

for the

# gum tree

TRUE STORIES. REAL ART. NO SHAME. SPRING 2023.





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( flash feature )



# truth and consequence

janice post-white

I've been in limbo for two months, unsure how to make sense of my body parts that no longer receive signals.

I sit tentatively in the barely lit, airless, windowless clinic room, my back straight and stiff in the tight plastic corset that holds my spine in anatomical position. In the lingering

fog of anesthesia, I've been studying nerves and sensory and motor pathways to understand the new pain down my leg, the unsettling numbness and weakness, and the need to manage complex bowel and bladder



dysfunction while wrapped breathless by a plastic boa constrictor.

The clinic staff tell me the doctor doesn't usually see his patients until three months post-op. Maybe I'm not even supposed to be in this obscure, stagnant space.

As a nurse, I should know which nerve innervates which muscle and I should understand why mine aren't responding. As a patient, I need an explanation. I need answers, and guidance for moving forward in this suddenly unpredictable body. I breathe as deeply as I can, without the blunt edges piercing my ribs.

I wait seventeen minutes.

The fit, stocky surgeon, about my age, walks in and effortlessly lowers his unwavering spine onto the black swivel stool. He glances back at the computer screen as he spins to face me, as if willing it to give him a script. It's blank. It doesn't matter—data won't help. My issues are invisible. Only he knows what happened in the operating room. He and his assistant, the PA.

The surgeon's face contorts. I think he's collecting his thoughts. He starts to say something. I wait. I'm surprised by his discomfort, but it doesn't unsettle me. When he's ready, I'll tell him how the drill that he held in his expert and practiced hands—the one that trespassed into my spinal cord and wrapped the spaghetti-like spinal nerves around its cold and insensitive grip—has uprooted my life.

"God, I feel awful. I'm going to go shoot myself," he says, head lowered, voice muffled.

"Oh, no, no, no. Things happen," I reactively and immediately reassure him. Then I wonder what the PA told my surgeon in his sunny, spacious office while I waited in the Netherworld. Is this the first he's heard of the extent of the damage?

"Does it change anything for you?" I ask, keeping the conversation directed at his distress. My reply seems to surprise me more than him.

"No, shit happens," he promptly says. "Your tissue is so thin, your spine is unstable. It's just . . . the odds of this happening twice out of 15,000 surgeries. It was a total fluke. It pulled so fast and so quick."

"So, this happened to you before?" I ask, ignoring the uneasy feeling that he's blaming this incident on my body. His story spills out. Another unsuspecting patient and I had unceremoniously bookended his career with surgically-induced spinal cord damage.

He doesn't apologize. He doesn't ask how I am doing. I sit silently, outwardly calm. I'm centered, mindful, suddenly detached from my own expectations. I'm the one feeling in control, which feels oddly empowering as the patient.

"Why didn't you tell me?" he asks me.

"Why didn't *you* tell me?" I reply.

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Afterward, I asked myself why I had responded the way I did. Why I kept the conversation on *his* distress and not on my need for information and guidance, and how I managed to leave the clinic feeling self-assured, despite not advocating for myself?

Initially, I attributed our interaction to

protecting our egos—his and mine. While the surgeon may have considered the implications to his sense of self-identity, his career and reputation, I hadn't wanted to appear weak or needy. And maybe I was patient and tolerant because I'd already had two months to adjust to my new reality, and he'd (presumably) just been informed.

Perhaps we were each struggling to make sense of the situation in our own way. Certainly, our professional and personal backgrounds influenced how we responded. Although we were both health care professionals trained in the same era—which emphasized keeping the focus on the patient and off the provider—our discipline-specific training and our personal and family backgrounds undoubtedly differed in many ways. We bring who we are into any

interaction, and our vulnerability exposes us.

I eventually concluded that his vulnerability allowed me my compassion. As a cancer nurse, I am comfortable with and empathetic to others' suffering. His distress, shared so intensely, directed me away from my agenda and compelled me to listen to his needs. At that moment, it didn't matter whose issues were more important. We connected as humans in our suffering.

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At the end of the appointment, we agree to meet again in three months.

As I stiffly rise to leave, he adds, "I want to go jump off a bridge."

I look into his eyes, level with mine, and say, "You, too, will get through this." ✨



**Janice Post-White** is a cancer nurse, researcher, writer, and mother of a childhood cancer survivor. She writes from personal and professional experience on survivorship and resilience in serious illness. Her memoir, *Standing at Water's Edge*, won first place in Consumer Health for the AJN 2022 Book of the Year Awards. Find her other writing in *HuffPost*, *Ruminare*, *Snapdragon: A Journal of Art and Healing*, *Wising Up Press*, and at [janicepostwhite.com](http://janicepostwhite.com).