.

Caramel was the color of my Howard Johnson’s waitressing uniform. I spent my first summer during college serving pancake and egg breakfasts, and I was often busy enough that I didn’t perseverate on sweating the way I had in high school. Until, that is, one morning a customer asked if someone had run into me with a pitcher of water. I rushed to the bathroom and stared, momentarily paralyzed. The entire back of my polyester dress was soaked through, shoulder blades to waistline. From then on, after every tour of the dining room, I’d stop in the restroom and angle myself under the hand dryer to blow my uniform dry.

Lavender was the color of my bridesmaid dress. I’d recently discovered garment “shields” that were meant to prevent underarm stains, so I’d gone to a seamstress and asked her to sew shields everywhere in the lining of my dress. It was a good plan, but the dress had an open back that revealed sweat streaming down to my waist as we stood facing the altar throughout my friend’s ceremony. After the wedding, a woman I hadn’t met came up to me and whispered that I had “sprung a leak,” assuming, I suppose, that I didn’t know.

White was the color of the pantyhose I wore one day while teaching high school. I was standing in homeroom distributing materials, when almost out of nowhere rivers of sweat started rolling down my legs. The bored students one by one became interested in what was happening at the front of the room. I tried nonchalantly to assess the damage; pantyhose sopping, it looked as if I had wet myself. I made a quick excuse and fled to the restroom to blot my legs with coarse brown paper toweling. I prayed no one else would enter and witness this private and humbling act.

While it may seem trivial to some, my hyperhidrosis—excessive, uncontrolled sweating—has been the challenge of my life. When I speak of my neurological condition—and I don't do it often—well-intended people often respond with statements like, "Oh, I get it, I sweat like crazy, too," and I want to scream. Most people will never know what it is like to have to consider any event or new circumstance for escape routes to cool off or privately wipe down body parts, or to create strategies to hide or distract others from noticing sweat. Every article of clothing must be considered for the "sweat factor," and every plan must have a contingency.

Many years ago, I was at a wedding and danced with my dad. My palms began to sweat, and I tried to pull my hand away from his. "Pam, it doesn't matter to me," my dad assured, but it mattered to *me*. Even though I cannot control it, this condition has created a deep sense of shame. It took me years to go to bed with my first husband without my socks on.

"PERHAPS IT'S IMPORTANT THAT I CAN TALK FRANKLY ABOUT MY CONDITION WITH THOSE I TRUST, AND THAT I CAN SHARE STRATEGIES WITH OTHERS WHO SHARE THIS CONDITION."

To add insult to injury, both of my children have inherited this crazy condition. One day when my kids were young, my daughter walked between me and my son and grabbed our hands, asking to be swung. My son pulled his hand away, telling her she wouldn't want to hold his sweaty hand. It broke my heart, but I feigned indifference. "It's only water, honey, who cares?" But, of course, it mattered to him.

I wish I could champion the concept of loving ourselves despite our imperfections, but I'm still working to get there. I accept a lot about myself that I have no control over, but this…this I simply endure. I still have cringeworthy moments (like at a recent wedding where someone who should know better proclaimed in front of other guests that she had noticed the beads of sweat forming on my back in the hot church), but perhaps it's noteworthy that I can laugh about it more, cry about it less. Perhaps it's progress that I have developed a "system" I can work within, and that I'm more vocal about what I need ("Can someone turn a fan on? I'm boiling over here!"). Perhaps it's important that I can talk frankly about my condition with those I trust, and that I can share strategies with others who share this condition. Maybe, as its one positive, hyperhidrosis has given me a tremendous amount of compassion for others dealing with their own private challenges, even if, to me, those challenges don't always seem "that bad."

One night, a few years before we were married, my current husband and I were watching a movie together in bed. Our legs were entwined when I felt my feet begin to sweat, so I moved to pull away. Parker, a former wrestler, trapped my feet between his legs and wouldn't let go. I half-laughed, half-cried as I asked him to release me; It's embarrassing I told him.

"See, the thing is," he told me, "you don't have to be embarrassed. I don't give a damn." So, with my sweaty feet caught in a scissors hold between his legs, knowing that I would always remember this particular moment of insistence as something new and important, we continued watching our movie.

I'm not sure what's next for me as I stumble along the path of self-acceptance, but I do know one thing: no matter what color clothing I wear or how much my hyperhidrosis plagues me, at the end of each day as I lie next to my husband in bed, I will not be wearing socks.

After 30 years as a high school English teacher, Pam Anderson retired and decided to dedicate energy to her own writing and completing her MFA in creative nonfiction at Sierra Nevada University. Her essays, interviews, and criticisms have appeared in Manifest-Station, Bookends Review, Sierra Nevada Review, *and* Chicago Review of Books.