The Body I Am Trying to Outrun

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I.

My father and I are diagnosed with cancer in the same month, a still and humid June, within weeks of each other. When I disclose to my parents that I, too, have been diagnosed with cancer, my mother makes a sharply wounded sound, a high note of despair that sounds like an animal curling itself around a grievous injury.

At the time of the diagnosis, I'm forty-two. My father is seventy-two. My son is ten. The second dog I adopted from a local shelter, an Oreo-faced Pitbull named Twilight Atmosphere, is maybe a year old.

Stunned and spinning, I wonder whether I'll be at my son's high school graduation. I wonder if I'll outlive my dog.

I ruminate over lightning strikes and lottery tickets, long-odds chances and events. And somewhere inside me, my mind begins to hiss, *This was not the deal.*

II.

The idea of a connection between the body and mind has existed for centuries. It's often attributed to René Descartes's philosophical writings, though, like many of life's most fundamental "discoveries," the attribution is questionable. Philosophies and religions far older than Descartes theorized a connection between the mind and the body, although each discipline was

divided on what, exactly, that connection is. Descartes, too, interrogated this connection, eventually calling it the "mind-body problem," a way to label the mystery of how the mind and body can affect each other.

The word "problem" feels particularly apt to me after the cancer diagnosis. After I receive it, I find myself stuck in an unhelpful thought loop, the gist of which is this: I feel like *my body* is trying to kill *me*. I feel like my body is letting me down, as though we are separate entities who entered a deal, and one of us isn't holding up their end of the bargain.

In the Catholic Church, where I was raised to worship as a child, the body is considered more of a chalice or a vessel to hold the spirit—a temporary rental property on the soul's earthly journey. And as a young woman in the Catholic Church, my body was particularly problematic: emblematic of temptation, courtesy of Eve, or ferociously guarded Virgin territory, courtesy of Mary.

It's been said that if you don't live fully in your body, something else will. A short list of things that rushed to inhabit my body when I was ignoring its ownership: the Church, which taught me that the body of a woman was inherently sinful; a decade's worth of glossy *Teen* and *Cosmopolitan* magazines, part salvation and part purgatory; guidebooks for how to care for the shell of my skin while starving the shape of the body beneath; and ferocious anxiety, which, while not a physical condition, manifested itself physically over the years with breathlessness, a racing heart, tingling fingertips, headaches, stomachaches, and sore throats so repetitive and lingering that my mother yearly took me to our church on St. Blaise's feast day to be blessed on the throat with delicate white taper candles.

Thankfully, in a gift of balance, the classroom became my gym and my church, the place I went to worship and be subsumed. Words and learning mostly replaced the world of exertion and competition.

With a body primarily perceived as either a vessel or a battleground, it's understandable, in retrospect, how I might have believed my flesh was something I could outrun.

III.

In high school, I couldn't have run for my life. I was the girl who walked the required mile in gym class while the teacher whistled, threatening failure if I didn't finish before class ended. I didn't want to sweat because I didn't want to smell, or shower, or be naked in front of the other girls.

As a teenager, I had slight myopia that required glasses or contacts, spring allergies that required antihistamines, sore throats that often tipped toward strep, debilitating cramps when I menstruated, and skin that burned in the sun and then tanned like a toasted marshmallow.

Beyond these small inconveniences, there was nothing medically wrong with my body. Miraculous to say and impossible to comprehend, then. Like so many people granted the sheer dumb luck of good health, I took my body for granted. My flesh performed all its major functions like a computer running background programs, obedience in every cell of my being.

Of course, I despaired the window dressing: I thought my calves, thighs, and eyebrows were too thick, my hair too thin and too brown. I was certain my breasts were too small, and I was already using toothpaste to keep my perfect teeth whiter than a Crest commercial, but other than that, there was nothing, really, wrong with my body.

What miracle. What privilege. A body that was mine to control.

Besides the constant drumline of anxiety in my head that made my heart stutter and my stomach churn, and really, probably, should have been easier to diagnose, my body was simply something to tame and subdue. And that was how I treated it.

IV.

When I filled out my family history in the doctors' offices I've frequented over the years, I checked the boxes for Alzheimer's, arthritis, cancer (brain, lung, melanoma, ovarian, skin), circulatory disorders, heart health, high blood pressure, high cholesterol.

Until I'm diagnosed with cancer, only anxiety and depression have been my own boxes to tick. Everything else "runs in my family," a prosaic way of saying that my genetics were a kind of Russian roulette I was certain I could beat.

I thought that heart and cholesterol were the biggest risks: My father has always had high cholesterol and blood pressure. His father, my grandfather, died of heart failure when I was only five. I went years when I gave up red meat entirely, ditched cheese and mayonnaise. I tried intermittent fasting, my body on a leash that I tugged this way and that for several years, experimenting with what yielded a sense of command, if not wellness.

It's notable that I worked so hard to control my body while my mind felt ungovernable. As a teenager in the nineties, anxiety didn't exist in casual conversation, and depression was a whisper best kept behind closed doors. Therapy was more threat than privilege. Frustrated by my tears and door-slamming, my "stress" over exams and friendships, my parents sometimes threw their hands in the air, perhaps exasperated but more often helpless, overwhelmed. *Do we need to take you to see a counselor?*

Their subtext was more explicit: *Can you pull yourself together with your own two hands, or is this something beyond your control?*

V.

Until I met my husband, I was the kind of girl who lived mostly in my head: making up stories and reading. I drowned out anxiety with thousands of books, music, binge-watching movies and television shows, and an exceptional commitment to control in every aspect of my life.

My husband, conversely, felt a day was incomplete if it didn't include ten thousand steps and sweat, freshly scrambled eggs for breakfast, and often some labor like gardening or moving furniture. He was the kind of person who lived comfortably in his body, not as an afterthought, but as the primary vehicle of his lived experience.

When I met my husband, I started logging miles: long walks, short hikes, snowshoeing in the winter, and endless matches of beginners' tennis. I began to think that perhaps I could rewrite my DNA.

My indomitable grandmothers remained healthy well into their eighties, and I had two relatives who reached their nineties. My maternal grandfather died of lung cancer; like many other World War II vets, he had been a heavy smoker. Although there are smokers who never get cancer and abstainers who do, I believed my body to be an ipso facto agreement. I did not smoke, and I barely drank. Therefore, I deserved to be healthy. This was the absurd contract I made with my body for health.

When I first received my cancer diagnosis, I reflected on everything I had done wrong. The crisp, oily edges of the pepperoni pizza I love so much, the years of deli sandwiches before I gave up cold cuts. My early love affair with handfuls of gummy bears, the warning labels I ignored on household cleaners I've long favored. The days I lounged in the sun as a child. The months of adult

stress, the times I allowed myself to luxuriate in worry. The diagnosis feels like a kind of negligence, a certainty that I have done something to deserve it.

My kind of lymphoma, cutaneous T-cell lymphoma or CTCL, is so rare that many of my regular doctors feel compelled to tell me they've never heard of it before with a sense of wonder, disbelief, and no small note of awe. My dental hygienist, a champion worrier herself, tells me I've scared her into making an emergency appointment with her dermatologist. My primary care physician asks me (asks me!) if she should get the rash on her chest checked out.

Like the overachiever I am, my body has produced something rare enough to get my attention and everyone else's.

VI.

I've lived with anxiety my whole life, long before a trusted therapist was able to help me name it. Here is what anxiety looks like for someone like me. Perfectionism: If it's not an A, it's an F. If I didn't do my best, I was trash. I am routinely fifteen minutes early. Everywhere. At all times. If something goes wrong in my vicinity, it is my fault.

I visualize funerals for the people I love most. If I truly love someone, don't doubt that I've practiced sections of their eulogy. That's not morbidity; it's fear—fear that I could lose the people I love and come up short in expressing how much I loved them.

For a long time, I managed my anxiety in the service of the good: good grades, good behavior, good nature. The highest compliment I could receive as a child (and sometimes still, embarrassingly, as an adult) was that I was such a *good helper*.

I journal. I meditate. I write. I access therapy. But running is one of the first things I introduced into my life that requires greater involvement from my body than my mind.

VII.

When I started running, my now-husband ran in front of me, urging me forward with encouraging phrases tossed over his shoulder. When it became clear that I was not keeping pace with him in any way, he looped back and ran behind me. At first, I jogged only a few yards at a time, teeth grinding and jaw clamped shut. I thought breathing through my mouth was admitting defeat,

even though my lungs burned. He informed me I was putting too much of my weight forward, fully on my toes. This explained the shin splints I had always struggled with, a sensation like splintering pain in my bones. I thought the shin splints resulted from my too-thick calves, which I had often despaired of as a teenager. I realized I had been blaming my body for what was, in fact, user error.

My stride was too short, and I didn't anticipate my next footfalls. My legs were weak, and I often cramped quickly. My tennis shoes were cheap and too small, and they pinched my feet. But small adjustments to my balance and stride yielded almost immediate improvements, and the sheer physical power I felt, the ability to change so quickly, was addictive. Like the dedicated student I'd always been, I made up for my lack of strength and talent with habit and obsessiveness. I would never be a runner, but I became someone who runs. Athletics rewards talent and discipline, but running rewards diligence.

After only a few times jogging haltingly on the road, I began to dream about running. I dreamed about races or running in the neighborhood where I grew up, covering miles I used to only traverse by bike. I dreamed of running so fast it felt like flying, like freedom, power, and control. I had grown up in a mostly sedentary family, and with each mile I covered, I felt like I was fashioning a new self, a different future for my body and my life.

VIII.

Google tells me, when I ask, that roughly 40.5 percent of Americans will be diagnosed with cancer in their lifetime. When I ask Google about the comorbidity of anxiety and lymphoma, what I'm trying to ask is if I've done this to myself. Google is surprisingly reassuring, like a friend who talks you down from a panic attack. There's a high comorbidity between lymphoma and depression but no statistical difference for anxiety.

This is a small relief. Maybe I'm not responsible for giving myself cancer.

Only about 5 percent to 10 percent of cancers are considered hereditary or familial cancers. The vast majority are caused by lifetime changes in genes, like a light switch in a vast network, switching on or off. This revelation feels both relieving (not my fault!) and terrifying (the universe is a random place, and no matter how many pepperoni pieces I pull off my pizzas, cancer might still be waiting for me in another gene!).

I had a terrible time with statistics in high school. Math was never an easy subject, but the predictive nature of probability theorems was so mystifying that I would have had a better chance of reading tea leaves. And yet I find myself asking, obsessively, feverishly, *What are the chances?*

IX.

I wish I could say that my diagnosis came as a surprise, but in some ways, it felt like the resolution of a long-running drama, or Chekhov's gun going off.

I was twenty-four years old when my uncle died of melanoma. His death felt like all the lights going out at a party, leaving everyone in the dark and sudden silence.

I wasn't a sun worshiper as a kid. But I grew up in sunlight, years spent on rocky Connecticut shorelines and in the self-made mazes of our dense neighborhood woods. Sunscreen was only for the beach, and my mother was the kind of Romanian who used to sunbathe in Chicago with baby oil and foil reflectors for an overall even tan. Like many parents in the eighties, she'd advise that a base tan would protect me and my sisters from burning too badly. This makes her sound more irresponsible than she was; she was militant about sunscreen at the beach. We would slather on bargain-bin Coppertone 8 or 15 in the morning and then proceed to salt soak in the ocean, roll in the grainy sand, and play until sweat ran in tiny prickling rivulets from my temples and down my knobby spine. My mother was lucky if she could even find my sisters or me to reapply sunscreen once the day had begun. In the eighties, a tan meant the glow of good health and privilege, time spent outdoors.

At the meal following my uncle's burial, I sat with my sisters at a white-cloth-covered table that nearly glowed in the golden fall sunlight. My father came over and made us move to a table in the corner, far from the windows. *We're angry at the sun today*, he said.

A year later, I stood before a mirror in a small prefab duplex where I lived in Vermont. The windowless bathroom lighting washed everything an unhealthy yellow. No matter the season, the mirror reflected a jaundiced version of myself. I cannot say what it was, exactly, that caught my eye that morning, only that while applying mascara in the mirror, I looked at a rotten-strawberry colored mole on my upper left arm and felt that it radiated with a kind of halo, as though the skin around it had inexplicably blanched.

I called a dermatologist that afternoon, disclosed my family history. They fit me in quickly and took the first of what would be a series of punch biopsies, where the area is numbed and excised shallowly. I was driving the long highway from Vermont to my parents' home in Connecticut when the nurse called with results and made me pull the car over. *It's not melanoma*, she says. *At least, not yet.*

The biopsy cells showed what they called severe atypia. The doctor ordered a significant surgical resection, where they cut more deeply into my upper arm to make sure all the unhealthy tissue was excised, and then stitched the arm back up. They ordered a second full-body scan, this time with photos. I returned to the office, where I stood, naked under aggressive air conditioning, in front of two women who combed through my hair and inspected every inch of my skin, circling freckles and moles with a permanent marker and taking pictures with an iPad. It was an exercise in vulnerability and anti-vanity, which I would repeat every six to twelve months for the next seventeen years.

At the full-body scan, a second and third site of severe atypia were discovered on my left leg, both requiring resection. More than a hundred stitches lanced my swollen skin together on my left side. I slept with stacked pillows to prevent myself from rolling over, dozing off and on through the long nights, accompanied by the throb and burn of the resection sites.

Some part of me began to believe then, though I did not accept, that this would be the way I would die, some radiant cluster of cells I overlooked too long, doing their warm and busy work in my flesh.

X.

Like many dangerous things, my kind of lymphoma looks harmless when it first appears- a lacy pink pattern circling my right breast that ebbs and flows with my menstrual cycles. When I first pointed it out to a doctor, it was easily dismissed as eczema. When I mentioned it a second and third time, an over-the-counter steroid cream was prescribed. The steroid cream cleared the rash immediately, and often months passed before it reappeared. Years passed in this way; when I dutifully attended my six-month skin checks, I mentioned the rash, was reassured that it was harmless, and went about my merry way.

During the Covid lockdowns, however, medical offices were closed to all nonessential appointments. I missed one appointment due to the closures,

and another was delayed several months due to the office backlog. I began to run low on the single tube of topical steroid that had been treating the "eczema" for years. Almost simultaneously, increased stress from Covid and being both a parent and an educator during Covid, intensified the rash. It transformed from swirling pale pink speckles to something more closely mirroring a sunburn. Puffy, a bit swollen.

At my first dermatology appointment following the lockdowns, I met with a new practitioner. Young, female, and ardently attentive, she made a face when I mentioned the recurring eczema. She told me not to worry but requested a biopsy.

Despite her reassurances, I worry. Of course, I worry.

XI.

After the diagnosis, a strange inequality begins to creep into how I think about my relationships. Until the test results indicated cancer, I felt like I was a good bet in the horse race of life. I had been doing my part, running endlessly around the track and eating the low-fat oats.

A turn-of-the-century British colloquialism for "passing something substandard off as a good one" is "handing someone a lemon." American slang adopted this concept from the Brits, defining a lemon as "a person or thing, especially an automobile, regarded as unsatisfactory, disappointing, or feeble."

After the diagnosis, the word "lemon" keeps returning to me, bubbling up in my mouth like a sour taste. My body feels like a fabrication, akin to a car that might look good from the outside but can't seem to drive correctly. I look at my husband and son and can't help but think, *I'm so sorry to have brought sickness into your lives.*

My infirmity only increases my tenderness. I linger during the nightly bedtime rituals with my son, listening to the great, minute details of his days and answering his small questions with extra care. What if this is the only chance I have to tell him how important it is to be kind, to make others feel safe? What if these tentative, exploratory questions about girls and boys and crushes are the only time I get to tell him that I hope he finds many loves as profound as my love for him? I wonder if it's possible to store deposits of my devotion for him in his cells in case this time is all he gets. Perhaps my love could inoculate him from my genetics.

I labor longer in our house, dusting and organizing, shedding old clothes and possessions. Trying to clean up a mess that hasn't happened yet, trying to picture a life for my husband and son without me in it.

XII.

When I was younger, my mother had a saying, part catchphrase *and part admonishment: The mind is ingenious at getting the body out of what it doesn't want to do*. She said this when I wanted off the track team, and then twisted my ankle, or when my sisters and I would get sick before an exam or to stave off a conflict we were dreading. And it's true, the mind is the boss. But the body is a marvel, too, and it gets used to all manner of abuses.

This is the recurring terror of cancer, the idea that somehow I have done this to myself. That my mind was too weak or too strong. Worse, I'm left asking myself what, exactly, my mind is trying to get my body out of.

Of all the funerals I've ever imagined, the one eulogy I never practiced was my own. Despite my family history, some stubborn, foolish part of my brain held on to the idea of time. Decades of tomorrows bought and paid for with every mile I ran and every choice I made.

XIII.

Part of my panic is my brain, doing its usual busy hamster-wheel work. Part of it is simply vocabulary. Lymphoma sounds like a death sentence, the soft, mushy letters like the sound of poison gas infusing my body.

The medical system is byzantine when it comes to tissue samples and diagnostic confirmation. Literal months pass between the first biopsy and the actual diagnosis. My first breast biopsy is followed by a second and third.

The word biopsy feels ridiculous, like the sounds a clown makes. Boop! Bop! Oopsy! It's a poor representation of the cold edge of a scalpel cutting into my numbed breast tissue and for the burning ache afterward. I play compulsive rounds of a familiar anxiety game I like to call, "It Could Be Worse," otherwise known as my mind's ability to simultaneously remind me some women lose whole breasts, or both breasts, and/or that maybe I won't lose any breasts because the lymphoma has already spread throughout my body. Anxiety is masterful at creating self-loathing and nightmares.

My husband attends all the early follow-up appointments with me. Because the cancer is centered in the flesh of my right breast, and perhaps because the doctors are all male, when they ask if it's okay to palpate my breast tissue, they all look at my husband. As though he is the one who would object to this literal manhandling, as though my body belongs more to him than it does to me.

In one appointment, the doctor, an older gentleman, speaks only to my husband. In another, a bespectacled younger doctor does me the courtesy of addressing me primarily. With my breast in his hand, however, he comments that my biopsy scars are healing beautifully, as though this is my concern—as though beautiful scars should be my aim.

I wish I could say that these experiences fill me with righteous fury, but they don't. Instead, they make me feel small, nearly invisible in the very rooms where I and my body should be the sole focus. Anxiety can be petty, and one of the tricks it plays is obscuring an authentic sense of scope and personal experience: Am I overreacting to this diagnosis? Am I taking it seriously enough? What is the right way to feel?

My whole life, I've sought out women for treatment, choosing them as primary care providers, gynecologists, dermatologists, ophthalmologists, specialists. I recognize my practice of gendered choosing as its own kind of bias, reinforced by years of early medical care that was male-dominated. When the cancer diagnosis arrives, however, the experts are out of my hands. They are all male.

And suddenly my body is out of my hands as well, my flesh placed in the hands of other people.

XIV.

I throw myself into running, partly to manage my anxiety and partly because I'm convinced there is a way to be healthy enough, strong enough, to chase the cancer away.

There are times when I run in my feet instead of my head, when it feels like I'm breathing in time with the universe, my stride is galloping, and my footfalls are just right. Footfalls in service of mental and physical health. Times when the running erases my noisy mind and the words in my head are poems to the magnolia tree blossoms I pass as I run by the gnarled tree at the end of my street.

One of the first things a therapist will say to a patient with anxiety is to slow down and take a deep breath. Deep breathing regulates the nervous system and reminds the human brain that it has an anchor in the body, a belly that can expand with breath, and 2.2 pounds of inflating tissue balloons sustaining oxygen to the cerebral cortex. Running is its own shortcut to that deep breathing state.

It may sound absurd to think about a separation between the mind and body, but we do it daily. Wait to go to the bathroom during a long lecture, wait to eat when we are running errands, sacrifice sleep in favor of another episode on Netflix or to meet a work deadline. The body is a petulant toddler. It can make its needs known: hungry, tired, cold, sick. And still, we ignore it. Press on.

I have had to learn to live in my body.

XV.

My father's path to treatment follows a prescribed path: appointments for radiation mapping, then radiation, but no chemo. Still, he mentions his night sweats, soaking through his sheets. He struggles to sleep but feels tired.

My treatment protocols are less clear. A specialist at Brown University advocates for a wait-and-see approach, treatment with topical steroids, light boxes, and even, laughably, topless sunbathing. Brown Radiology, however, recommends immediate action: radiation mapping, targeted radiation. If I'm lucky, they say, we might be able to preserve the nipple. There are complications, though, because breast tissue is still porous relative to other areas on the body. Radiating the breast, especially at my age, presents the specter of a future problem: a new cancer cropping up underneath the breast tissue, especially in the rib bones that will "catch" the radiation seeping through from the breast.

The idea that treating one cancer could beget another, especially with my family history, is more than I can face.

Before the radiology doctors enter the exam room, a nurse is responsible for my intake. *L.*, I write, in the lined notebook I carry to all my appointments. *Rhode Islander. Cheerful.* Having worked in the radiology department for several decades, she exudes the warm and unflappable air of someone who has seen all manner of bodies in various stages of disrepair and yet still manages to care for the souls of the people inhabiting their battered flesh. She doesn't touch me without permission but stands close. She's a good listener who asks me how I've gotten here. When I tell her about the "eczema," about how many times I brought it

up, and how often it was ignored, she says, *That must have been so hard, for someone as responsible as you*. The warmth and understanding in her voice as she looks at the notebook in my lap, filled with all my tidy notes, makes my throat swell with unshed tears. I work hard during these appointments not to cry or seem overtly emotional. I don't want my anxiety to shape the doctors' perceptions of me. Before she leaves the room, her hand on the door handle, she lowers her voice. *They're going to push you to decide about the radiation today*, she confides. *Just know that you don't have to. You take your time to decide*. She is one of the few professionals in the entire process who reminds me that I still have some agency.

On waiting table after waiting table, I want out of this body. I want outside. I want to be running for miles. But there is nowhere to go. I can run as far as I want to, but I still have to return to the problem of my flesh.

So, I run when I can, and I research and I seek out new solutions.

XVI.

I wouldn't say anxiety prevents me from having a sense of humor, but it's not my strongest attribute. In the months following the cancer diagnosis, however, I find myself struck, repeatedly, by humorous absurdity, a kind of disturbing gallows humor. It's hard to take anything too seriously because everything else is not cancer.

On a warm day in July, a month after I'm diagnosed, I sit with a friend on the back porch of her rental property, overlooking the ocean. She's lamenting the habit she's fallen into of drinking a beer and watching the sun go down each night. *Forget what that says about my drinking habits*, she laughs. *I've gained five pounds this summer! Do you have any idea what a literal pain in the ass it's going to be to work that off?*

I've told no one but my parents about the diagnosis, in part not wanting to worry anyone, and in part because my husband and I have decided not to tell my son that his mom and his beloved grandfather have cancer at the same time. I don't want any extra voices who could inadvertently spill the secret.

So, I tell my friend to enjoy the beers and enjoy the sunset because it's rare in life that we take the time to savor our small pleasures, and she laughs because I sound like a crocheted couch pillow. *Live, laugh, love! It's five o'clock somewhere!*

But what I'm trying to say to her is: Right now, my exquisite, beautiful, healthy friend, you can drink the beer and watch the watercolor sunsets and worry about your weight. It's not cancer.

XVII.

I'm shocked to find that much of my medical care is a matter of personal choice. The Oxford Dictionary defines informed consent as "permission granted in the knowledge of possible consequences, typically given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits."

Anxiety does a phenomenal job of preparing me for the idea of possible consequences. Mind-bogglingly, I could both choose to treat or choose not to treat the lymphoma and still get "more" cancer. But my mind struggles with the second half of informed consent, *full knowledge of possible risks and benefits.*

Six months after my initial diagnosis, I'm given a green light by a Boston cancer center to watch and wait, to hold off on radiation for the time being. I can treat the lymphoma with steroids and light therapy, though the light therapy is a bit of a mixed bag. With my family history of melanoma, a collective shrug goes round the office about whether I'm increasing my risk of skin cancer by mitigating my lymphoma. Statistics, still a foreign language to me, are batted around.

How risky are these months without radiation? How beneficial are they? It doesn't surprise me that I don't have these answers, but it is an unusual shock to discover that the doctors don't, either.

XVIII.

As with so many medical matters, health insurance begins to drive options for care. With mandated appointments for two different cancer screenings, lymphoma and melanoma, I am due in the doctor's office every three months. Each visit, a roll of the dice.

Mostly, these days, I run with joy in my heart, effervescent and bubbly. In love with the tiny trumpet faces of daffodils after winter and the shock of shaggy green grasses after the rain. In love with the wet, mineral smell of muddy gashes in the earth as everything new tries to push through. I sing these little joy songs while I run because I know anxiety can take me the other way—days when my bones feel heavy, days when I am freezing in the sun.

Before my follow-up visits, I run in the mornings, trying to equalize my body before it's imprisoned in yet another sterile room. I sit in the parking lot before my appointments with my heart racing, trying and failing to regulate my breathing.

My situation is perhaps no different than anyone else's. Today could be your day: car crash, allergic reaction, brain cancer, aneurysm, lightning strike, lottery ticket. The marvelous and terrifying unknown.

Quietly and without fanfare, I've begun writing letters to my son. Letters that will hold the memories I would otherwise remind him of during visits home from college, or if he's thinking about proposing, traveling the world, or having a child. Letters that will help him find me if he needs me in case I'm not there.

And so, I'm left asking myself how fast I can run, and for how long, and whether it will matter.