

It's In Your Head: An Incidental Finding

By Peggy Moss

I've learned to appreciate it when doctors use vaguely derogatory terms to describe my body. It's best when they call my skin, or my breast or my blood or my brain unexciting, unremarkable, benign. Aim for dull. Settle for anything other than unique.

From the start, though, this one was a bit flashy.

I was sitting at my desk on the 32nd floor of a glass office tower, reading an email out loud – trying to shake loose the “tells” hidden within it: the misfiring phrase, the typo, the unearned familiarity – that would signal to the recipient that I was in over my head and out of place: an okapi in a stable of race horses. Pressing on the base of my office chair, I swiveled the castors with my stocking feet – a trick that allowed me to feel the possibility of motion without going anywhere.

I'd just noticed my colleagues chatting outside my door when the walls splintered into sharp, deep quadrants. My monitor soared upward, completely intact, desk, too, one cohesive piece rising up overhead while I descended in a spiral. I braced for screams and clamoring, imagining my colleagues scrambling to find a way out and down to safety, because our world had been shattered like a broken mirror – by a bomb, by a madman. I listened for sirens, but heard none. Out in the hall, a conversation about legal research continued, as if nothing had happened.

I called for help as I folded myself to the floor, my head next to the star-shaped base of my chair. I closed my eyes and then opened them, hoping the spinning would stop. Through the commotion of security guards and EMTs I could hear, just beyond them, my breathless husband, who'd pedaled south madly on his bicycle in response to a caller he barely knew, who'd said, “I think you need to come.”

It was John who took me to the ER, who trotted beside the gurney to the door of the CAT scan and then waited for the MRI that led to a call from my doctor's office. Could I come in at the end of the day, please? Today?

“It's a lot to take in,” my doctor says, pushing a piece of paper toward me that I can't possibly read, but pretend to. Helpfully, the document features a few italicized words for quick scanning: *high-intensity flare*, for example. Also, *Glioma*.

“That first one sounds like a comet,” I say. My doctor's lips curve up quickly, more a muscular spasm than a smile. If I want, I can look her in the eye. She'll hold my gaze. But her eyes don't smile, so I focus on the place where the cold metal rim of her desk meets the speckled white laminate, the line where dust and grime should collect, but hasn't been allowed. Her words are

as sterile and efficient as the room: investigation, contrast MRI, neurosurgeon. “It’s an incidental finding,” she says. Meaning: whatever happened in my office on the 32d floor wasn’t caused by this high intensity flare. That was something else. Stress, maybe a migraine, hallucination.

The word hallucination transports me to the kitchen of the first apartment John and I shared, to a phone attached to a wall, to me, twisting the cord while my big brother talked in the wrong kind of voice. “There’s a little helicopter in the back of my head,” he said. “Going whir, whir, whir.” He didn’t tell anyone else, afraid they’d think he was crazy. When he blacked out four months later, the tiny helicopter revealed itself to be a malignant grapefruit nestled at his brain stem.

“Given your family history,” my doctor says, “we should consider the possibility of a tumor.”

I have questions, but know better than to ask them, because they’re the wrong ones: *How does the dye get into my brain?* For example. *And what do the magnets do, exactly?* Also, *couldn’t I see a doctor first, please, who doesn’t accessorize with a knife?*

I heed the whatever-you-do-don’t-Google advice for about 48 hours, and then read that I might have 11-15 months to live. One look at John and I can tell he’s Googled, too. But this part we don’t tell our daughters: the names of things. We tell them other truths: that it might be okay, that we need to wait and see. We remind them that this discovery was an *incidental finding* – and it’s tiny. “They went fishing for trout and found a comet,” I say. Nobody thinks this is funny.

No, we tell our younger daughter, *you should not come home from college*. Still. I put my soft pink sweater in an envelope and send it to her dorm in Montreal, a hug by mail, a piece of me. This gesture is made slightly less morbid by the sweater’s previous travels and its gleeful reference to our shared love of the *Sisterhood of the Travelling Pants*.

The limbo between the knowing and the next round of tests extends for five days, during which I settle our wills (*they say they won’t, but men always screw over the kids, my lawyer says – they give everything to the second wife*); write long letters to our children (*you’ll be fine, support your father in finding love, just don’t let her take the cottage from you*); inform my boss that I may need time off (*I thought it was an ocular migraine?* she says); refrain from telling my mother (because too many questions, no answers); and breathe an enormous sigh of relief. I’m not going to have to worry any more. I’m the little silver car on the Monopoly board that gets out of jail free. I can quit my job. I can spend days with my children, make up for the times I answered their calls – a promise I never broke, not once, no matter who was sitting in my office – but then failed to hear what they needed. If I’m sick, I’ll be released from the talons of time management. I can write down the stories that bounce around my head all day without apology. For the first time in my life, even for a little while, I can live without fear of letting anyone down. I’ll play what my late friend Beth called the cancer card.

That this is preposterous, because dying in 15 months doesn't mean living a vibrant life right up until you're snatched by aliens on the way to the grocery store, is something I know well. Living is the hard part. My brother stayed alive long enough to watch his friends peel away from him, tired of waiting; and become unrecognizable to acquaintances from summer camp and college who'd once remarked, "you always look the same... so handsome." Shopping for a towel rack in Restoration Hardware one afternoon, I watched as my brother traded smiles with a little boy. When she noticed, the boy's mother gasped and jerked the child away, a wordless indictment of the dying creature with a garish scar that ran the length of his scalp, pink and scissoring.

Even knowing this, I believe that I'll get a reprieve, a reboot, a new start by facing death. The other shoe – the one that hovers over my head every day, at work, at parties, when the phone rings – it's dropped. They've all dropped. I'm swimming in shoes and the sky is blue and empty, cavernous in possibilities.

This is the secret I keep to myself: that my greatest fear is that I don't have a tumor, that I am indeed perfectly unremarkable, that I will continue to be subject to all of the worries that mortals face when they don't have to bother facing mortality. That nothing will be made to change.

What's changed already is that John doesn't seem able to let me out of his sight. "Don't!" he shouts when I hop up to feed the dog, as though the thing in my head isn't so much a tumor as a grenade with a loose pin. "I've got it!" He yells, when I start to set the table. At night, we wrap our limbs around each other like slow motion dancers — weaving together over and over — each hand and foot finding a solid perch before one of us shifts and our figure reforms – as though we could be ballast for each other – as if the icy hand of death can't pry you away when you are enveloped by the warmth of the living. These days and nights reveal to me that despite the doubts and disappointments and fury, after 23 years of marriage, John's love for me is as real and debilitating as I'd always hoped it would be. This is another secret I will keep.

John drives me to the M.R.I., and we wait, our fingers gripped so tight that our rings rub against each other. This is how we hold hands when we sit. When we walk, my hand slips into his like liquid into a vessel. It has always been this way.

The MRI gets a brightly lit room all to itself, like a high-tech celebrity or a dangerous convict. A long white futuristic tube, it looks poised to swallow a person whole. Standing in front of it wearing nothing but socks and two layers of hospital-issue robes of the tie-in-the-back-bare-ass variety, I feel a chill. Through a microphone behind a glass wall, a technician tells me to lie down on the conveyor belt at the mouth of the tube. I look up, hoping she'll point to a camera in the corner and giggle. But I settle for a patient smile. The machine is just wide enough for my body if I keep my arms at my sides, with room enough for my head if I don't lift it up. Do I want my eyes covered? Yes. Yes I do. Also yes, I want a blanket. Someone slides headphones over my ears (not optional) which muffle everything except the woman on the other side of the glass, whose voice is piped directly into my brain. "Usually about 90 minutes," she says.

Drugs are recommended for those who are claustrophobic. My heart races in a full-sized Walmart when the doors close behind me. Drugs would have been a very good idea, but I said no. Why? I have to pee. *Don't move*, I tell myself as the air stiffens around me. *They'll have to start over.*

The voice in my headphones asks if I'm ready, and I hear myself say yes as if from across the room. The Machine starts to pound and flash and whine and thump: *Thirty thirty thirty...* I try to meditate. *Breathe.* Bad bad bad bad... *Wordem wordem wordem wordem* the Machine goes. *Shirt ... dom Shirt....dom Shirt....dom.*

My meditative focus narrows to a ledge: the point at which air, inhaled through my nose and filling my chest, turns into air exhaled, a warmer, easier air. Trying to pin down the thread-like line between breathing in and breathing out soothes not just my mind but my body. I stop listening for the shifts in sound, stop trying to guess how long I've been lying rigid in the tube, stop wondering what the woman behind the glass is seeing light up in my brain as the magnets do their mystical work and the flashing continues.

After an hour, she injects contrast dye into my arm. "Just a few more minutes," she says. Those last minutes are the hardest. Breathe in and out — consider screaming — consider thrashing... pause.. breathe... what the fuck was that noise? That was almost funny. Don't smile. Is this some kind of sick psychological study? Don't PANIC. I'm dizzy. I'm going to barf. Breathe. Try not to twitch under the sheet they call a blanket, under the folded wash cloth they call an eye cover, with the little grey bulb in my — left hand, please — that I can squeeze for emergencies... Think of something peaceful.

When she's done, I don't move right away. I don't fully trust that I can sit up without banging my head. I've lost the conviction that I can be free. If I'm okay, I tell myself, I will remember what I did in there: that I was brave, that I know how to breathe.

The neurosurgeon can see us a few days after the MRI. His online profile lists "several canine children," which feels important in an out-size kind of way. He specializes in the kinds of brain tumors that end lives quickly. He's famous. This makes me feel important, my troubles special. I cast aside knowable truths, like: our healthcare system makes such pairings a crap shoot. We already know that the tiny lesion they are after is nestled deep inside my brain, and that just trying to fetch it might change me, make me walk differently, lose my balance, be quicker to anger. The dog daddy might be my best bet.

The neurosurgeon, a cross between Einstein (the hair) and Fonzie (the attitude), raises his pink spectacles off his collar and clicks the magnetic frames over his nose. He takes a quick look at the swirls of orange and yellow on his computer screen and tells us that the lesion in my brain is indolent. Also, uninteresting. He says it could grow to 25 times its current size and I wouldn't even notice, which is a good thing, because it's located in the part of the brain that controls language, actually, which I'd almost definitely miss. I've handed John my journal, which he's opened to blank page and is filling with notes.

“It wouldn’t be fun for me if I had to go in there and get it out,” the surgeon tells me.

“Not fun for me either, I assume.”

“Right. That, too. No fun at all for you,” he says. He grins and looks at the ceiling.

“What causes something like this?” John asks.

The neurosurgeon snaps to attention, pulling forward on the wheels of his office chair. He’s sized us up, though I don’t know how, exactly. “Too much sex with people who are not her husband,” he answers.

My brain clicks. Shocked into action – and responds in kind. “I’m surprised, given that you’re a man, that you didn’t tell us sex is the cure for this.”

“He’s the one taking notes,” the doctor says, pointing to John, who is smiling for the first time in two weeks.

“That’s what I wrote down here,” John says, tapping his pen. “Sex will cure this.”

It isn’t until we’ve stepped out of the elevator, through the bright hospital atrium and out to the street that we dare to stop moving. I’ll be monitored every six months, just to be sure, but we have our answer. It’s nothing. Or rather, it’s something so small, so inconsequential, that I will carry it around – this lesion – this nub – for the rest of my life with practiced oblivion.

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