

Failing Flesh

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You think your pain and your heartbreak are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me most were the very things that connected me with all the people who were alive, who had ever been alive.

James Baldwin

Table of Contents

Introduction		4
About the Authors		6
Chapter 1: Showing Symptoms		
I.	“So You Think You Can Dance” by Simran Hotwani	8
II.	<i>Crafting a Reader’s Experience</i>	18
III.	<i>Arch Your Back and Trust Your Process</i>	21
IV.	<i>Simran’s Reflection</i>	24
Chapter 2: Diagnosing Details		
V.	“Red Plastic Bags” by Rachel Pantos	27
VI.	<i>Feel the Words You Choose</i>	41
VII.	<i>Trust the Process</i>	44
VIII.	<i>What Matters</i>	46
Chapter 3: Vitalizing Voice		
IX.	“Do You Hurt Here?” by Jennifer Schneider Malamud	50
X.	<i>Dialogue and Character Voice</i>	67
XI.	<i>Your Voice Matters</i>	72
XII.	<i>Reader’s Flow</i>	74
Acknowledgements		78
Style Sheet		79

Introduction

There are many rules that define good writing. In the WRI365: Editing Principles and Practices course, we learn about economy, directness, voice, and structure. We write, rewrite, edit, and experiment over our manuscripts –we prune the adverbs, activate our verbs, discuss the rules of the oxford comma, practice sentence variation, and consult Strunk and White’s book *The Elements of Style* to a quasi-religious extent.

Towards the end of the book, Strunk and White say:

There is no satisfactory explanation of style, no infallible guide to good writing, no assurance that a person who thinks clearly will be able to write clearly, no key that unlocks the door, no inflexible rule by which writers may shape their course. Writers will often find themselves steering by stars that are disturbingly in motion.

Then, what is good writing; once you strip away the rules, the style, the imagery, and the detailing? Once you are left only with the essence of a piece; what do you remember from it? In our editing process, we learned that the answer is often sincerity and emotion.

During our first meeting, Marell, our original fourth group member, told us she was registered with accessibility services due to health concerns. She later had to leave the class for treatment. Marell put her heart into the first iterations of the manuscript, her absence has profoundly impacted us, and we dearly miss her.

One by one, we learnt that each of us was dealing with our own pain, a diagnosis that tormented us with different names: leukemia, endometriosis, scoliosis, and fibromyalgia. A common phrase says, “birds of a feather flock together,” and on that first meeting we learned we were all little birds protected under medications, doctors, and accessibility services.

“Guess we have our theme for the manuscript,” we agreed, smiling through our failing flesh, collectively accepting to write about our pain, our health and our untrusty bodies.

After Marell left, we experienced another loss and supported each other through it, building a group dynamic based on sincere and honest feedback, in addition to mutual support. The common themes that arose were using detail, voice, characterization, sentence variation, and structure; but you will learn more about that later.

We structured our piece through two different paths: The editorial process, and the path of an illness. First Simran’s piece portrays the importance of showing rather than telling, then Rachel’s piece conveys how to use and choose detail and imagery, and lastly, Jenni’s piece shows the importance of finding your voice. Similarly, the three stories are structured to follow the process of a sickness: Simran’s features the struggle to deal with the first symptoms and the beginning stages of an illness, Rachel’s shows the fear of living with the pain and finding an explanation to the symptoms, and Jenni’s shows the experience of living with the new reality of your health.

In these stories you will find complex characters dealing with sadness and pain, but also little pockets of joy, empathy, and self-discovery.

We hope you enjoy the beauty behind the madness.

With love,

Simran, Rachel, and Jennifer

About the Authors

Jennifer Schneider Malamud, Rachel Pantos, and Simran Hotwani are all students in the Professional Writing and Communication (PWC) major at the University of Toronto Mississauga (UTM). Jennifer is a third-year student, double-majoring in PWC and in the Communication, Culture, Information & Technology (CCIT) major at UTM. Rachel is a fourth-year student, majoring in PWC and Environmental Management. Simran is a fourth-year student, also majoring in PWC and CCIT.

Chapter 1:
Showing Symptoms

I. So You Think You Can Dance?

By Simran Hotwani

March 19th, 2015. I've just finished three hours of intense dance training for a competition coming up. I slowly step into the car with my muscles sore and my body drenched in sweat.

"Let's go for dinner," says Mom. "It'll be a nice way to relax before your big audition tomorrow.

"Yeah, sure," I say mid-yawn, as I reach into the plastic grocery bag that Mom brought for me. I take out my pink Victoria Bombshell perfume and shower in the fruity, floral fragrance.

We arrive at my favorite Indian restaurant, Shakti. I hop out of the car and sprint up the driveway, up the stairs, and through the front door.

"Uncle, how are you? Table for three please. We'll sit at our regular spot," I say while walking up to the drink cooler and helping myself to a chilled coke.

My parents and I come here at least once a week. The uncle at the bar knows exactly where we sit and what we order. My parents love sitting at the back of the restaurant near the big open window that blows cool breeze at night. It's also the one spot where no other Indian can recognize you as soon as they walk through the door.

"One plate samosa, one butter chicken, one saag paneer, four garlic naans, and one Chinese bhel," Mom orders.

I spend the next two hours diving into my favorite dishes: creamy butter chicken, crispy samosas, hot soft buttered garlic naan, and a big iced cold glass of coke to compliment the flavors in the meals. As always, the food leaves me feeling happy, full, and satisfied. My mind and body feel relaxed and recharged. All that's missing is a good night's sleep before the

audition. I grab the keys from Dad as he pays the bill and make my way down the driveway to the parking lot.

“Be careful, Simran. It just rained; the road is slippery. Wait for Dad so you can hold his hand. You’re wearing slippers; you’re gonna slip and fall,” yells Mom.

“I’m fine,” I say as I take my next step. “I’m not a kid, I can walk down a slope without—”
thud

I slip backwards, fly in the air for half a second, and land on my lower back. I can feel Mom roll her eyes behind me.

“What did I tell you?” Mom says as she rushes down to help me up.

“Are you okay? That sounded bad. You should get that checked,” a tourist yells from her hotel room balcony.

“Oh no, I’m fine. Thank you!”

I fall asleep in the back of the car as we drive home. Mom guides me to my bed.

I pass my audition and begin training for the day of the main competition. It’s been three days since the fall and I’ve spent most of them training, since we only have a month left.

I complete my turns and hip thrusts. As I twist to arch my back and complete a circle, I hear a crack. I feel a sudden rush of pain in my lower back, like someone’s placed a fifty-pound brick on it. As someone that’s been dancing since the age of three, pain management is part of my daily routine—but this is a new kind of pain.

This pain is not soreness, but it’s pain that aches. I feel a stinging, burning sensation that moves from my lower back to the back of my thighs. The tension affects my flexibility.

I twist, turn, and rotate on the spot with both feet together, continuing with the rest of my choreography and paying no attention to what just happened. I pop a pain killer and continue practicing for the next hour.

The next day, I practice my choreography again. I point my toes and get ready to fall onto the floor for my knee spins—I push my right foot forward in a split motion with my left foot bent behind me, helping me keep my balance as I land slowly and transform into my position to begin the knee spins across the whole dance floor. Shoulders pushed back, hands in first position, back straight, I spin while focusing on one spot on the wall in front of me so I won't get dizzy. I spin around the room with my back straight like it's pulled with a rubber band, thinking that nothing has ever been as easy as this: my shoulders and my back feel strong. After a few spins, my back gives up on me.

“What's happening, Simran? This is a very lousy and lazy knee spin. This is not the performance I expect from someone that's going to be competing at an international level in a few weeks,” says my teacher.

“Yes, I know. It's just my back. It's been hurting for some reason.”

“Is it from your fall? Go to the doctor tomorrow and have him give you something stronger for the pain, so that you don't embarrass us on stage with this lousy performance. I expect the spin to be perfect when I see you the day after tomorrow.”

Terrified, I ask Mom to set up an appointment with Dr. Raghosing, our family doctor.

“We have an appointment for 7:30 tomorrow morning before going to school so make sure you're up early and ready on time. If you're not in that car by 7:00 am I'm leaving you.”

Hospitals scare me. White walls, neutral furniture, white coats running up and down the hallway yelling code names, and the faces of those waiting on a loved one. The last time I walked down these halls was three years ago when Mom was sick and the doctors said, “Take her home, there’s nothing more we can do.” Ever since then, I’ve got zero faith in the doctors in this building—what will the man in a white coat tell us today?

“Good morning, Ms. Hotwani. Tell us what’s the problem today.”

I sit still and turn to Mom as she answers his question.

“She has a competition coming up, and her pain is affecting her performance. So we were wondering if there’s any treatment she can complete to perform well.”

“Looks like an accident injury that should go away with some anti-inflammatory pills and maybe some physiotherapy, but let’s get an X-ray done just to make sure everything is fine. Follow the nurse and she’ll take you to the lab.”

I follow the nurse down the hall and to the testing area. I change into a white hospital gown and open the door to the X-ray station. The whole room is filled with equipment that looks like it’s straight out of a superhero movie, with metallic boxes that extend from the floor to the ceiling, high tech screens everywhere with X-ray pictures, and a china glass cabinet filled with needles and drugs. I stand on the spot marked X with white tape while the equipment makes some concerning noise as if someone is pressing random buttons.

“Ok we’re all done here. You can go back to the doctor’s office, and I’ll send him the report,” says the nurse.

I put my white and blue uniform back on and walk back to the doctor's office. He opens my file and nods his head with concern. The room becomes silent and all we can hear is the ticking of the clock behind his desk.

"Is everything okay, doctor?" asks Mom, breaking the silence.

"Have you heard of scoliosis? It's a sideways curvature of the spine and looks like our little girl here has got an S shaped curve in her thoracic spine," Dr. Raghosing says, removing his glasses while pointing to the poster of a spine, above the bed. "This lower region of the spine is where she fell and, as you can see, it's right below the curve in her spine, causing her to have some extra tension. Now, it's very minor and nothing to worry about, but physiotherapy and having a good posture are very important. I suggest that she stops doing anything that will worsen the curve. It's not curable, but we can do our best to stop it from getting worse. That includes staying away from intense dancing, young lady."

"What does dancing have to do with making sure my back is strong and straight?"

"Some dance moves can aggravate scoliosis and in order to avoid those movements it's best if we eliminate dancing altogether. I will refer you to Dr. Mercurr who specializes in making back braces. You can try dancing with that, but if it doesn't work, you must stop immediately."

Oh, great. Now I have to go meet another doctor that wants to make me wear a stupid thick brace for a little curve in my spine. Doctors always tell me I'm underweight, and should do some sort of activity to gain muscle and strength, but this doctor wants me to stop everything?

How am I supposed to stop the one thing that I've known how to do naturally since the age of three? The one thing I look forward to every day? The one thing that allows me to release my emotions in a healthy way?

With each movement, I release emotions that I've experienced the whole week. Dance allows me to be creative and pushes me to be in shape, so I continue to do splits and practice my flexibility for my choreography. It's the one thing that surrounds me every day. How do you tell your fifteen-year-old self to just stop?

Well you do. You just stop.

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It's been three years since my accident and since I've last danced. It's been hard, but I've focused on my passion for art instead. Instead of dancing weekly, I now attend art classes. The movement of the pen makes me long for the days when I could dance. I hope holding a paintbrush doesn't make my spine crack and bend in a new way. I miss pointing my toes instead of painting ballerinas.

They said the pain was supposed to go away if I stopped doing the one thing I love; but it hasn't. My menstrual cycle becomes more and more painful as each month passes by. It feels as if I'm giving birth to triplets. My back pain always reminds me that carrying a backpack, sitting, or standing for too long are now tasks that my bones can no longer properly support.

"A healthy lifestyle and continuing with the painkillers will help you with your back pain," is all I hear every time I visit the doctor.

My parents have tried a number of different treatments as well: home remedies, Ayurvedic medicine, spiritual healing, physiotherapy, and biweekly massages. They've all caused temporary relief, but nothing seems to cure the pain and discomfort that I feel.

As I sit here on my desk looking at my UTM acceptance letter, I worry what life will be like in a few months. A new country, new people, new environments, new experiences, and new doctors. I wonder if I'll be able to live alone without family nearby. I never realized the weight that my dancing had on my happiness, but I've managed to occupy myself with other hobbies, and friends and family. Activities such as swimming, riding my bike, going out with friends, and playing games have kept me on my toes for the last three years. Without these activities keeping me busy, I wouldn't know what to do with all my free time that dancing used to take up. What if I can't do the things I love most in Canada?

The blue skies, warm weather, laughter, and comfort of my loving parents and friends are the pillars of my mental health. The feeling of comfort, love, and happiness that they radiate is what's made me realize that dancing doesn't have to be the only thing that brings me joy.

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September 4th, 2018, I arrived to Canada on a one-way ticket with hopes of getting a higher education and building my life. Unfortunately, the standard and expectations I had for university and myself continued to decline. I felt like a ballerina, taken out of its jewelry box—the only home it's known its whole life—and transported to some old, rotten cupboard.

Moving away from a sunny island to a country that experiences all four seasons was something that I didn't prepare for. My body automatically goes into hibernation mode when winter comes around. As the leaves fall outside, so does my will to walk out of the house.

I thought I was coping well, but I had gotten so used to hurting most days that I figured some measure of pain would always be a part of my life. I spent the first two years of my

university experience in a never-ending Rubiks cube of horrible decisions that destroyed my mental and physical health. I was underweight; nutrition walked right out the door. I struggled to put one meal together everyday. Frozen food and noodles were my main source of nourishment. I lacked the energy to do work, go to class, and walk outside. I spent my days sleeping for hours, doing the bare minimum work for classes, watching Netflix, drinking and smoking with my two roommates.

At the time, I knew this was wrong. I knew these were not healthy choices, but I didn't know that these were signs of my mental health deteriorating. Growing up on a small island, no one spoke about their mental health. When the taboo topic did arise, the Indian community made it seem like something was wrong with that individual; they were told, "Everything will be fine. Nothing's wrong, it's just in your head." So, every time I had winds of emotions fly into my head, I shunned them, without acknowledgement. I convinced myself that my feelings of loneliness, homesickness, and seasonal depression were "in my head," and that I was fine and had to go on with my life.

My feelings still apply: It's three pm. I woke up six hours ago and have only drunk a protein shake. The difference is that my fridge is stocked with fresh fruits and vegetables. However, the biggest change that allows me to sit here smiling, happy, and productive is Dr. Martijn Steffens.

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Two months ago, my boyfriend introduced me to his boss, Dr. Martijn Steffens. My boyfriend has been interning with him at his physiotherapist office for the whole summer. After

explaining to him that it's been over six years since my fall and scoliosis diagnosis, he looked at me and laughed.

“The doctors said, what? To stop moving? They're stupid. Your pain is not caused by scoliosis. Scoliosis does not cause pain. The placement of the curve can provide some discomfort, but the pain is in your head. If you exercise and keep your body active, the pain will go away. If you sit for too long, you'll feel a stretch in your lower back. If you type or write for a long period of time, your right scapula will hurt. But if you keep exercising and strengthening your muscles, your pain will eventually stop.”

Those were the wisest and most positive words I'd ever heard.

I started choreographing in my head everytime I opened the Spotify app. My legs would start to shake with the beat of the music and my hands would mark the steps.

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Keeping Dr. Steffens' words in mind, I now go to the gym three times a week and see improvements not only in my pain, but in my mental and physical health. This little ray of hope is the difference between the girl sitting here right now and the girl that walked out of that doctor's office six years ago, the girl that walked into Canada four years ago, and the girl that suffered in silence for the last six years.

On a rainy September afternoon, I leave my zoom class, close my fourteen tabs, close my notebook, get up from my seat and walk towards my mirror. I turn on my Bluetooth speaker and play the remix I last danced to for my competition. I let the music flow through me as it enters through my ears and spreads through every nerve, vein, and muscle. I feel the beats vibrate

through my body, forcing me to lift my hand and follow the music. I remember parts of my choreography and begin marking the steps. I glide through the floor as my hands push the air around me with every movement. I attempt to do my first position turn and transition into the backbend circle. My left foot forward bends while my right foot extends backwards and bends. My hands are in third position and, as I move them to second position for my turn, my right foot boosts up next to my left leg in an arch while my body turns, putting the weight on the tippy toes of my left leg. I tumble during the end of my turn, messing up the landing, but I continue forward. I turn around and get ready for the backbend. I let my arms feel the music and sway around, while I manage to twist and complete my circle.

I rewind the music and try the turn and the backbend again. I fail. I rewind and try again. I keep rewinding until I start to feel like myself again, and regain my flexibility and balance. I might've given up on dancing for the past six years, but dancing hasn't given up on me.

II. Crafting a Reader's Experience

By Rachel Pantos

In “Writing Tools: 50 Essential Strategies for Every Writer,” Roy Peter Clark explains that a writer must “learn the difference between reports and stories” (ch. 25). He explains the difference between the two: “Reports convey information. Stories create experience. Reports transfer knowledge. Stories transport the reader, crossing boundaries of time, space, and imagination” (ch. 25). When creating a story, you can begin by writing a ‘report’ of events, and expand on important themes while you edit the narrative into the story you want to tell.

In “So You Think You Can Dance,” Simran immerses her readers into her story by ‘showing’ rather than ‘telling’ the events. When Jennifer and I read Simran’s first draft, we felt we could not grasp the significance of dancing in Simran’s story. Without understanding the context of her pre-existing relationship with dance, we could not comprehend the depth of the loss Simran felt when she thought she would have to quit. Since the story largely revolves around Simran’s relationship with dancing, the piece had to include moments for her readers to experience the joy she felt with dance, before understanding how she felt without it.

In her first draft, Simran ‘tells’ us about losing her ability to spin: “Spins are my greatest strength because I’ve got great posture and can do it really fast with the help of my upper body strength. After a few spins, my back started to give up on me.” Here, Simran reports the events that occurred, but does not use sensory detail or active verbs to help readers imagine the scene and understand its significance.

In her final draft, Simran uses imagery and active language to ‘show’ her readers her story, allowing them to experience the loss with her. Her spins are no longer an abstract idea that her readers have to project their own connotations onto. Instead, she creates a visceral

experience, as she describes her action: “I spin around the room with my back straight like it’s pulled with a rubber band, thinking that nothing has ever been as easy as this: my shoulders and my back feel strong.” By including the sensory detail of her back muscles supporting her, Simran delivers the event as an experience for her readers, rather than simply transferring information to them. This sensory detail elicits a deeper understanding of the moment, as readers connect with Simran through experiencing the joy dance brings her, and the loss she later feels without it.

Active language can also create a more immersive experience for readers. In “Writing Tools,” Clark explains the distinction between active and passive verbs: Passive verbs describe an action being done *to* the subject of a sentence. Meanwhile, active verbs describe the subject performing the action (ch. 3). Looking back to Simran’s early draft, we can see the difference of passive verbs—“spins *are* my greatest strength because I’ve *got* great posture and can *do* it really fast”—to active verbs—“I *spin* around the room with my back straight like it’s *pulled* with a rubber band” (p. 10). In the first draft Simran is not the subject of the sentence. Instead, “spins” are the subject of the sentence, and Simran is the object. In the second sentence, Simran is the subject of the sentence, but the verbs “have got” and “can do” do not offer readers concrete sensory detail. In contrast, in her final draft, Simran becomes the subject of the scene, and “spin” becomes an active verb. This offers her readers a clear image: We see Simran spin, and feel her muscles support her. This imagery allows readers to better understand the loss that Simran experiences when her strength wavers.

Simran’s editing process demonstrates that, although you want to eventually create a cohesive story, it can sometimes help to record information as a ‘report’ first, and transform the events into a story while editing your content and structure. This can help when you have trouble figuring out how to draw out the significant themes in your piece—as Simran did at the beginning

of her editing process. By alleviating the pressure to craft every element of your entire story in your first draft, you may find it easier to get your ideas down on paper and establish a solid base for your narrative to begin with.

III. Arch Your Back and Trust Your Practice

By Jennifer Schneider Malamud

Writers can use motifs and repetition to emphasize a text's main ideas, panning the focus of the narration to guide the reader towards the most important details. In Simran's piece "So You Think You Can Dance?," she uses the repetition of specific cultural detail and the motif of dancing to guide the reader towards her main theme: how her diagnosis of scoliosis and her move to Canada affected her mental health.

From the beginning, Simran explored the deterioration of her mental health as the central focus of her story. The first incident came after she fell and could not continue dancing—the thing she was most passionate about and knew “how to do naturally since the age of three.” As editors, Rachel and I had a clear idea of the piece's most important details because Simran told us. For instance, the first draft of the piece had the following introduction:

I've sparred with depression and anxiety issues for a bit over six years now. During high school, the anxiety was manageable but in university, as each year passed my depression got worse. It's no secret that the key to staying mentally healthy and happy is exercising. But how was I supposed to do that when the doctors forbid me from doing one the thing I love most: dancing.

Hence, Simran's process as a writer included finding a subtle manner to show the piece's most relevant details.

To do so, Simran first increased the specificity in the cultural details she included. For instance, when describing life on her small island, she associated it with the “blue skies, warm weather, laughter, and comfort” (p. 14). She also panned the focus of her scenes to guide the reader's point of view. You can find an example in the scene where her family goes to dinner after an intense session of dance training, in which Simran pans the focus from the “uncle at the

bar,” to her mom ordering, “one plate samosa, one butter chicken, one saag paneer, four garlic naans, and one Chinese bhel” (p. 8).

In both cases, the context in which Simran places her specific cultural vocabulary has the purpose of associating the life, people, and culture of the small island with a cure for her mental health. As a writer, Simran’s technique can teach you that the scenes where you repeat specific vocabulary and details can help you connect certain places, moments, or characters with the piece’s central themes.

Simran also showed her text’s central theme through the motif of dance. She injected her dance scenes with a sense of physicality. Take this description:

I point my toes and get ready to fall onto the floor for my knee spins; I push my right foot forward in a split motion with my left foot bent behind me helping me keep my balance as I land slowly and transform into my position to begin the knee spins across the whole dance floor (p. 10).

Here, Simran combines body language, anatomical terms, dance vocabulary, and the sense of touch to show her passion for dance. This follows Strunk and White’s principles of using “definitive, specific, concrete language” and writing “in a way that comes naturally.”

Thanks to the repetition of the dance scenes, and the details she injects them with, Simran did not have to create an explicit connection between her back injury and the detriment of her mental health: Through the multiple falls she begins to inject the dance scenes with, the connection becomes subtly apparent.

Remember to trust the process and to use vocabulary you are familiar with. The dance terminology and cultural details that define Simran’s tone could only have been used by her, because this specific vocabulary defines her particular experience. Simran’s depictions of dance and culture are so seamless because she injected her words with passion and knowledge.

Simran trusted her learning process, and, with insistent work and increasingly beautiful wording, managed to create motifs that showed the reader the subtle journey she undertook with her mental health. Remember to rewrite, revise, and trust your process.

IV. Simran's Reflection

By Simran Hotwani

Editing is a lengthy step-by-step process that a writer must go through. However, writing about one's mental health and physical illness adds pressure to that process. Growing up in a community where the stigma surrounding mental health persists, I never felt comfortable to express the rollercoaster of emotions I was going through to anyone, let alone write it for people to read. When I began the process of writing my narrative, I told the story with very few details, little to no sentence variation, and using everyday language and verbs. I was struggling to be vulnerable and share a part of me that I've never openly explored or talked about.

However, with the help of my editing group, I realized that I wasn't opening up enough and that there was more room for me to dig into my emotions and find my voice. I remember Jennifer, Rachel, and Marell pointing out how passionate I was when talking about my dance life and that they didn't see that passion come to life through my story, as I was simply "telling" my story. Take this paragraph, for example,

I danced wholeheartedly for the first time in a long time this September. I danced without worrying about my back, without being careful, without regret, without sorrow that I've lost my flexibility and years' worth of training. I may never be able to dance the same way again and I may never dance competitively again, but knowing that there's nothing holding me back but myself (...).

This paragraph is from one of the many first drafts I created. Instead of "showing" my readers the first time I danced again in years, I ended up "telling" them and did not provide any visual details for them to picture the scene. As you can notice I did not connect to my voice, which resulted in the audience not being able to connect to my character. My manuscript did not

portray the emotions my piece had to offer. However, after many editing sessions on sentence variation, verb usage, details, and voice, this is the final paragraph that replaced the one above:

I let the music flow through me as it enters through my ears and spreads through every nerve, vein, and muscle. I feel the beats vibrate through my body, forcing me to lift my hand and follow the music. I remember parts of my choreography and begin marking the steps. I glide through the floor as my hands push the air around me with every movement. I attempt to do my first position turn and transition into the backbend circle. My left foot forward bends while my right foot extends backwards and bends. My hands are in third position and, as I move them to second position for my turn, my right foot boosts up next to my left leg in an arch while my body turns, putting the weight on the tippy toes of my left leg. I tumble during the end of my turn, messing up the landing, but I continue forward. I turn around and get ready for the backbend. I let my arms feel the music and sway around, while I manage to twist and complete my circle (pp. 16-17).

As you can see in this paragraph, finding that unique voice and point of view makes a difference. Each sentence portrays a sense of emotions and feelings that allow the audience to connect to the character. The details and sentence flow provide the audience with a mental image of my actions as I try dancing again for the first time in years.

Overcoming my fear of writing and self-doubt in my story helped me as a writer to properly articulate the range of emotions and hurdles I faced on my journey. My editing group members played an important role in helping me realize my potential as a writer, and guiding me through the writing process. Without them, my story would lack the details it needed to flourish.

Chapter 2:
Diagnosing Details

V. Red Plastic Bags

By Rachel Pantos

It's my first time seeing Joana in over a year.

We're squeezed on the small sidewalk patio of an Italian restaurant on Bloor Street.

Before COVID, we went out almost every weekend together. I began staying home when there were more than a few dozen cases in Toronto. Joana stopped for lockdown, but went back to her normal life after a couple months. I still haven't.

"Make sure you say no ice," Joana tells me when I point to the cocktail I plan to order.

When I tell the waiter, she finishes for me, "Make sure it's without ice, thank you."

"No ice?" The waiter looks at me with horrified eyes. "You need ice in a Negroni."

"She doesn't want it watered down," Joana explains.

The waiter clarifies with un-stifled giddiness that the drink's oversized ice ball will melt slowly and that my drink will "just *not* be the same without".

Joana looks at me, eyebrows raised.

I laugh. "Okay yeah, ice is fine. Thank you."

Joana opens the menu and shows me the bruschetta appetizer she *insists* I need to try. We decide to split that and a gnocchi main dish.

I've taken approximately five bites of gnocchi. At Joana's prodding, I indulge in my first bite of bruschetta. The bread is soft and warm, the tomatoes fresh and crisp. I nod in agreement with Joana but, after a few seconds, the taste changes. It feels as though my mouth is full of bitter mush, made up of squashed tomato juice and too much olive oil to swallow. I know it's not the antipasto. My taste buds have turned on me again.

The sidewalk beneath my seat sinks three stories below me as my throat clenches and my organs lurch up—pushing, squeezing, building pressure behind my ribs and in my chest. I feel the pressure knock at the back of my throat.

“What's the matter?” The worry on Joana's face shows me I've failed at masking my own.

The dry heat of the Toronto summer stifles me. Small needles prick my skin all over and the underneath of my tongue itches.

“Nothing, sorry. You know how I've been getting nauseous a lot lately?” I knew I should have stayed at home, that I wasn't ready for cross-city plans with anyone but my mother.

“Oh, yeah. Shit. Are you okay?”

“Yeah.” A tiny piece of onion left in my mouth catches my tongue and my stomach drops. “I think I'm just gonna go to the bathroom just in case I have to—” I look at the fork in her hand as bile rises in my throat. “Oh god, sorry.”

“No, it's okay. Go.”

On my second trip to the bathroom, our waiter looks at me and glances at the restaurant's host with furrowed brows. I close the stiff wooden door behind me and stand facing the toilet

with my back to the cramped opposite wall. I wait for what feels like fifteen minutes. Nothing comes.

When I get back to our table, Joana is asking our waiter for the bills and a takeout container for our half-eaten meal. He asks her if we want a paper or plastic bag for our box.

I jump in before Joana can answer: “Plastic.” *Plastic doesn't leak.*

She laughs. “Oh, yeah. Good idea.”

After a few minutes the waiter brings our food. I take the box out of the bag and hold it firmly in my hands as I stand up and acidic waves crash against the walls of my stomach. I leave my barely sipped Negroni on the table. Our waiter frowns at it as we stand up and push our chairs in.

-

Joana hugs me before I get in my mom's Toyota, “I hope you feel better. Let me know if you wanna hang out again this summer.”

“Okay, I will. Again, I'm sorry for this.”

I sit in the car's passenger seat with my eyes closed and chin tilted up toward the roof. I hold the grey plastic bag open like a bowl on my lap.

“You didn't throw up at all?” my mom asks me like it's an accusation.

“No. But every time I left the bathroom, I thought it was about to happen.”

“You'd better book an appointment with Dr. Colden first thing Monday morning.”

I tell her I will.

-

I don't throw up until later that night. Once I start, I get sick every few hours for days.

Nearly a week later, I wake up in my sister's old bedroom sweating, heart racing. I had lain down for a change of scene early in the evening and fell asleep.

I get up and leave her room without knowing where I'm going. I pace the house. I walk fast, hoping to step out of reach from the buzzing violence in my stomach. I end up sitting on the edge of my bed with another bag open under my chin.

I hear a door open and my mom calling my name in a sharp whisper. She pushes my door open.

“Are you alright?” Her weight gently tilts me toward her as she sits on my mattress. I allow my head to press into her shoulder.

“Yeah, I just woke up feeling really sick again. I threw up a tiny bit.” I point my chin to the tied bag at my feet.

“This is awful.” She rubs the top of my back gently.

After a few minutes, I almost relax for the first time since I woke up. My body remembers it's 4:30 in the morning and I lie on my side with my head on the pillow.

My retreat into sleep is quickly disturbed by hot pain surging from the bottom of my stomach. I sit up before I know I'm awake and lean over the edge of my bed. The pain becomes pressure, trying to build, rise and escape.

I stare in confusion at the pure red liquid inside the plastic bag. I thought the bag was empty when I grabbed it.

“Mom.” I grab her leg. “It’s red.”

“I see it.”

“What the hell?” My throat tightens and my eyes sting.

“It’s okay. What have you eaten?”

“Barely anything! Crackers!” I retch into the bag again. Only small red chunks come out.

She grips my shoulder. “Do you want to go to the Emergency?”

My stomach jumps. “No. Oh god, no. I’m so tired.”

“I know, but...” She pulls out her phone.

“Are you Googling?”

“Yes.”

After a few minutes debating, we decide to call the doctor first thing in the morning. She leaves me to sleep. When my door shuts, I have a fleeting moment of fear that I won’t wake up, won’t see her again. I let my exhaustion wash over me and close my eyes.

-

When I wake up, my mom has already called the doctor’s office. Dr. Colden is on vacation for the week, but the substitute doctor will call me for my phone appointment at noon.

Five minutes before the appointment, I speed walk to my room and shut the door behind me, harder than I mean to. The sharp slap of wood stains the air throughout the house, and I hear

my mom listening, silent. I close my door, jump on my bed and wrap my plush white blanket around my shoulders. My mattress' springs squeak beneath me as I shift to get comfortable. I see my phone light up: "Unknown Caller." I breath in and exhale with a sigh, before answering.

"How much blood was it, would you say? Like was it a teaspoon? Or a tablespoon?"

I tell her what my mom told me. "I think close to a litre."

"Oh, wow." The overt fear in her tone stirs my own. I remember the plastic bag, half-filled with more liquid than I'd thrown up since I'd been sick; clouded with thick maroon mush. "I'm sending a prescription for you to get back onto the anti-acid medication you were on before, okay? Please pick it up as soon as it's ready. And I'm gonna refer you to a surgeon to get a stomach scope done. It is a more invasive procedure, but Dr. Palmer is a very good surgeon. You need to get it done, okay?"

I hold myself from gagging as I imagine a plastic tube sliding down my throat. "Yeah, thank you very much."

"Book a follow up appointment with Dr. Colden next week to let her know what's going on. But if you throw up any more blood again at all, you need to go straight to the ER, okay?"

"Okay, I will. Thanks."

"No problem. Take care now," I still hear her unease as she tells me goodbye.

Oh god, I think, she thinks I'm dying. I'm probably dying.

I take anti-nausea tablets all day to keep from getting sick. I'm too scared to see blood again, and too tired to go to the ER.

Wednesday afternoon, I leave the house for the first time in days. I prepare everything I might need hours ahead of time. I roll up two clear plastic bags into the smallest tubes I can manage and line them at the bottom of my shoulder bag. On top, I place a bottle filled with Gravol, antacids, and my antidepressants alongside hand sanitizer and a travel-sized bottle of Listerine.

My dad drives me to the LifeLabs. They take six vials of blood.

All the tests come back negative.

-

A few days later, I remember the weekly assignment I have due tomorrow for my summer biology course. I check the syllabus: two percent deduction per weekly assignment missed. I start the thirty-two-page chapter of the class textbook. I skim paragraphs explaining something to do with isotopes, which I forget as I read. I trudge through five pages and get stuck on the sixth. After two and a half attempts at the dense, long paragraphs, I give up. My nausea has been on and off all day, but has grown constant in the last few hours.

I've still managed to avoid throwing up by a myriad of increasingly desperate tactics. I take two nighttime Gravols before bed and stop drinking water after 8 pm, so I won't wake up through the night. I sometimes imagine my stomach about to burst with blood, but I try to brush these thoughts off. I don't want to see or taste the blood again—thick and obtrusive, always stuck in my throat a dozen mouthwashes later.

-

I decide to take five days off to rest. I know it will put me behind and I'll lose some participation marks, but I won't miss any tests or deadlines for major assignments. I sleep a majority of the time and take less Gravol each day. I take my dog on walks that go beyond our street for the first time since I got sick.

I begin to slowly catch up on my schoolwork. I know I'm submitting work well below my capabilities, and I have rushes of unbearable anxiety before I submit my assignments. I Google the semester drop date; it had passed during one of my first days of illness.

After a week and a half of trying to hammer articles into my brain, handing in ill-completed weekly exercises and crying more nights than not, I begin to feel sick again. I wake up with anxiety attacks a couple nights each week, and I can't take deep breaths even when I'm out of them. I'm nauseous most days again, and I've thrown up a few times. Part of me was almost relieved when I saw there was no blood. I sit in my Zoom lectures with a bag prepared in my lap, and try desperately to grasp at key terms and concepts before they slip into the swarms of my intrusive anxieties; whether I'm about to puke, if I have time to get to the bathroom, if I'm dying from an undiagnosed fatal disease, and—if I am—how long I have left with said fatal disease—and what if by thinking about this I'll accidentally manifest a fatal disease— and I really have to stay off of spiritual TikTok, and I really need to talk to Dr. Colden about adjusting my anti-anxiety medication, because it really hasn't been working. Not for the past few months, when I think about it.

I book an appointment with my doctor. She tells me that whether it's just stomach acid, an ulcer, or something else causing my nausea, my anxiety could very likely be exacerbating it. I'd experienced this correlation in the form of regular violent bodily expulsions and meltdowns, but the wash of relief I feel when Dr. Colden affirms it makes me realize how little I had believed myself.

-

I check out of the course I'm in. I petition for Late Withdrawal without academic penalty, but I know I can't finish it whether it's accepted or not. My thoughts are reduced to survival. I eat just often enough to avoid hunger-induced nausea, and just blandly enough to avoid any threatening tastes.

One morning I walk into the living room and my mom looks at me with terror in her eyes. "You really don't look good."

I look in the mirror hanging on the wall behind her head; my eyebags have become the focal point of my face and my skin is ash grey.

"Yeah, Mom. I know."

I spend most of my few hours out of bed sitting in my backyard, under the patio umbrella. My hours awake slip by as mindlessly as my hours asleep.

My fits of all-consuming panic become rare but remain intense. They are always followed by a drained over-exhaustion that keeps me silent and stationary for days.

The fall semester starts in a couple weeks. I try to rest more deeply, so that I might finally wake up one morning refreshed.

-

My new antacids work. I finally get through a whole day without any serious threat of throwing up, so I invite my friend Janet over.

By sunset, we're drinking our favourite cheap red wine in my backyard, under string lights. My cheeks ache from smiling. I feel a rush of exhilaration from this stretch of hours free from nausea and pain. For the first time in nearly two years, I feel connected to my old self, who could go out every weekend night until 4 a.m. and stay on top of her schooling simultaneously. I want it to last. I want to bury myself in this moment and stay here.

"We should invite Bella over!" She lives down the street and is in both our COVID bubbles.

"Yeah, text her!" Janet looks up from her glass, smiling.

I do. She's finishing work, she'll be here in a bit over an hour.

We snack on Tostitos and salsa, and listen to Kanye West on my speaker.

I decide to ignore the uncomfortable twisting sensation growing in the bottom left of my abdomen.

After a while, I know the night isn't going to go as we planned it. I feel the excruciatingly familiar throbbing pain and muscle weakness in my legs.

"Oh no," I whisper, but Janet hears me from across the table.

“What?” Her smile vanishes. “Oh my god, you don’t look good. Are you okay?” She gets up and shifts to the seat next to me in one swift movement.

“Yeah. You know how I’ve been dealing with ovarian cysts for a while? I just think it might be happening again.” I squeeze my eyes shut and try to breathe deep into my lower belly. “Shit. Bella’s probably on her way.”

I text Bella: *Hey, I’m so sorry but my cyst just started acting up really bad. If you haven’t left yet I probably wouldn’t. I’ll be a very bad host crying in my bed. Lol.*

She replies, *Aww, oh no I’m so sorry Ray! Are you sure you don’t want me to come over anyways? I don’t mind!*

It’s okay, thank you though. I think I’m gonna try to crash soon.

I put my phone on the table and look up at the cloudy night sky above us. “She hadn’t left yet. So, we’re good. Do you wanna go inside? I think I need my heating pad.”

-

“So, your ultrasound results came in, and nothing out of the ordinary came up. Now, this would be normal for the point in your cycle that you were at, since there wouldn’t be any visible evidence of a ruptured cyst left by that point.”

I look at the thin layer of papers pinned to the blue clipboard in Dr. Colden’s hands.

“Oh, wow, I thought I saw something when I looked at the screen. Like a big black squiggly blob. But that’s good!” I say, trying to sound pleased. “I guess that was just something that’s supposed to be there.”

“Yeah, that could have just been a lot of things. But the scan looked perfectly fine.” Dr. Colden smiles.

“So, when I get really sick and faint,” I ask her, “is that just like normal for some people, I guess? Cause it doesn’t seem to follow any particular pattern with my cycle.”

“Well, often, when you’re getting extremely ill throughout your cycle, and have that kind of fainting,” she hesitates between words, “a lot of times that’s something called endometriosis. Are you familiar with that at all, or…”

“Oh. Yeah, um. I had a friend who had it.”

“Okay.” She stands up. “So, we can’t really confirm for certain that it’s endometriosis without doing an exploratory surgery. With your symptoms, though, I feel pretty confident in making the diagnosis.”

I nod. “Okay.”

“So, for treatment, most women go on the contraceptive pill to help regulate hormones.” She sits down again and looks into my eyes. “Have you considered the pill before?”

“Um,” I look at the poster of a woman smiling while a nurse injects a needle into her arm. “Yeah. I’ve considered it in the past, but I was too worried about possible side effects. My friend who also has depression had a really bad episode brought on by hers, and I’ve heard it could affect fertility, but I’m not sure if that’s true.”

“Okay. Yeah. So,” she leans against the office counter, “some women do experience effects on their mood, some find it worsens, and some find it even improves. To avoid that, you would just have to pay attention in the first couple months and let me know if you think you’re noticing changes right away. And we’ll do a check-in on how it’s working in three months.”

“Okay.”

“And regarding fertility, if left untreated, endometriosis can actually have an impact. So, in most cases, if you’re worried about that, it’s best to go on the pill to prevent any further uterine scarring that could cause future issues.”

I recall the first time I felt the unbearable combination of pain and infirmity. It was my first semester on the UTM campus. I sat in a corner on a quiet upper level of the IB building, incapable of getting up for over three hours. That was almost four years ago. I wonder what four years of uterine scarring might look like; what uterine scarring might look like at all. I imagine damaged, scabby tissue building up between my uterus; spreading up the branches of my fallopian tubes and encasing my ovaries. I think I can even feel the damage: a rip torn in the flesh above my left hip bone, scar tissue tingling as it crawls up my right side.

“Oh, okay.” I tell her, “Yeah, that sounds good then. I’ll go on it this month.”

-

My last Monday off, my mom drives me to Centennial Greenhouse. She last took me there three years ago, during my first year off school. She had heard me crying in my room one evening—after a similar period of illness and isolation—and decided I needed to change my surroundings, if only for an afternoon.

I’ve spent the last three days in bed, desperately squeezing my worn heating pad to my furious ovaries. When I got up this morning and said quietly, “I actually feel alive today,” my mom decided the same trick might work.

We still can't go inside the greenhouse: The building's been closed since the start of the pandemic. I look inside at the plants I used to waltz past so hastily. I wish the windows were open, so I could at least smell the sweet, floral air. I see giant palm trees resisting their confinement, pressing against the glass windows and curling in on themselves. Flowers in different shades of pink line the tops of the walls.

We walk to the pond outside the front of the greenhouse and sit on a bench under a wooden gazebo. I watch tiny sparrows dart in and out of sight as they hop between the branches of pine trees. A small waterfall streams into the pond.

I hear my phone buzz in my wallet a dozen times. I know that it will be texts from Janet or Bella; asking me how I am, telling me about their day, or sending me absurd memes that reminded them of me. The late August sun warms my skin and my mom hums in tune with the birds whistling around us. My settled stomach depends on four different medications I've been taking daily for weeks. There's a chance I'll wake up tonight in the middle of my sleep to produce and dispose of another red plastic bag. In this moment, though, this possibility seems inconsequential. I have everything I need.

VI. Feel the Words You Choose

By Jennifer Schneider Malamud

Using vivid details in a story helps to convey meaning and draw readers into a character's experiences and emotions, without the need for a complex plot. Hence, developing imagery and a high level of detail help drive the plot forward in character-driven, introspective stories, allowing the reader to feel part of the protagonist's experiences. For instance, in "Red Plastic Bags," this specificity allows Rachel to characterize her pain, her feelings, and the different interactions she has with her friends, family, and medical caretaker—while conveying the meaning of different symbols like the greenhouse, the plastic bags, and the blood. This makes the tone of the story shift from gory, to anxious, to calm.

Many characters populate "Red Plastic Bags;" each with their own role and purpose. Rachel introduces their roles and their unique personality through their actions and dialogues. Take her friend Joanna, whom I imagine as feisty, assertive, and opinionated, based on Rachel's descriptions. Even though Rachel never explicitly describes her as such, I inferred Joanna's personality through the actions she performs, and the role she signifies; of the life Rachel could not continue because of the pandemic and her new symptoms. Just like Rachel claims that they used to go out partying every weekend, she expresses Joana's personality in the phrases: "When I tell the waiter, she finishes for me" (p. 27), and, "I jump in before Joana can answer: 'Plastic'" (p. 29). By characterizing the secondary characters in this manner, the reader can better infer the protagonist's personality.

Rachel further uses specificity in dialogue, changing how she speaks to her friends, her family, and her doctor. In this way, she allows the readers to see her as a multidimensional

character, who changes according to the content of the scene. For instance, when Rachel talks with her mom, they both act unflinchingly honest. Take this passage:

One morning I walk into the living room and my mom looks at me with terror in her eyes.

“You really don’t look good.”

I look in the mirror hanging on the wall behind her head; my eyebags have become the focal point of my face and my skin is ash grey.

“Yeah, Mom. I know” (p. 35).

In contrast, the medical caretakers talk formally, and Rachel adapts a timid, scared behaviour when conversing with them. This is conveyed through the repetition of the word “okay,” by Rachel’s nodding rather than responding to one of the doctor’s assessments, and by the use of sounds that convey nervousness like “um.”

When Rachel talks with her friends, she uses slang and talks in an informal way. It is also noticeable that her friends call her Ray, while the rest of the characters call her Rachel. For instance, take this snippet of conversation:

I text Bella: Hey, I’m so sorry but my cyst just started acting up really bad. If you haven’t left yet I probably wouldn’t. I’ll be a very bad host crying in my bed. Lol.

She replies, Aww, oh no I’m so sorry Ray! Are you sure you don’t want me to come over anyways? I don’t mind!

It’s okay, thank you though. I think I’m gonna try to crash soon (p. 37).

Using detailed dialogue can help establish interactions, personalize characters, set a context for the story, and drive the plot forward. You can do this by ascribing a tone and manner of speech to each character.

Lastly, Rachel uses details to create symbols. When describing her symptoms, she uses a gory, anxious tone:

I imagine damaged, scabby tissue building up between my uterus, spreading up the branches of my fallopian tubes and encasing my ovaries. I think I can even feel the damage: a rip torn in the flesh above my left hip bone, scar tissue tingling as it crawls up my right side (p. 39).

Rachel accomplishes this through the use of the verbs she ascribes to her anatomy, and the specific biological terms that distinguish her symptoms. Furthermore, she resorts to the senses: ripping, encasing, and damaging are verbs that sound aggressive and cater to the sense of touch.

In contrast, take the scene in the greenery:

We walk to the pond outside the front of the greenhouse and sit on a bench under a wooden gazebo. I watch tiny sparrows dart in and out of sight as they hop between the branches of pine trees. A small waterfall streams into the pond (p. 40).

This description communicates a feeling of calm by using imagery, plus the senses of sight and hearing. This detail communicates that the protagonist feels a part of the outside world and is no longer immersed in her symptoms.

Rachel accomplished a vivid detailed story using characterization, catering to the senses, and exercising specific wording. The tone you inject into your story depends on your words, so put intention and emotion behind what you communicate.

VII. Trust the Process

By Simran Hotwani

Every writer is different. Every piece is different. However, the writer must learn to trust their writing process every step of the way. Factors such as doubt, expectations, and fear can allow one to get stuck in their writing process and start doubting the process. Rachel's level of detail and risk taking allows her readers to better understand and interpret the meaning of her manuscript, with the help of characterization.

In a manuscript, the author can indirectly add more depth, emotion, and understanding of the event through the use of details. These little details throughout the story allow the reader to understand the situation the character is in. Throughout the story, Rachel has successfully incorporated the idea of plastic bags. Her visuals, details, and writing process allow us to clearly understand that plastic bags are what Rachel uses to regurgitate in. Therefore, when Rachel includes plastic bags in her scenes, we as readers already know and understand what is happening in the scene.

For example, "I stare in confusion at the pure red liquid inside the plastic bag. I thought the bag was empty when I grabbed it" (p. 31). With just one detail, the plastic bag, the readers can understand that Rachel threw up. In our meetings, I remember when Rachel first introduced the idea of plastic bags in the first scene. I was confused. I did not know why she chose a plastic bag over a paper bag. We saw this as an opportunity for Rachel to trust the writing process and develop the idea of plastic bags throughout the story. The sentence, "Plastic doesn't leak," clears up any confusion that the readers might have, and allows them to understand the importance and symbolism that the plastic bag holds in Rachel's narrative.

Trusting the characterization and narration of your story is important as well. Rachel's narrative includes a number of characters that help us understand different aspects of Rachel's life. Through her friends, we learn that Rachel went through a difficult period of keeping up with her social life as her nausea stood as a firm wall between her and her friends. Without the introduction of Rachel's doctor, Dr. Colden, understanding the medical aspect of Rachel's story would have been difficult.

Introducing the conversation about fertility is what lays down the foundation for Rachel's story. Without understanding her medical history, the pain she went through, the following sentence allows the readers to empathize with her: "I can even feel the damage: a rip torn in the flesh above my left hip bone, scar tissue tingling as it crawls up my right side" (p. 39). It provides us with raw emotions that set off a new light in the story and open up a new door for readers.

Lastly, trusting the process means trusting yourself as a writer. No one else knows your story better than you do as the author. Rachel's story is powerful because she trusted her writing process. Through her characterization and building on scenes with minuscule details, she managed to create a piece that flows wonderfully while capturing the emotions she went through with her illness.

VIII. What Matters

By Rachel Pantos

Throughout the process of writing and editing a creative nonfiction story, it can be hard to decide what information is worth including and what information is best to cut out. You may worry about including too many intricate details in your piece, to the point where your readers grow tired of reading all the physical descriptions included in each scene. At the same time, you may worry about leaving out relevant details and failing to create vivid imagery to immerse your readers.

When deciding whether an idea is worth including in a creative fiction piece, you can ask yourself if the detail progresses the plot forward, or if it contributes significantly to the tone and meaning of your piece. Further, you can empathize important details by evoking the senses: sight, sound, taste, touch, and smell. In “Writing Tool’s” Roy Peter Clark explains, “When details of character and setting appeal to the sense, they create an experience for the reader that leads to understanding” (ch. 14). The more you engage your readers’ senses in the story, the more likely they are to notice the important elements of each scene, and interpret details the way you intended them to.

While working on “Red Plastic Bags,” I struggled in deciding whether to include or expand on certain details at points in my editing process. I only wanted to include details that brought value to the piece. I added, adjusted, and cut scenes until I finally felt that I had cohesively told the entire story, without unnecessary tangents or distractions. In the unfinished ending of my first draft of “Red Plastic Bags,” I wrote:

We still can't go inside; the building's been closed since the start of the pandemic. I look inside at the plants I used to walk through so hastily. I wish the windows were open so I could at least smell the sweet, floral air.

We sit on a bench by the pond and each read books. I know I can finish at least this and three other books while the summer warmth is still here.

When I first read the draft in an editing meeting, Jennifer and Simran wanted to know more about the books I read throughout the piece. I was surprised by this reaction, as I viewed the actual titles of the books as insignificant details that I only included to demonstrate an attempt at escape. I re-read the piece, and realized I had not clarified this meaning. Mentioning the books twice toward the story's conclusion gave the impression that the books mattered to the story, and left the piece with a sense of incompleteness. I had dedicated two of the final sentences to the detail of the books, without ever explaining their significance.

After further reflecting on my final scene, I realized I needed to recall which details contributed to the meaning of the scene. To make this scene feel like a conclusion, I tried to remember what mattered the most to me at that moment, and what I wanted my readers to take away from the conclusion. When I placed myself in the scene, I realized that the specific books I had been reading were inconsequential to what the moment meant to me at the time. Rather, I included this moment as the final scene in my narrative because of the relief and peace I experienced. The details that were relevant to this feeling were the care my mother and friends showed me, as well as the connection with nature I felt through the sounds and sights around me. For the same scene in my final draft, I wrote:

We walk to the pond outside the front of the greenhouse and sit on a bench under a wooden gazebo. I watch tiny sparrows dart in and out of sight as they hop between the branches of pine trees. A small waterfall streams into the pond.

I hear my phone buzz in my wallet a dozen times. I know that it will be texts from Janet or Bella; asking me how I am, telling me about their day, or sending me absurd memes that reminded them of me. The late August sun warms my skin and my mom hums in tune with the birds whistling around us. My settled stomach depends on four different medications I've been taking daily for weeks. There's a chance I'll wake up tonight in the middle of my sleep to produce and dispose of another red plastic bag. In this moment, though, this possibility seems inconsequential. I have everything I need (p. 40).

In this version of the scene, I expand on details that demonstrate the meaning central to my conclusion. For instance, I offer my readers the physical sensation of sun-warmed skin, and the sounds of my mother humming while birds sing. I also let my readers feel my stomach settle after pages of describing nausea and retching. By doing this, I reveal what the scene meant to me: a moment of peace.

Chapter 3:
Vitalizing Voice

IX. Do You Hurt Here?

By Jennifer Schneider Malamud

Therapist: Why do you call your feet Lavender and Sashimi?

Me: My brother, Jonathan, told me to pick one name. I picked Lavender; it relaxes me.

Therapist: And Sashimi?

Me: Jonathan wanted to name my right foot Stephanie. I didn't like that. I knew a girl called Stephanie who had a curved bone.

Therapist: So, Sashimi?

Me: He likes sushi.

“I’ll just call it my imaginary friend,” I say the day that I’m diagnosed with fibromyalgia.

Through the hospital window, the falling leaves of late September turn as red as the eighteen pain points in my body. The rays of sun reflect upon my glasses, and I close my eyelids. It feels reassuring to realize I’m not crazy; that my pain is not an invention of a hyperactive make-believe.

Lasonia, the nurse practitioner, looks at me from the computer, while my mom stands in the corner of the blank walls. I sit on the bed hoping the sheets will swallow me along with my dizzy neurons and painful bones.

I remember yelling at my feet for causing me pain, as if they were evil beings that existed outside of my body. I remember the self-hatred that followed: *Who will want to be with me if I can't walk?* My therapist says that I cannot personify my body anymore. Lavender and Sashimi turn once again into my left foot and my right foot.

“They are my problematic children. The right one is the moody teenager that passes out drunk every weekend, while the left one is an introverted piece of shit that never causes a fuss until it sends sharp acidic shocks up my calf.”

You are funny, my physiotherapist used to say.

You are hilarious, echoed the nurse practitioner at the fibromyalgia clinic.

For sure, I thought, *I'm a clown with a crab snapping its claws at my calf, and an acidic mouse spasming up and down my left arm.*

My nose scrunches in search of lavender perfume. I'm not allowed to wear creams or fragrances; they make some patients dizzy, but it doesn't matter, because I feel dizzy all the time.

“Are you dizzy, tired, or fatigued?” *All of them.* By now, I know that there are different ways to feel lightheaded, but if I'm not allowed to personify my disease, I cannot distribute nicknames among my symptoms.

At first, I used lavender aromas as a placebo perfume to breathe and relax when stressed. Soon, lavender turned into my addiction, and I yearned for some lavender seeds to chew in my mouth like smelly tobacco. My lungs revolt at the idea and sing in my chest: *We are healthy! Remember the other day when the doctors gave you a spray medicine during one of the tests, and then you became dizzy, and your heartbeat ran with tachycardia? Do you want your torture to be in vain?*

I breathe and answer my lung: *You are right, my love, you are healthy, and so are my muscles and my skin. So is my tendon, even though the first doctor I consulted said I didn't have one in the first place.* My orthopaedist said that's why it hurt to walk, *and he doesn't need any medical tests to confirm so, because he has a university degree that proves he wasted nine years of his life studying the human body.*

Therapist: Why are you so fixated on this young man?

Me: I'm not. I just want to figure out if he's just being nice. Either way, he probably isn't into me.

Therapist: And why is that?

Me: I mean, why would he be? He was a swimmer and won a bunch of gold medals. He probably wants to be with someone who can walk down the stairs.

Therapist: You won't be sick forever. Plus, you have the right to walk at whatever pace you choose. If anyone doesn't wanna walk beside you, then they aren't worth it.

Me: I guess I'm just jealous. Maybe if I can spend some time by his side, I'll become as healthy as Eli.

You promised you would text me on Tuesday, and you did. I made you promise because it was the 21st of September, and I wanted you to *care* about me on my birthday. I wanted you to help me forget about the needles and electroshocks of the medical test. Eli, I wanted to remember only your giant frame and soft words.

I texted you again and you said you would call me after class. You lied, or maybe you forgot. I messaged you afterwards to tell you about a new alternate reality amusement park I hoped you'd invite me to, and my new diagnosis. I waited for your reply while suffocating inside the blank and odourless hospital walls. You left me on read at the end of both conversations, but I don't mind. You probably want to avoid hearing about any misfortunes, and I know you rarely talk on the phone, unless it's about something "urgent or important." I recall the words of writer Juan Rulfo: "No one walks in search of sadness."

We spoke on the phone on Friday, while I packed my suitcase to come to the hospital—I asked for a chat, and you said yes. I told you about the incident of my injections: It was September 16th, Independence Day here in Mexico, and I couldn't stop crying from the pain. So many spasms racked my left arm that I couldn't hold it upright. My mom and I drove in the car for an hour before I could get the injection. The pharmacy near my house was closed due to a COVID case; the other one we rushed to had fifteen people working in it, and none knew how to help me. Finally, we came upon a little pharmacy on the outskirts of the road, and the guy behind the counter said he knew how to administer an injection. The bathroom had a dead cockroach, a ladder propped up next to the toilet, and nothing to lean on. My mom opened the restroom door to make sure he would not harm me. I lowered my pants with my good arm and the guy jabbed my butt with the needle. A rough hand cleaned the blood with alcohol. My jeans scratched the band-aid as I pulled my pants up, while the molten lava traveled from my rear into my tendons. My tears flowed through the scorching pain for the next twenty minutes.

After I finished the story, I asked if you wanted to talk about anything—how are *you*? You said, “I have nothing to share that can compare to your trauma.” I thanked you for your time.

I know why I like you, Eli. You are kind and I love the meaning of your name, “God is with us.” I like you since you let me hide in your room, while your sister complained about her draining day as a doctor. I asked if *you* had any complaints, and you said “none.” *I wish I could say the same.* My ears could no longer endure the word doctor—your sister then seemed the eternal practitioner, and I, the eternal patient. At the time, I didn't tell you that they take my blood every week, but you still lent me your chair and taught me how to play your car-racing video game, without commenting on my trembling palm.

“Depression is my passion,” I joked later in the evening while we laid on the plush leather couch. You laughed, I laughed, and so did everyone else in the room. I recalled the lyrics of a song by Tyler the Creator, “I wonder if you look both ways when you cross my mind,” and was glad to have you as my crush. I love the infatuation you can feel with a near-stranger, elated at the uncertainty.

You showed me your scar, and I wanted to touch it with my fingertip. I almost did, you almost let me, but then I pulled myself back with an invisible string and chuckled. You were hurt, I saw it in your eyes, but you stood too close and too kind, and I’m just a girl who dances in her room to avoid crying, and why would you—who can swim miles in the river—pay any attention to a girl whose nerves and immune system fail her? That’s what crushes are for, to play pretend.

Therapist: Sad but pretty...where did you get that from?

Me: It’s from this book, Boobless Mammal. The grandpa of the protagonist tells her that even if she is sad, she still looks pretty.

Therapist: Like good marketing, right?

Me: I don’t know...I guess people see me the same way, but I hate everything lately. I swear, I don’t believe anyone that calls me pretty anymore. They are all fucking hypocrites.

Therapist: Maybe they just think you are pretty. Maybe deep down, people still think you are the same person, with or without a sickness.

Me: I swear, from now on, the only compliment I’ll take is “you look super healthy.” I’ll kiss the first person to tell me that, on the mouth.

I gawk at the summer sun through my window and limp towards my bed. I'm jealous of everyone who gets to experience June in bliss. While cempasuchil flowers open throughout Mexico City, I slowly lose my bodily functions. I wish I could see wrinkles in my arms, if only to look the age I feel.

I send a text message to Daniela to ask if she can talk. The phone rings and I answer.

"My body is self-destructing. Everything hurts. I'm tired and sad all the time. You were so young when you got cancer, only thirty years old. And you published a book, you teach dancing classes, I just want you to tell me how to survive this."

"I lived on antidepressants for a year," she says. "Just know that, from now on, whenever you leave the house, you will have to take your wallet, your keys, and your auto-immune disease."

I read Daniela's book *Boobless Mammal* after hosting her as a panellist for a podcast on mental health. I remember the phrase "sad but pretty." It rang especially true after my first diagnosis with antitethase syndrome, when suddenly everyone in my life seemed to find me gorgeous.

"I wish everyone would stop lying to me," I told my therapist.

"I don't think the cashier at the coffee shop was lying when she said, 'hi cutie,' or the guy you seem to like so much when he called you 'queen.'"

After that, I began repeating "sad but pretty" like a mantra, and when my friend Mijal said that she always forgot about my sickness because I always looked so happy, I felt like a better actress than Meryl Streep.

"You have luck with all lottery like prizes," said my mom. "It's no wonder that you have an immune disease they only diagnose to one in every million people."

“Of course, Mom, I won the lottery.”

I yelled at my mom; she yelled back. We both apologized and said I love you. She claimed to feel my pain, and I told her not to diminish my struggles.

“I misspoke,” she explained. “I meant to say that your pain makes me suffer as well.”

Well, it's good to know that I'm still capable of being loved.

Therapist: So, you say you stopped talking to some of your friends?

Me: Lately, I just talk to people whom I feel comfortable around. This pain...I can't turn it on and off. I just hang around people who are patient with me.

Therapist: Do you feel like you are losing friends?

Me: No. I love my friends. I just wished I could care about normal stuff. It's like I'm suddenly eighty. I'm not supposed to have muscle pain at twenty. I'm supposed to get drunk and make out with a random stranger.

Therapist: I don't think you'd do it even if you were healthy.

“Do you hurt here?” asks Lasonia, the nurse practitioner touching my left shoulder.

I hiss from pain and think, *do you pronounce your name like lasagna?*

We stand next to the hospital bed in the fibromyalgia center. My sock-clad knees point towards the door as I search for an escape. Purple shadows still gnaw at my shoulders from the scorching sweat test.

“Yes.”

“How about here?”

You say Lady Gaga and Morgan Freeman have fibromyalgia, as well?

“Yes.” My arm trembles and my vein pulses from the six vials of blood the doctors sucked out of me this morning.

I breathe slowly through my nose. Lasonia now touches my right shoulder.

“And here?”

Do you enjoy playing Where’s Waldo with my body? Let’s see how many spots on this girl’s body we can turn red. Yes, Lasonia, it hurts there. It hurts all over. I know it’s your hand, but I feel like you are touching me with a brick.

I know my feet will not carry me to the door fast enough to avoid the next touch. Perhaps, if the door teleported towards me... I could have exactly what I hoped for, just once.

Me: My doctor...he said my immune system was attacking my muscles, that we had to lower it.

Therapist: And how did you react?

Me: I cried. I told him I’d rather never walk again than die from another disease...I’d rather spend the rest of my life in a wheelchair instead of strapped to a hospital tube.

Therapist: That is a disturbing thought. What did he answer?

Me: That I had to take chemotherapy pills, that my lungs would also be affected otherwise.

Therapist: And how about COVID? How will you manage that?

Me: If I get infected, I’ll be interning at the hospital.

In August, I went to a rheumatologist for a second opinion. Summer ended and I hoped my nightmare would end along with it. Dr. Flores asked me horrible questions: *Do you have mucus in your eye? How many times a day do you pee? If you are sexually active, has your sex*

drive decreased? Does your poop come out green or watery? Have you noticed if those chipmunk cheeks are any more bloated?

He then had me lay naked on the bed with a paper-thin blue robe covering me. Dr. Flores made me prop my feet flat and I became certain he could see my panties. I tried to put the robe over my legs, but he separated my knees, and the physical exam began.

“He is an internist, that’s why he conducted such a thorough physical examination,” I heard my dad say through the sobs on the car ride home.

“He had you waiting outside the room, Norbert. He didn’t let us use the bathroom even though we were on the road for an hour and a half,” disputed my mom.

I kept on crying, recalling the physical examination. Dr. Flores touched my legs and my arms, putting pressure on all points in my body until I yelled for him not to touch me anymore. I thought, *please stop, the pain is too much, stop touching me.*

Then, Dr. Flores said, “close your eyes, I’m going to use different stimuli on you, and you have to guess what it is.” I felt a silky, tingly touch over my right leg—*it’s a paintbrush*. Then, I felt a sharp point piercing through my skin into my tendons—*it’s a needle*. My whole body turned red like the photograph of my calf’s ultrasound. *Paintbrush, needle, paintbrush, needle*. The touches turned my skin into a volcano of pain, with guesses of the torturing devices wandering my neurons.

“Give me your hand,” Dr. Flores ordered, as a volcano of pain turned my skin from rock to plasma. My lungs shouted, *make him stop, make him go away; I beg you.*

“Can I see the needle, Dr. Flores?” asked my mom. Dr. Flores showed it to her, and she nodded. I wanted to see the needle as well, to figure out her nod, and why she pursed her lips shut.

“Why did you come here?” asked Dr. Flores afterwards.

My mom attempted to speak. A binder overflowing with my medical records sat on her lap.

Dr. Flores shushed her with his sweaty palm: “I asked the patient.”

I wondered if he’d washed his hands before he conducted the physical examination.

“I just want to feel better.”

My dad paced outside the walls asking us to speak louder, as he attempted to hear through the bells of the Chinese spa on the bottom floor.

“I need to know *right now* if you will work with me.”

I’ve never before felt pain and humiliation at the same time. I never want to see you again.

“I will consult with other doctors and get back to you, Dr. Flores,” I said.

The needle turned out to be a ruler.

Me: I have known Dalia all my life. She is a childhood friend from Peru. I remember having sleepovers at her house, and anecdotes of how she used to bite her thumb until it became flat...

Therapist: It must be hard then, knowing that her dad died, especially when you are experiencing a similar kind of physical pain.

Me: I don’t know. My mom got upset at me over how emotional I got. Said I didn’t even know the guy...I know Dalia though, even if we’ve lost contact.

Therapist: I think your mom is right. It’s okay to be upset, but you can’t stop your life because of other people’s problems. You are dealing with more than enough, at the moment.

I ride in Mijal's car towards the cinema. She asks about my childhood friend Salomon, who was visiting from Queretaro next week to check on me after my time interned at the hospital.

"He's not coming anymore, his uncle died. He had cancer; the chemotherapy didn't work. He was in so much pain that he asked to be put to sleep. Salomon is going to Peru for the funeral. I was a friend of Dalia's, the daughter. I can't even imagine what it's like saying goodbye to your dad, knowing that he asked to be sent away."

Mijal's curls bounce when she turns to look at me. The rock ballad covers the night with a harmonious blanket and the lyrics "we are the warriors..." ring like an omen in my ear.

"I know what those hospital visits are like, my grandmother had cancer," replies Mijal.

I think of my own grandmother laying next to a red wig while the cancer travelled from her breasts into her bones, how that was the last time I saw her because seven-year-olds are not allowed hospital visits. I recall how I didn't find out my uncle had prostate cancer until I turned twenty.

I think of all the things my family omitted and the things they couldn't save me from:

A two-year-old interned in the hospital, clutching a knitted teddy bear, after vomiting all over her room at two in the morning.

A nine-year-old with electrodes all over her head—her hair all sticky from the adhesives—trying to sleep while a camera films her brain and doctors whisper that no one convulses when sleepwalking, that those types of night owls have epilepsy.

A sixteen-year-old with a fever and a light ankle sprain, getting injections six days in a row—every two months. The blood tests come out negative, yet simple flus lay her down for a week, and *it's such a shame that this time it coincided with her dance injury.*

After turning twenty, limping on to an orthopaedist, no one knows what I have; a negative MRA, blood tests, a CPK of 900, a doctor's omen—*your body is self-destructing*—, an auto-immune condition, a jumping vein, a physiotherapist claiming that my muscles are weak since I lost so much fibre tissue, spasms in my left arm, injections in a dirty bathroom while crying from the pain—two weeks at the hospital, *you shouldn't have pain anymore, we have your condition under control*. The new routine of having a body in constant pain. Living with ankle-clutching crabs and plasma tendons.

A humiliating doctor, needles and electric shocks exploring my body in an electromyogram, an hour and a half in a hot room at forty degrees Celsius with yellow powder turning purple from sweat to induce a fever, a nurse pressing the pain points in my body—*the sweat test shows that your nerves are not processing pain signals correctly*—a fibromyalgia diagnosis with Morgan Freeman and Lady Gaga.

At least my pain has a reason. I thought I was crazy.

Mijal knows what the hospital visits are like, but I empathize more with the patient. I don't know the pain of cancer or of saying goodbye to your family, but I do know how to live in a perpetual state of pain. I called Mijal when I was crying the other day and I don't want her to hear me complain anymore, so I say nothing.

We get into the cinema line late. Our friends must be waiting.

“Eli called; he wants to know where we are.”

I see you before Mijal does, while carrying the movie tickets I just purchased. I say hi by pursing my lips and placing a peace sign next to my cheek. You smile, stretch your arm above your head, and wave once. You wear a pink tie-dye psychedelic shirt and I notice you got a

haircut. I'm afraid to say anything. Maybe I opened myself too much during our chats at the hospital; maybe you don't want to talk to me, and are just being nice. I adjust my jeans and the tank top I wore only because I knew I would see you. Subtlety is not my forte. I wonder why no one has commented on my crush. Perhaps I'm not so obvious, or they don't want to be mean.

You open your arms wide and come in for a hug.

"How did it go? Wait...you're here, so surely everything is okay."

Your eyes remind me of the sand of the Peruvian beach on a sunny day. They are dark brown, and your skin is golden. I look pale next to you, and I pray that you can't see the purple bruises colouring my skin a lavender hue. They travel up my leg to mingle with my bluish veins.

I'm attracted to how healthy you look. If my balance gave out, I feel like you could carry me. Maybe you are strong enough to fight against my own white cells, or to snap my tendon like a rubber band. A song by Residente says, "from near or afar you boost my immune system," and I want that type of love, the kind that cures illnesses. I use my crush on you as a coping mechanism—hopefully that doesn't upset you. To be honest, I don't know if I would like you if I was healthy, but that chance disappeared like the ice in the Arctic after the ozone layer burst. Now, I waste days thinking about someone I will eventually forget.

"It was torture," I answer as you watch me struggle up the stairs. *Do you know you met me at the worst moment of my life?*

Therapist: So, at first, you didn't think your pain was important?

Me: My mom was dealing with her own health issues. She got a shoulder operation about twelve years ago and she hasn't been the same ever since.

Therapist: So, your thing didn't seem that relevant in comparison?

Me: I've had sprains before. I thought it was the same thing.

Therapist: You have to learn to take care of yourself.

Me: I had to take care of my mom. She couldn't even lift her arm enough to shampoo her hair. At one point we thought she might lose the arm.

A shout pierces my room.

“HELP! HELP!”

I wonder what my mom might want this time. It's early February, before the pain spreads from my right foot up my arms, to dizziness over my head, and tremors over the rest of my nerves. It hurts to walk down the stairs, but I still haven't needed to drag my feet, because my left calf lost its blood circulation. It's before I've had to use a wheelchair, or learned the meaning of a rheumatologist; before I've had to spend each Friday getting a needle to leech five vials of blood from my arm.

For the moment, acid shoots up my calf as I limp towards my mother's room, expecting her to ask me a favour.

“What happened, Ma?”

I find her laying down on her bed with her rear exposed to the cold air and a red splotch on the panties that sit next to her. I have never before seen her so fragile.

“I just called my gastroenterologist,” she says with a voice originating from the afterlife. “I need you to tell your brother to drive me to the hospital, and I need you to tell your father to meet me there.”

I help carry her off the bed and put her pants on. I'm not aware that in a few months, I will need to ask my father's help to put on a t-shirt. I knock on my brother's door, I call my dad, I

help my mother to the door, I limp through my ankle pain, I fill a bucket with hot water and two spoonfuls of salt, and I finally bathe my traitorous ankle with the balm. I'm able to breathe through the pain for the first time in half an hour.

I call my aunt after a few months have gone by, to tell her that I'm afraid my family's patience will run out, and they won't wait for me to walk anymore.

She answers, "they love you too much for that, they will always help you and put your needs first when they need to."

I recall the phrase *we accept the love we think we deserve*, and I tell her my mom's story to show her that I would do the same for them.

Therapist: When I was twenty, I got into a car accident. I was immobilized for a year.

Me: So, you, more than anyone, understand how I feel. I don't feel attractive. I feel gross and tired.

Therapist: For sure. There's nothing cute about sickness. It's a tiring ordeal. There's nothing romantic about it.

Me: Yes. Fuck John Green.

Therapist: Fuck John Green.

In *A Year of Rest and Relaxation*, the protagonist wants to sleep for a year to wake up refreshed. The new bluish pill I got prescribed to treat my fibromyalgia forces me to sleep for sixteen hours a day. I think about John Green, and my hatred for him after my first diagnosis with antisynthetase syndrome. *Of fucking course this cute functional guy is going to see through my inability to walk properly down the stairs, my bloodshot eyes, and my perpetual frown and*

think: I want to have health-jeopardizing romantic trips with her. They say that time cures all ailments. Now, I no longer hate John Green, but the protagonist of this book I haven't even read. I swear that people who don't have any problems invent them. I'd rather read about fake romance than about a girl who complains just for the fun of it. I will never complain again once I go into remission.

I wish I could have normal problems.

Phoebe Bridgers sings, "the doctor put her hands over my liver, she told me my resentment's getting smaller." My family-friend, Esther, told me that doctors are a mafia, and I thought she was crazy because she enjoys healing crystals and manifesting through tarot cards. After consulting with eleven doctors before getting a diagnosis, I believe she is the sanest person I know.

The doctors didn't believe me when I said the treatment was not working, that I still felt pain. I thought I was crazy.

My mom and I ride in the car, away from our weekly visit to the hospital. We fight because we don't know what else we can do. The city looks lifeless, like God puked iron-clad buildings in the place of foaming green leaves.

"I never thought you were making the pain up," says my mom. "But, for sure, I thought you were exaggerating." She huffs. "I could never have imagined something like this."

If nature still inhabited the city and I jumped out of the car, the resulting pain would let me hide inside a rain-soaked blanket.

"At least I know I'm not crazy. At least my head still works."

Me: My mom organized a prayer in my name. My whole family cried in front of the altar.

Therapist: Maybe it was a cathartic moment.

Me: You know...the other day at the doctor's, I was cursing my sickness, and my mom told me to stop, that I couldn't curse, even when I was sick. My religion says that when you're ill, if you want a change in fate, you have to give to others: time, money, doesn't matter...

Therapist: Maybe that means that, even when you're sick, you still have something to offer.

“For each of us their shame, but for everyone joy,” said Peruvian author Alfredo Bryce Echenique. I repeated that phrase when my mom pushed me on a wheelchair. “I don’t want *you* or anyone else to see me,” I said hiding inside my hoodie, “I just want a vacation inside the body of someone young and healthy.”

I saw the people on the street: some overweight, some asking for alms, and others shallow as empty seashells. Unaware of their stories, I thought they saw a healthy girl, taking away a deserving person’s wheelchair. I decided, then, that if given the chance, I would not trade my diseases and my two diagnoses for another ailment. It is *my* immune disease and *my* fibromyalgia—I would not have the energy to get accustomed to another’s struggle. Even pain becomes routine.

Once you begin consulting doctors who love to hide your blood in needles, you never stop. Living a never-ending nightmare of conversations with all-knowing professionals in laboratory coats, I imagine running away to live on the beach, smoking pot, falling in love, and chasing after butterflies. At first, the road is plain and simple, but as I begin to walk on the sand, crabs clutch at my ankles and seashells scrape at my tendons. The sun blinds my eyes, leaving the landscape as blank as the walls of a hospital room. I step into the ocean’s healing liquid, turning my pain from plasma to molten lava, and swim with Eli between the waves.

The idea that nothing lasts forever used to scare me, but if nothing good can last, that means nothing bad can last either. Some people say that pain is what makes us human. In that case, I, more than any athlete, am a prime example of the human race. Failing lungs, failing tendons, failing muscles, failing skin.

If pain makes us human, you should all feel jealous of me.

X. Dialogue and Character Voice

By Rachel Pantos

In character-driven narratives like “Do You Hurt Here?,” you want your readers to care about your protagonist, and you want to establish this connection as quickly as possible.

Throughout your editing process, you can fine-tune your protagonist's voice to reveal what they think and feel. This sets a precedent for your readers to care about the protagonist of your story and what happens to them.

As an author, you can naturally introduce your protagonist to your readers through tools like dialogue (conversation spoken aloud between characters) and interior dialogue (a character's inner thoughts). These forms of dialogue help establish the voice of the protagonist, which is important for character-driven narratives because a strong protagonist voice helps sustain readers' interest in a story.

In “Writing Tool's: 55 Essential Strategies for Every Writer,” Roy Peter Clark offers insight into how to build a strong character voice. Clark provides questions you can ask yourself to distinguish your voice. One of these questions that is crucial to consider in a character-driven piece like “Do You Hurt Here?” is the level of language your character uses (ch. 23). You can vary a protagonist's level of language by using more casual or formal diction in accordance to the type of relationship you want to establish with your readers. It is also important to consider how distant your character remains from neutrality (ch. 23). A personal, diaristic narrative is likely to indulge in its protagonist's subjective beliefs and biases, to create a sense of honest intimacy.

In “Do You Hurt Here?,” Jennifer portrays her voice to her readers within only a few paragraphs. She achieved this swift introduction in the developmental editing stage, by

establishing her candid way of speaking early in the piece. The first draft of the piece began with the following:

“I’ll just call it my imaginary friend,” I say the day that I’m diagnosed with fibromyalgia.

I remember yelling at my feet for causing me pain, as if they were evil beings that existed outside of my body. I remember the self-hatred that followed. Who will want to be with you if you can’t walk? My therapist said that I cannot personify my body anymore. Lavender and Sashimi turned once again into my left foot and my right foot.

In the first meeting when Jennifer read this version of the piece aloud to our editing group, Simran and I were confused by the line, “Lavender and Shasimi turned over again into my left foot and my right foot.” When I first read the phrase, I thought it might have been a magical-realistic portrayal of her feet conjuring out of lavender flowers and raw fish, or a metaphor that Jennifer would explain in the following pages.

Our confusion was not from the line itself, but from its place in time compared to the rest of the story. Jennifer’s readers were not yet familiar with her dry sense of humour, so they could not assume the context of her delivery. Contrastingly, Jennifer’s final draft begins:

Therapist: Why do you call your feet Lavender and Sashimi?

Me: My brother, Jonathan, told me to pick one name. I picked Lavender; it relaxes me.

Therapist: And Sashimi?

Me: Jonathan wanted to name my right foot Stephanie. I didn’t like that. I knew a girl called Stephanie who had a curved bone.

Therapist: So, Sashimi?

Me: He likes sushi. (p. 50).

By starting her piece with this snippet of conversation, Jennifer immediately contextualizes what she means when she says, “My therapist says that I cannot personify my body anymore. Lavender and Sashimi turn once again into my left foot and my right foot” (p.

50). Readers can understand the ironic humour in Jennifer's word choice, and recognise this behavior as a coping mechanism.

Jennifer also uses inner dialogue to reveal how she feels about the events of the narrative, and how her feelings differ from what she says out loud. For example, in the first draft a scene read as follows:

“Do you hurt here?” asks Lasonia, the nurse practitioner touching my left shoulder.

Do you pronounce your name like lasagna? I hiss. “Yes.”

“How about here?”

You say Lady Gaga and Morgan Freeman have fibromyalgia, as well? “Yes.” I breathe slowly through my nose.

Lasonia now touches my right shoulder. “And here?”

Do you enjoy playing *Where's Waldo* with my body? Let's see how many spots on this girl's body we can turn red. Yes, Lasonia, it hurts there. It hurts all over. I know it's your hand, but I feel like you are touching me with a brick.

In this version of the scene, it is unclear what Jennifer is saying out loud, and what she is thinking in her head. In an early round of editing, I suggested Jennifer more clearly distinguish between spoken dialogue and internal dialogue. In the final draft, the same scene reads:

“Do you hurt here?” asks Lasonia, the nurse practitioner touching my left shoulder.

I hiss from pain and think, *do you pronounce your name like lasagna?*

We stand next to the hospital bed in the fibromyalgia center. My sock-clad knees point towards the door, as I search for an escape. Purple shadows still gnaw at my shoulders from the scorching sweat test.

“Yes.”

“How about here?”

You say Lady Gaga and Morgan Freeman have fibromyalgia, as well?

“Yes.” My arm trembles and my vein pulses from the six vials of blood the doctors sucked out of me this morning.

I breathe slowly through my nose. Lasonia now touches my right shoulder.

“And here?”

Do you enjoy playing Where’s Waldo with my body? Let’s see how many spots on this girl’s body we can turn red. Yes, Lasonia, it hurts there. It hurts all over. I know it’s your hand, but I feel like you are touching me with a brick (p. 56).

In the final draft, Jennifer italicizes her inner thoughts to clearly distinguish them from the dialogue spoken aloud. Just as people insert their own reflections when recounting events to friends, these conversational asides give Jennifer’s readers an intimate understanding of her voice. As a result, the final version of Jennifer’s story provides a more comprehensive view of how Jennifer thinks and feels.

Communication is rarely as simple as the words we speak aloud in real life, and the same applies to our characters. When you are editing a piece and trying to bring out your protagonist’s voice, pay attention to what they say aloud or in their heads, as well as the reasoning behind this. Your protagonist may express themselves one way through spoken dialogue and interior dialogue, while context may provide insight that allows readers to reinterpret this behavior in a more meaningful way. This way, your readers will understand your protagonist’s complexities, and relate to them as a real person.

XI. Your Voice Matters

By Simran Hotwani

It is important for an author to find their voice while writing their piece. Their voice is an author's unique personality, style, and the point of view they offer. Your voice is what helps you grab your readers' attention and form a relationship with them. On the other hand, the author's tone is the attitude—the emotional context.

In “Do You Hurt Here?,” Jennifer managed to find a unique voice and tone for her piece. While her voice remains constant, her tone shifts between scenes. Her shift between tone ensures that her message is not lost amongst her audience. For example, when talking to her therapist, Jennifer adopts a frustrated yet casual tone: “No. I love my friends. I just wished I could care about normal stuff. It's like I'm suddenly eighty. I'm not supposed to have muscle pain at twenty. I'm supposed to get drunk and make out with a random stranger.” Jennifer's tone is frustrated and direct, helping us understand her emotions in the situation.

However, when talking about her crush, Eli, Jennifer adopts a calmer tone that helps express her feelings towards him. “You are kind and I love the meaning of your name (...) I like you since you let me hide in your room, while your sister complained about her draining day as a doctor” (p. 53). As you can notice, the shift in tone and dialect is more casual, and allows the audience to better understand Jennifer's crush on her friend.

Throughout the piece, we can see that even though Jennifer's tone shifts from formal to casual, funny to serious, and frustrated to patient, Jennifer's voice stays consistent when it comes to humour. For example, “Do you enjoy playing *Where's Waldo* with my body? Let's see how many spots on this girl's body we can turn red” (p. 57). I remember during one of our first editing sessions, Jennifer was confused as to whether her humour would overpower her

manuscript. However, as you can see in the example above, we believed that the humour and the unique voice that she adopted were what helped lighten the tone of the piece, and show the readers how Jennifer feels about her disease.

Your voice helps set your scenes and provide contextual insights and background information. Throughout her drafts, Jennifer manages to find her voice and stick to it throughout the story. It helps provide consistency and allows us to understand “Do You Hurt Here?” in the way intended.

XII. Reader's Flow

By Jennifer Schneider Malamud

When writing an introspective, autobiographical narrative about a subject as hard to discuss as disease, it is often that authors can get absorbed into their own thoughts and feelings. I wrote “Do You Hurt Here?” after spending two weeks at the hospital, in what was a highly traumatic and emotional experience. As you can imagine, I wrote my first draft in a time of both physical and emotional exhaustion, and approached the writing process partly as a therapeutic experience.

At first, I wanted to structure my piece as a stream of consciousness lyric essay, so the reader could understand the confusion and fear I felt. This way, my first draft approximated an inner monologue more than an introspective short story with actual scenes. I sacrificed clarity for lyricism, fluidity for readability, and created a piece that mirrored my jumbled thoughts.

Even the initial title of the piece, “Can’t Find You a Name,” reflected this internal process. It was early October: I had just been diagnosed with fibromyalgia and was struggling to deal with what it meant for me to have a chronic illness. After dealing with so many medical practitioners, I thought I was crazy, or that the pain was in my head. That is why the last line of the text used to be, “at least I know I’m not crazy. At least, my head still works” (p. 65). While editing the piece, Rachel advised me to instead put the phrase “if pain makes us human you all should feel jealous of me” as the ending line, because it connected better to the general theme of pain that permeated the piece.

I also struggled with self-doubts. Due to my sarcastic tone and dark sense of humour, I worried I was coming off as whiny rather than mature. Still, my editing team assured me that these things came across as the coping mechanism I used them as.

To quell this fear, I further developed the other characters and my relationship to them. This comes across with the character Eli. In the first iteration of the story, my description of Eli was the following:

I know why I like you, Eli. You are kind and I love the meaning of your name, “God is with us”. I like you because I hid in your room when your sister was complaining about her draining day as a doctor, and you said you had nothing to complain about (p. 53).

My editing group rightly pointed out that I needed to further develop Eli as a character and make the reason for my attraction to him more obvious. Hence, I added this paragraph to represent the reason behind my attraction to him:

I’m attracted to how healthy you look. If my balance gave out, I feel like you could carry me. Maybe you are strong enough to fight against my own white cells, or to snap my tendon like a rubber band (p. 62).

I also expanded the ending to include Eli in it, since he represents the bridge I wanted to build between health and myself. While he was a professional swimmer, I could barely walk, so I thought my journey should include me moving forward with whom I considered the embodiment of health. Hence, the updated version read like this:

Once you begin consulting doctors who love to hide your blood in needles, you never stop. Living a never-ending nightmare of conversations with all-knowing professionals in laboratory coats, I imagine running away to live on the beach, smoking pot, falling in love, and chasing after butterflies. At first, the road is plain and simple, but as I begin to walk on the sand, crabs clutch at my ankles and seashells scrape

at my tendons. The sun blinds my eyes leaving the landscape as blank as the walls of a hospital room. I step into the ocean's healing liquid, turning my pain from plasma to molten lava, and swim with Eli between the waves.

The idea that nothing lasts forever used to scare me, but if nothing good can last, that means nothing bad can last either. Some people say that pain is what makes us human. In that case, I, more than any athlete, am a prime example of the human race. Failing lungs, failing tendons, failing muscles, failing skin.

If pain makes us human, you should all feel jealous of me (p. 66).

Then, I developed the descriptions of the space I inhabited to better situate the reader. The first draft included dry descriptions—enough to give the reader a basic sense of space, such as: “Three people and four entities inhabit the room: My mom, the nurse practitioner, my fibromyalgia, and my burnt out self.”

To include further imagery and symbolism in my description, I included specific wording, included cultural details, used active verbs, and added literary devices like metaphors and irony. Take this description:

I gawk at the summer sun through my window and limp towards my bed. I'm jealous of everyone who gets to experience June in bliss. While cempasuchil flowers open throughout Mexico City, I slowly lose my bodily functions. I wish I could see wrinkles in my arms, if only to look the age I feel (p. 55).

In relation to structure, Simran advised me to clearly divide each section, and to figure out how to explain some things that confused her as a reader and editor. Since I did not know how to add these explanations without disturbing the flow of the story, I used conversations with my therapist, both as headers and as clarification.

Consequently, I managed to improve my manuscript by prioritizing readability, further developing characters, using imagery when setting scenes, and clearly separating one scene from the next.

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Style Sheet

Project name: Failing Flesh

Prepared by: Simran Hotwani, Jennifer Schneider Malamud, Rachel Pantos

Style: Publication Manual of the American Psychological Association, 7th Edition

Dictionary: Merriam-Webster

Abbreviations: am / pm (not A.M. / P.M.), Ms., Dr.

Capitalizations: A and B headers only use initial caps

Dates: MM DD, YYYY

Design: 2-inch margins

Lists: use bullet lists, not numbers

Punctuation: oxford (serial) comma, one space after sentences, quotations in double inverted commas, concepts in single

Numbers: spell out numbers under ten except for temperatures, dates, times, and percentages

Spacing: no line spaces between paragraphs

Titles: 12 pt, Times New Roman, bold

Typography: 12 pt, Times New Roman, double spaced for body text
14 pt, Times New Roman, bold, for A headers
12 pt, Times New Roman, bold, italics, for B headers
11 pt, Times New Roman, for bylines, 11 pt line space below

Misc.: use “they” not “he or she,” indent first line of a new paragraph

Special Terminology

Alfredo Bryce Echenique: Peruvian author who wrote the novel *A World for Julius* (n). His quote “for each their shame, but for all, joy” is referenced in “Do You Hurt Here?”

Alternate Reality Amusement Park: amusement park in which a type of multimedia game for multiple players takes place in real time and evolves according to decisions taken by the players rather than by a programmer (n)

Antacids: over-the-counter medicine to treat stomach acidity (n)

Antisynthetase Syndrome: a rare, chronic disorder that can affect multiple systems of the body (n). The disorder is immune-mediated, which means there is inflammation resulting from abnormal functioning of the immune system and the presence of specific autoantibodies that target a specific protein in the body. Common symptoms include inflammation of the muscles (myositis), inflammation of several joints (polyarthritis), interstitial lung disease, thickening and cracking of the skin of the hands, and a condition called Raynaud phenomenon, in which the fingers or toes are numb or have a prickly sensation in response to cold. Affected individuals also have nonspecific symptoms like fatigue, unexplained fevers, and unintended weight loss.

Behaviour: (*not* behavior) (n)

Boobless Mammal: memoir about experiences with Cancer, from Peruvian writer Daniela C. Chimpler (n)

Bruschetta: Italian dish made of grilled bread topped with olive oil, salt, tomatoes, and other ingredients (n)

Catharsis: the process of releasing, and thereby providing relief from, strong or repressed emotions (n)

Cempasuchil flowers: also known as marigolds; orange flowers found in Mexico City that are used in altars for the Day of the Dead (n)

Centennial Greenhouse: conservatory located in Toronto (n)

Chemotherapy: the treatment of disease by the use of chemical substances, especially the treatment of cancer by cytotoxic and other drugs (n). Chemotherapy helps people with certain inflammatory and autoimmune diseases because it slows cell reproduction and decreases certain products made by these cells that cause an inflammatory response to occur.

COVID: An acute respiratory illness in humans caused by a coronavirus, capable of producing severe symptoms and in some cases death, especially in older people and those with underlying health conditions (n). It was originally identified in China in 2019 and became pandemic in 2020.

COVID bubble: chosen group of contacts during a period of social distancing during the COVID pandemic (n)

CPK Level: when the total CPK level is very high, it most often means there has been injury or stress to muscle tissue, the heart, or the brain (n). Muscle tissue injury is most likely. When a muscle is damaged, CPK leaks into the bloodstream. Finding which specific form of CPK is high helps determine which tissue has been damaged.

Crush: a brief but intense infatuation for someone, especially someone unattainable or inappropriate (n)

Cyst (ovarian): a fluid-filled sac formed in or on an ovary that can cause pain, irregular bleeding, and other symptoms (n)

Electrodes: a device such as a small metal plate or needle used in medicine to carry electricity from an instrument to a patient for treatment or surgery (n). Electrodes can also carry electrical

signals from muscles, brain, heart, skin, or other body parts to recording devices to help diagnose certain conditions.

Electromyogram: measures muscle response or electrical activity in response to a nerve's stimulation of the muscle (n). The test is used to help detect neuromuscular abnormalities.

During the test, one or more small needles (also called electrodes) are inserted through the skin into the muscle.

Endometriosis: a disorder in which the endometrium - the tissue that lines the uterus - grows in places other than the uterus, often causing severe pain and other symptoms (n)

Epilepsy: a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations and sometimes loss of awareness (n)

Exploratory surgery: a surgery performed to diagnose a condition (n)

Fiber Tissue: a tissue composed of bundles of collagenous white fibers between which are rows of connective tissue cells; the tendons, ligaments, aponeuroses, and some membranes, such as the dura mater (n)

Fibromyalgia: a condition that causes pain all over the body (also referred to as widespread pain), sleep problems, fatigue, and often emotional and mental distress (n). People with fibromyalgia may be more sensitive to pain than people without fibromyalgia.

Gastroenterologist: a medical practitioner qualified to diagnose and treat disorders of the stomach and intestines (n)

Gnocchi: Italian dumplings made with potato, flour, and other ingredients (n)

Gravol: brand name for Dimenhydrinate; an over-the-counter drug used to treat nausea (n)

Grey: (*not gray*) (adj)

IB building: Instructional Center building at University of Toronto Mississauga Campus (n)

Immune Disease: the result of the immune system accidentally attacking your body instead of protecting it (n)

Indian: referring to someone or something from the country of India (adj)

Invisible String: wordplay used as a metaphor and a reference to the Taylor Swift song “Invisible String” in “Do You Hurt Here?” (n)

John Green: American young adult romance author who writes contemporary fiction that centers around and romanticizes medical conditions (n)

Juan Rulfo: Mexican writer, famous for his book *Pedro Paramo* (n)

Kanye West: American rapper (n)

Lady Gaga: American singer diagnosed with fibromyalgia (n)

Late Withdrawal: allowance to drop a university course after the academic drop date (n)

Lavender: nickname Jennifer gives to her left foot in “Do You Hurt Here?,” since she uses lavender perfume for stress relief and as a coping mechanism (n)

LifeLabs: chain of Canadian blood testing laboratories (n)

Listerine: mouthwash brand (n)

Morgan Freeman: American actor diagnosed with fibromyalgia (n)

MRA: a type of magnetic resonance imaging (MRI) scan that uses a powerful magnetic field, radio waves and a computer to produce detailed pictures of the inside of your body (n)

My Year of Rest and Relaxation: 2018 novel by Ottessa Moshfegh, about a woman who escalates her use of prescription medications in order to fall asleep for a whole year (n)

Negroni: cocktail made of sweet vermouth, bitters, and gin (n)

Ozone Layer: a layer in the earth's stratosphere at an altitude of about 6.2 miles (10 km) containing a high concentration of ozone, which absorbs most of the ultraviolet radiation reaching the earth from the sun (n)

Phoebe Bridgers: American indie singer (n)

Plasma: called the fourth state of matter after solid, liquid, and gas; a state of matter in which an ionized substance becomes highly electrically conductive to the point that long-range electric and magnetic fields dominate its behaviour (n)

Queretaro: city in Mexico, located two hours away from Mexico City (n)

Residente: Puerto Rican singer (n)

Rheumatologist: a physician trained in internal medicine, who also has received special training in the diagnosis and treatment of arthritis and other diseases of the joints and bones, autoimmune diseases, musculoskeletal pain, and osteoporosis (n)

Sashimi: nickname Jennifer's brother gives to her right foot in "Do You Hurt Here?"

Scoliosis: sideways curvature of the spine (n)

September 16th.: Mexican Independence Day (n)

Shakti: Indian restaurant located on the island of Sint Maarten (n)

Spasms: A sudden involuntary muscular contraction or convulsive twitching movement.

Spotify: digital music, podcast, and video service that gives one access to millions of songs and other content (n)

S-shaped: condition of the spine in which the spine curves sideways in an "S" shape, either to the right or left side (adj)

Superhero: character that possesses superpowers (n)

Sweat Test: results of the thermoregulatory sweat test indicate whether a patient has loss of nerve function, which may indicate a neurodegenerative (n)

Tachycardia: an abnormally rapid heart rate (n)

Tarot Cards: small, paper cards that come in a deck, similar to playing cards, and are used for divinatory purposes (n)

TikTok: social media app (n)

Tostitos: tortilla chip brand (n)

Tyler, the Creator: an American singer and rapper (n)

Ultrasound: sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging (n)

UTM: University of Toronto Mississauga (n)

Victoria's Secret Bombshell: perfume curated by the brand Victoria's Secret (n)

Where's Waldo?: game where you have to scan a sketch of a crowd, looking for a particular person (n)

X-ray: a test that produces images of the structures inside your body - specifically bones (n)

Zoom: cloud-based video conferencing service you can use to virtually meet with others (n)

"...We are the warriors": quote from the song "Warriors" by the rock band Imagine Dragons

"No one walks in search of sadness": quote from the novella *Pedro Paramo*

"Nothing lasts forever": Buddhist proverb

"Pain is what makes us human": common saying

"Sad but pretty": Quote from *Boobless Mammal* referenced in "Do You Hurt Here?"

"We accept the love we think we deserve": quote from the book *The Perks of Being a Wallflower* by Stephen Chbosky

Bibliography

- Bridgers, P. (2020). Garden song [Song Recorded by Phoebe Bridgers, Tony Berg, and Ethan Gruska]. *Punisher*. Dead Oceans.
- Bryce Echenique, A. (1970). *A world for Julius*. Lima, Peru: Seix Barral Peisa.
- Chbosky, S. (1999). *The perks of being a wallflower*. New York City: Pocket Books.
- Clark, R.P. (2008). *Writing tools: 55 essential strategies for every writer* (10th anniversary ed.). Little Brown.
- Einsohn, A., & Schwartz, M. (2019). *The copyeditor's handbook*. California: University of California. Press.
- Levy, D. C. (2020). *Boobless mammal*. Lima, Peru: Archway Publishing.
- Moshfegh, O. (2018). *My year of rest and relaxation*. USA: Penguin Press.
- Okonma, T. (2017). See you again [Song recorded by Tyler, the Creator]. *Flower Boy*. Columbia Records.
- Strunk, W. & White, E.B. (1999). *The elements of style* (4th ed.). Pearson.