Segue 9: Fall 10

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Revolving Glass

I pull into the valet line—I always do when I’m driving my mother—show the valet my Friends of the Hospital card, grab my purse, my mother’s purse, my mother’s cane, then step from the car. By the time I reach the passenger’s side, the valet is already helping my mother onto the curb. At the bank of doors, we enter the same revolving cell of glass—each one large enough to accommodate a wheelchair—and step-step together until the glass opens and releases us into the cancer center. We are here for a screening, an MRI of my mother’s chest and lungs, ordered by her oncologist, who wants to make sure the cough my mother can’t shake is only a cough.

“It’s probably just a fire drill,” my mother says hours later, as I pull out of the hospital complex and swing into traffic on John R. Street. “Fire drill” is the term my mother has given to cancer scares. I’ve lost count of how many fire drills she’s had since going into remission in 1996; this is not a number I want to track. I can tell when a fire drill has started because my mother’s voice sounds too high and too cheerful on the phone. When I ask her what’s wrong, she says, “Oh, nothing.” Then a beat of silence. Then, “We’re just starting another fire drill.” There is always a “we.” My mother and I are in this together.

When my mother’s cancer came, it snuck up on her, burying itself hushed and gentle in the tissue of her right breast. Thin for most of her life, my mother, in her late thirties, had only recently begun to gain weight. Her arms thickened; her belly widened. Her breasts grew larger than they ever had, spreading out over her chest, reshaping themselves. Maybe that was why she didn’t notice the lump right away. Years later, my mother told me that when her fingers finally found it and pressed down to make sure, she shied away from the lump, from the whole idea of it, and did not see a doctor for nearly a year. It is difficult for me to understand this, how she could have felt it and let it go, how she could not have realized that, in cancer, every day matters.

My mother’s diagnosis arrived only three days after her thirty-ninth birthday: Breast Cancer, right breast, Stage III B. The staging system for breast cancer scores the seriousness of the disease from Stage 0, an early, noninvasive cancer, to Stage IV, a cancer that has metastasized to other body parts. Stage III is the only stage that includes A, B, and C distinctions. Because the cancer had grown not only into a large tumor but also into the lymph nodes under her arm and into the tissue of her chest wall, my mother’s cancer landed her in Stage III B, invasive, locally advanced cancer. Stage III B cancer was bad, bad news. But I was thirteen then and didn’t understand that a woman could rack up a cancer score, and the score held a direct correlation to her prognosis for survival.

Only recently has my mother told me how much she worked to hide the enormity of her sickness from my younger brother, Adam, and me. When she grieved for herself, she carried a pillow into her bedroom closet—the old plaster walls were thick and molded into the space below the staircase—and muffled her cries. When she grew ill from the chemotherapy, she ran water in
the bathtub, and the noise of the copper pipes and the water splashing into the enameled iron tub covered the sound of her vomiting into the toilet bowl.

Six days after her diagnosis, my mother had a radical mastectomy. The surgeon removed her right breast, the skin covering her breast, her nipple, the muscles beneath her breast, and the surrounding lymph nodes. My mother elected to have breast reconstruction surgery immediately after the mastectomy, a decision her doctors supported because she was young enough to be resilient and because waking with two breasts instead of one was believed to reduce the trauma. But once her body was open on the table, the surgeon decided the cancer was too involved, the surgery too radical to allow for an immediate reconstruction. My mother woke with one breast.

Visiting my mother in the hospital, I was surprised at the new, strange lopsidedness of her body. I tried not to look, but my eyes moved to the flat, almost hollow space on the right side of her chest. Her left hand kept moving, rising, trying to cover the place where her right breast had been.

Where is the rest of this memory? My mother’s soft, fleshy arms in the sleeves of her hospital gown? The sheet gathered at her waist? Her feet pushing up the blanket at the foot of her bed? Her face? Did I hug her? Did I, even for an embarrassed second, try to understand what it must have been like for her?

I was steeped in hormones then, self-centered in the way only pubescent girls can be. Most of what I remember is tied to my own body. Perhaps the parts I have forgotten are lodged there, beneath my own skin. My breasts were just starting to emerge, the white flesh feeling a little fatter than it ever had, the darkening nipples poking out. Wearing thin training bras embellished with little white bows, I envied the girls in my class whose breasts were growing more noticeably, pushing out the fronts of their shirts, making tents when they moved their arms to stretch in gym class. At night, I pushed balled-up socks beneath my pajama top and looked in the mirror. Lying in my bed, I imagined what it would feel like to have full, rounded breasts pushing up the sheet as I lay on my back or squishing between my arms when I rolled on my side. Even now I remember—distinctly—the exact words I added to my bedtime prayers: Please let me grow big boobs—this is the language I used, even to speak with God—and let me get my period soon. For I wanted this, too, to bleed, to have a changing body outside and in.

Yet, during the days before and weeks after my mother’s surgery, the word “breast” embarrassed me when I heard my mother say it into the phone or to a friend or relative in our kitchen. She said “breast” often and with such specificity, “in my right breast.” She said “breast” to many people, even to Pastor Prines and my Uncle Lee, men whom I could not imagine thinking of my mother’s breasts. When I sat in a room full of adults and listened to my mother described her body, her cancer, her treatment plan, I would notice I was sitting with my shoulders pinched forward and my arms thrust down over my own chest. My cheeks burned when I realized how I was covering myself, and each time I was surprised the adults didn’t seem to notice what I was doing. When we were alone, my mother explained breast exams and mammograms, and when I applied the ideas to my own body, they humiliated me—the thought of a doctor’s fingers palpating, of a machine photographing the tissue inside.
During my mother’s hospital stay, I noticed blood on my underpants for the first time. I’d expected an impressive show of red, something bright and definite. My period came more slowly though, leaving brown-red smears for days before turning into real blood. Aunt Claudia, my mother’s sister, stayed with us during my mother’s surgery. I wasn’t sure how to tell my aunt about the dirty little smears, so I said nothing. Mom had not had a period since her hysterectomy years earlier; I didn’t even bother to look for a maxi pad. Instead, I washed the blood out of my underpants the best I could in our tiny upstairs bathroom. I tried hand soap, the bar of Irish Spring, and shampoo. The stains faded but did not go away. I carried each pair of wet underpants down to the laundry room and buried them in the dirty laundry basket. I tried to construct my own pads from folded paper towels and scotch tape. Soon enough, Aunt Claudia asked me if I had, by chance, started my period. When I said “yes,” she drove me to the grocery store.

Elevator music played a song I almost but not quite recognized as we walked down the feminine hygiene aisle, where a wall of maxi pads and tampons faced us on one side, and shelves stacked with diapers, baby bottles, and formula lined the other. I was glad when Aunt Claudia walked past the tampons; I wasn’t sure I wanted to insert anything.

“Do you know what kind you want?” Aunt Claudia asked. The boxes and plastic wrapped packages looked so pretty and sanitized in their greens and blues and pinks: Kotex, Always, Stayfree.

“I don’t know,” I said. But I liked the sleek, green plastic around the Always pads. “Maybe these?”

Aunt Claudia tapped one of her long fingernails on an Always package marked “light.” “Probably this one for you.” Aunt Claudia’s fingers looked just like my mother’s, and I wondered what kind of pads Mom had used.

“Did you get your period while I was gone?” my mother asked a day after she came home from the hospital, during a time when we were alone together in the house.

“Yes.” I looked up at my mother. Her brown bob hung limply around her chin. Her eyes looked tired, but there was keenness in them too.

“Congratulations,” my mother said, opening her arms to me.

I hugged her gingerly because I did not want to hurt her and because I was afraid of what I would feel. When she drew her thick arms around me, my chest moved toward hers, and I felt the hollow place where her right breast had been. When she released me, her eyes were wet.

“Did I hurt you?”

“No,” she almost laughed. “No, Honey. I’m just so happy to be home with you today.” It was years before I understood what made her cry.

After my mother’s mastectomy, she bought a prosthetic breast, but I did not see her naked chest for years. She was careful to keep it covered. I know—because she told once, on the way home from a fire drill—she tried herself not to look. The radical mastectomy left not only a flat space but a sunken curve, a hollow place with nothing but bone beneath.
After the surgery, she turned her face away from the mirror in the small bathroom attached to her hospital room. When the nurses came in to change her dressings and her gowns, she closed her eyes. Finally, the day before her discharge, her favorite nurse brought a mirror to the bed. You need to look. My mother held the mirror while the nurse pulled the hospital gown down over my mother’s shoulders. Beneath the healing incision, my mother said she saw ribs where her right breast had been.

Sometimes I try to imagine this in detail: my mother opening her left hand to take the mirror, the nurse telling her it was okay, the reflection. But even two decades later, I don’t like to think of my mother, one-breasted, concave, disgusted, making herself look.

I am thirty-two, six years younger than my mother was at her initial diagnosis. Given the advanced stage, the cancer must have been inside her body for years. How old was she when its cells began to grow? Thirty-four? Thirty-three? Younger?

I am careful. I do breast self-exams. Once a month, I stand in the shower, curve one arm behind my head and press the fingers of my other hand into my breast tissue. I use the grid pattern, pressing in small circles, up and down the length of each breast, applying pressure from my collarbone to the tissue below each breast, then feeling the lymph nodes beneath my armpits. My own examinations are usually more thorough than my gynecologist’s. The one time I found a lump—left breast, near my nipple—I made an appointment for the following week. My doctor could not feel it. I was twenty-four at the time; she wasn’t concerned. Two months later, when the lump had not gone away or gotten smaller, I made another appointment. My doctor still couldn’t feel it, but for the sake of what she termed my “peace of mind,” she set up an ultrasound at a breast clinic. The technician found the lump. A radiologist came in. He looked at the image on the screen, palpated the lump with three fingers, and ordered a diagnostic mammogram. After that, he ordered a biopsy. Of course I was terrified and angry. I cried. I vacillated between thinking now it is my turn and this is not actually happening.

It was not. The lump was a benign fibroadenoma. The biopsy scar faded. After my breast healed, I went in for a new baseline mammogram. Once a year I drive to the breast center, undress from the waist up, pull on the gown—it’s so big I can wrap it around myself twice—and sit on the wooden bench in the curtained changing room until my name is called.

My breasts are small and firm and fit (not even snugly) into an A-cup. The voluptuous breasts I dreamed onto my body as an adolescent never materialized. I can still wear the strapless bra I wore under my prom dress my freshman year of high school, though it fits now. For years I was self-conscious, wanting cleavage and a curving profile. In college, I read the breasts chapter of
Christiane Northrup’s Women’s Bodies Women’s Wisdom. Northrup suggests that women with small breasts may have had some experience in adolescence that caused them to think breasts were somehow negative or bad or fearful things.¹ Perhaps I feared breasts, even as I wanted to grow them.

A few days before my mother’s fortieth birthday, Adam and I were loitering around the kitchen, waiting for Mom to get out of the shower. This was usually the time of day Mom gave orders to help set the table, fill glasses with milk, set out a plate of carrots and celery. Mom never took showers at this time of day, and when we heard the shower shut off, we looked toward the bathroom. Mom emerged fully dressed and red-faced. When she noticed me watching her, she smiled, but the smile only touched her lips, and the rest of her face held an expression I could not place.

Her brown hair dried quickly. Though it had grown in since she’d finished her course of chemotherapy in November, it was not yet as long as my father’s and didn’t begin to cover her ears. Even in Michigan’s July humidity, hair that short dries quickly. As it did, the color surprised me. Before the cancer, my mother, father, and I shared the same hair, fine and soft and golden brown. (Adam’s hair grew blond but was as fine as the rest of ours.) My mother’s post-chemotherapy hair grew in thicker and darker than it had before, like hair belonging to a different family.

A few weeks earlier, she’d put her wigs away, up on the highest shelf of her closet. This detail did not register with me that night, but it sticks now, in memory. It sticks more than the actual evening, which is one of the slipperiest memories I have. I longed, then, to be disconnected from my mother’s sickness, for my body to be unrelated to hers. Though I could not have given the feeling words, I wanted to not—not, not—to take part in what was happening. Perhaps this is why the memory slips: my refusal to engage fully in this one night with my family. For years, though, I have tried to get back to that evening, as if connecting to it will let me understand the cancer itself, the links between my mother’s body and mine. This is what I have:

Mom looked at the kitchen clock and said, “Bill, what are we going to do about dinner?”

“I’ll take care of it,” Dad said and went out to pick up Chinese, Mom’s favorite. The Chinese restaurant was one town over, so Dad was gone for forty minutes—blank time, the July evening, waiting. When he came home with dinner, we sat on our usual stools in our usual order around the countertop island: me, Dad, Mom, Adam. We dished the food onto paper plates—why dirty dishes on this night?—and wiped our mouths with paper napkins. We did not laugh and joke like we usually did during dinner. I must have begun to understand then, and Adam must have realized something too, or maybe he kept quiet because our parents were quiet. Still, Adam and I ate—Adam going back for seconds—and my parents pretended to eat. In the un-air-conditioned warmth of the evening, the ceiling fan spun, moving the air around the four of us and our carryout. The smell of egg rolls wafted. The food cooled quickly on our plates.

After Adam cleaned his second plate, my mother told us what she learned during the appointment with her oncologist.
How did she tell us? I’m sick again. The cancer came back. Did she say “metastatic”? Did she say “right lung”?

The window above the sink stood open to the evening, the noise of the fan and the outside sounds filling in when no one was talking. All whirring and clicking, crickets and shifting tree leaves.

My father tried, started to say something but faltered, his chin and his mustache trembling. He left the table and walked over to the sink, keeping his back to us, so we could only see the fading blue oxford shirt tucked into his jeans, the bump where the fat under his skin rose over the back of his belt, the light over the sink shining on his thinning hair. Then my mother said—clearly and brightly, like a knife hitting a glass to begin a toast—“But I’m going to fight this, and we’re all going to be okay.”

Almost exactly—and only—one year had passed since my mother’s first diagnosis. She hadn’t thrown the wigs away; she’d put them away. Now, I wonder—it’s not a question I feel I should ask—if she was waiting, if she knew it would come back.

“I’m going to be okay,” my mother said a few days after she told us her cancer was back. I believed her—or believed her most of the time—and tried not to think about what “not okay” would mean.

By 1991, research hospitals around the country were conducting a particular study: the use of autologous bone marrow transplants with high-dose chemotherapy for the treatment of metastatic breast cancer. “Study” is the medical community’s term for an experimental treatment; experimental treatments come with risks. In this study, the high dose chemo was so high, it would be fatal to the patient if her own bone marrow were not harvested before the treatment and pumped back into her bloodstream afterward. This was the autologous part. It was not the bone marrow that treated the cancer; it was the chemotherapy. The bone marrow saved the woman’s life after—or it attempted to. One of the risks was death, not just later from the cancer but from the treatment itself.

By the turn of the new year, 1992, my mother was enrolled as a participant in one of the studies, four hours away, in Chicago. Her risk of death during the treatment was estimated at ten percent. I understood there was a chance she would not come back.

Gray covered the city in the morning. The possibility of lake-effect snow clung to the forecast as we checked out of the hotel and drove toward the South Side of Chicago. Looking out the window, I could not tell the difference between the clouds and the air. Mom sang the first verse of Leroy Brown: Well the South Side of Chicago is the baddest part of town. And if you go down there, you better just beware of a man named Leroy Brown. Now Leroy wanted trouble he stand about six foot four. All the downtown ladies call him Treetop Lover all the men just call him Sir. When her voice shook, I finished the chorus with her. And it’s bad, bad Leroy Brown, the baddest man in the whole damn town… My father drove the burgundy Taurus toward my mother’s bone marrow transplant.
Mom entered the hospital in a wheelchair Dad pushed up a narrow ramp covered by a green awning. Adam and I walked behind. Through Dad’s moving legs, I noticed the block letters stamped on the back of the wheelchair: University of Chicago Hospital. Wind gusted under the awning. Dad’s thin hair sailed up. Mom put a hand to her head to hold her wig in place. Adam and I held our hands in our coat pockets. Snow hit my face, but I did not wipe it away. Dad took even, determined steps, pushing Mom through the revolving doors. Adam and I stood beside each other to catch the next opening.

Children under sixteen were not allowed into the bone marrow transplant ward. Transplant patients have compromised immune systems, and Adam and I carried the risk of too many germs. We wouldn’t be able to go up to our mother’s room or see her again until she was discharged—six weeks, eight, depending.

We said goodbye to my mother in a tiny, strange room, where she sat in a blue recliner having something the nurse called “leukapheresis.” There were tubes and a centrifuge. Mom’s clothing was gone and her prosthetic breast and lipstick. She wore a hospital gown and her wig. I realize now she must have put the wig back on after she changed because she wanted to look as normal as possible for us before we left her. Tubes rose from the neck of the gown and trailed over to the centrifuge and an IV pole. The tubes frightened me, though I knew these must be the port the doctors had installed a few days earlier. A bulge lifted her hospital gown where the tubes entered her body, and I wondered how I hadn’t noticed the bulge before. Spinning, the centrifuge separated my mother’s bone marrow stem cells from the rest of her blood—leukapheresis. The tubes pulled the blood out of my mother’s body and pushed it back in, emptier.

Mom could not move around much; she leaned back in the blue recliner, breathing evenly, talking to us from beneath the tubes. I hung back while Adam leaned over Mom. He seemed not exactly sure where to put his hands, but he managed to hug her anyway.

“It’ll be okay,” Mom said. “Be positive.”
“I know,” Adam said. I hoped he believed it.

I put my hands on the back of my mother’s shoulders, slipping them between her hospital gown and the recliner’s vinyl. Then, I hesitated, afraid of the port.

“It’s okay,” the nurse said. And as I pressed closer to my mother, I noticed not the flat plane on one side of her chest but the hard knot in the middle. Plastic against skin. I said, “Bye,” and “I love you.” I was careful not to bump her wig when I pulled away. I turned while my parents said “See you in a couple days,” and I heard the quick, soft sound of their lips connecting. It was my father’s hand on the back of my shoulder that guided me from the room.

In the oncologist’s office a week into the latest fire drill, the films of my mother’s lungs illuminate a screen, and we learn the persistent cough is not cancer. More than a cough, probably—my mother will need to see a pulmonary specialist—but not cancer. Without realizing I’d been holding my breath, I exhale. So does my mother. “Thank God,” she says, and I know she means it as a prayer. I know a string of doctor’s appointments, tests, and procedures will
follow—if not just a cough, then what?—but my relief is not lessened. Only on a scale involving cancer does possible lung disease seem like good news.

It has been nineteen years since my mother’s second diagnosis. She was tumor free after her bone marrow transplant, and at her three-month follow-up, and her six-month, and every appointment after, until four years had passed, and the oncologists said she was in remission. At fifty-nine she’s been in remission for so long the doctors don’t even say “remission” anymore. Still, my mother’s cancer is like this: it comes back. Not—thank God—in cellular form but in a way that keeps her—keeps us—looking over our shoulders.

Relatives say I look just like my mother did at my age—the same wide brown eyes and high cheekbones, the same naturally bushy but plucked into high arcs eyebrows, the same thin face framed (now that I’ve donated a foot of hair to Locks of Love) in the same brown hair cut into a bob. In the mirror I can see the differences. My nose is larger than by mother’s, and my hair is wavier.

I know I could get tested for genetic mutations, specifically in BRCA-1 and 2, the breast cancer susceptibility genes. But I don’t want to. Two reasons I can name are that inheriting the mutations doesn’t mean I’ll develop breast cancer, and, if I have a mutation, I’d rather not know, because then I’d be waiting for it to come.

There are also reasons I cannot name.

I was fourteen when my mother gave me a plastic card to hang in the upstairs shower: How to perform a breast self exam. Then, I followed the card’s directions and tried not to feel embarrassed. Now, I see the irony: how my mother tried to teach me to protect myself from the disease, even when she had not protected herself. Why didn’t my mother go to the doctor with her breast lump right away? Her reasons for waiting must be intricate and nearly impossible to name. When I asked her once why she did not see a doctor more quickly, she said: “I don’t know. I was so young. You and Adam were so young.”

I’m not sure how many other women think of their breasts as dangerous. The American Cancer Society estimates that in 2011, there will be 288,130 new cases of breast cancer diagnosed in the United States alone. Given this statistic, I know I am not the only one afraid. During my annual mammograms, the technician moves each breast into place and pulls the lever. I look down at my own body as one breast then the other is flattened beneath the plate of glass.

Notes

Author Notes

Erin Pushman is relatively new to literary nonfiction. Her essays have appeared in Thrift Poetic Arts, MoonShine Review, and Toasted Cheese Online Literary Journal. Her plays have been produced on stages around the Carolinas and excerpted in anthologies including Boomtown: Explosive Writing from Ten Years of the Queens University of Charlotte MFA Program and New Monologues for Women by Women, Volume II. Though she would like to move back to Michigan, she lives in North Carolina and is an associate professor of English at Limestone College, where she directs the Writing Center.

About the Work

Lately I have been writing about bodies, mostly my mother’s and mine. The more I write about my mother and me, the more I realize how thoroughly we are connected, woven together like a DNA strand. It is not just our genes that bind my body to my mother’s but a series of bodily traumas, the most poignant being her diagnosis with metastatic breast cancer and my experience as a pedestrian versus motor vehicle. I recovered from that accident, and my mother went into remission, but each of us now lives inside an altered body. The memory of those traumas is imprinted beneath my skin.

Some months ago, I finished revising a book-length memoir weaving together my mother’s story and mine, explaining how we were able not just to survive these medical traumas but to live with them. Because book publication is a slow thing and because there are parts of this woven story I wanted to send out into the world more quickly, I decided to rework a chapter of the memoir, revising it into a stand-alone essay. I had rewritten the chapter several times for the memoir, but revising the piece as an essay was more difficult. At first I could not find a way to make the piece work as an essay, but then teaching freshman composition class one day, I heard myself reminding my students that revision literally means to re-see. If I wanted the material from my chapter to stand alone as an essay, I had to re-see it as an essay. An essay could not rely on the rest of the manuscript to provide context, an ending or beginning, a cast of characters, OR a larger central theme—I knew my revision would have to be fairly radical.

In the chapter version, I had taken the story of my mother beginning her cancer treatment and braided it together with a narrative of a dynamic time in my own recovery from the accident. For the essay, I decided to focus on the cancer, which meant culling out the material that dealt with larger themes of the book. I pulled out all pieces of the narrative related to my accident and recovery—there went a dozen pages, maybe more.

What I had left could not stand alone either, so I had to reconstruct the piece. I did not think the scenes depicting the story of my mother’s cancer had to change much, but they were also not enough. Without the material about my accident, my presence as the narrator of the piece was minimal. And this was a memoir, so what about me? As the narrator, I was part of the story not only through the fact of my participation in my mother’s experience but through the way I experienced my own body during my mother’s cancer. I looked again at the section dealing with my adolescence and realized I needed to develop it a little further (this lead to a revision of that section in the larger manuscript, too).
My own story was emerging as part of the essay, but when I sent a draft to my writing group, they thought it still did not stand alone. This all happened twenty years ago, they pointed out. Why was I writing about it now? And why would a reader care? Those were the questions that allowed me to fully re-see the piece. I was writing about my mother’s cancer because I was looking down the lens of that disease as a woman not unlike the woman she was then, and it scared me. I wrote into that fear. And I wrote into the way my mother’s cancer—in remission now for nearly two decades—still seems to follow both of us.

One of the challenges I face in writing nonfiction, particularly memoir, is deciding which parts of an experience to include. I certainly faced that challenge in revising “Revolving Glass.” I have written the essay into a piece quite different from the version I started with, because I have included different aspects of my life. As the essay emerged through revision, I came to see that it had much to do with my being afraid of my own body and what I have learned to do with that fear. To fully realize this part of the essay, I had to include experiences that fell outside the content of the piece in its original chapter form. My dogged commitment to cancer screenings, the “fire drill” appointments with my mother, my own biopsy: each is a lived experience I had to recall in memory then decide to craft in writing for the essay.

Measuring by word-count, I’d say about one third of “Revolving Glass” is composed of material that is not part of the piece as it appears in the memoir. To write it as an essay, I have had to reshape and re-imagine, to cut away old tissue and graft on new, to re-see the connection between my mother’s body and mine, and to lay it out again on paper, altered.

Erin Pushman on the Web