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### *Reading Floyd Skloot*

In 1988, Floyd Skloot suffered an acute viral illness which left him bedridden for the better part of two years. In his life before the virus, Skloot had been a whirlwind; an energy policy analyst by profession, he was also a published poet, marathon runner, husband, and father. In the aftermath of the virus, he suffered staggering losses: his profession, his running, his marriage, and—at first—his writing, too. Fifteen years later, major neurological and immunological effects—extreme fatigue, susceptibility to infection, chronic pain, disordered balance, mental confusion—now seem irreversible.

Skloot, an occasional contributor to *The Iowa Review*, published his first poems in the late 1960s, turned to fiction in the early 1970s, and wrote continuously until silenced by illness. In the early 1990s, he began to experience brief bursts of physical stamina and mental focus, and began to write again. Remarkably, eleven of his thirteen published books have appeared since 1992. Now in his mid-fifties, Skloot continues to write poetry and fiction, but has come to regard the personal essay as his genre of choice. Thus it seems oddly appropriate that Barnes and Noble has featured his latest collection of essays, *In the Shadow of Memory* (University of Nebraska Press 2003), in its “Discover Great New Writers” program.

I first encountered the writing of Floyd Skloot in August 2001. I’d just purchased a copy of *Best American Essays 2000* and plunged in with great enthusiasm. Midway through that volume I found Skloot’s award-winning essay “Gray Area: Thinking with a Damaged Brain,” which would later become the first chapter of *In the Shadow of Memory*.

In its opening pages, “Gray Area” tells the story of the sudden, devastating decline of an apparently-healthy, athletic, intellectual, vital forty-one-year-old man. I was myself forty-two—single, seemingly healthy, athletic, intellectually vibrant—and about to leave my tenured professorship in mathematics at Virginia Tech, relocate to Iowa City, and pursue my childhood dream of writing full-time. I’d long been unhappy in mathematics, a profession I’d chosen twenty-odd years before in an effort to please my domineering father. My person-

al life in a small, Southern college town was going nowhere. When, in the year 2000, my father received a diagnosis of Alzheimer's disease, I went into therapy, intent upon making a major move.

It had taken enormous energy to bring me to the brink of such life-transforming change. I felt, with fear and superstition, that paying too-close attention to the misfortunes of others might doom my personal journey. And so, in the summer and fall of 2001, I could not bring myself to read Skloot's essay all the way through. Indeed, I didn't read the fearsome essay until early spring of 2002.

By then I'd sold my house; I'd been admitted to the University of Iowa's nonfiction writing program; I'd secured a leave of absence from my job. I'd already had a couple of stress-related medical problems: a detached retina just before Christmas, appendicitis in early spring. I spent the second week of April in bed recovering from an appendectomy—the first major surgery I'd ever had—and reading voraciously. By then, Skloot's essay seemed more reassuring than scary.

"Gray Area" explores the physical and metaphysical implications of brain damage—as, indeed, do all five essays in the first section of *In the Shadow of Memory*. The virally-induced lesions in his brain, Skloot writes, are lesions in his mind, and hence, "lesions in my Self" (*Shadow*, 3). He wants to know, "If Descartes was correct, and to think is to be, then what happens when I cannot think, or at least cannot think as I did, cannot think well enough to function in a job or in the world? Who am I?" (6). Each essay in this section, and indeed the book as a whole, attempts to answer these questions.

Skloot alternates passages of philosophical gravity with self-mocking riffs on the neologisms and sight-gags associated with his disordered speech and balance. "You should hear me talk," Skloot says, adopting the tone of a stand-up comic. At the supper table he asks his wife to "pass the sawdust" when what he wants is rice; in the car his mind is overwhelmed by the press of "blood tower traffic" (6). He beckons his readers to "[i]magine being balanced on elbows and knees above your lover, losing yourself in lovemaking, only to find yourself flopping off to the left of her body. Now that's what I call suave" (49). Even the more able-bodied among us can muster a smile of self-recognition there.

Skloot regularly cites the findings of neuroscience to justify his experience. But ultimately his experience is its own justifica-

tion. Even without the fancy medical imaging technologies of the 1990s—for he has not had so much as a brain MRI since 1991—he can readily visualize his damaged brain: “Sometimes I see my brain as a scalded pudding, with fluky dark spots here and there through its dense layers and small scoops missing. Sometimes I see it as an eviscerated old TV console, wires all disconnected and misconnected, tubes blown, dust in the crevices” (4).

Neurologists refer to his injury as “an insult to the brain” (9-11). Skloot finds the term too “cool”, too distant; it’s an “exquisitely zany word for the catastrophic neurological event it is meant to describe.” He puzzles, in particular, over the association of the word *insult* with the idea of contempt. “Certainly a virus is not acting contemptuously when it targets the brain,” he writes (9). Neurological insults are not the *products* of contempt, but rather, they *inspire* contempt in others. People who observe Skloot’s infirmity—whether in person or in print—avert their attention; worry that his illness is contagious; wonder if he will get better; pray that nothing so awful will ever happen to them. Avoidance, worry, and fear are readily transformed into contempt, visited like an insult from the outside on the brain-self which has already experienced the insult from within.

Skloot knows that he’s not going to “get better” in any conventional sense of the word. What’s more, he cannot grant us immunity from a similar fate—no matter how much we try to deny, escape, or contemn. “I am, in fact, who I am now,” he says. “I am not going to be the man I was. In this, I am hardly alone” (17).

Reading “Gray Area” as I lay in bed in mid-April of 2002, I felt tremendous reassurance and inspiration. I resolved, while fiddling with the surgical staples in my abdomen, that no illness would deter me from my dream of writing. If Floyd Skloot could manage it, I could, too.

It was nearly a year later, in March of 2003, when I finally held *In the Shadow of Memory* in my hands. By then, I’d left my tenured job, moved halfway across the country, and started work on an MFA. And, having lived through the most harrowing medical crisis of my life, I was all too eager to read what Floyd Skloot had to say. I’d made a quick comeback from surgery in the spring of 2002, but my body never felt quite right afterward. I experienced headaches and

neck pain; numbness, tingling, electrical sensations, and weakness in my hands, arms, and legs; intermittent disturbances of balance. If not for the heroic efforts of a battalion of friends and family, I would never have gotten myself packed and moved to Iowa in time for the fall semester.

During that semester I spent more time in university hospitals and clinics than I did in university classrooms. I was examined by internists, orthopedists, physical therapists, rheumatologists, neurologists, neurosurgeons. I had blood tests, nerve conduction tests, and MRI. At first I'd been obsessed with *naming*: if my illness could be named, I might learn its organic cause and, by extension, its cure. By mid-October I'd been offered plenty of names—arthritis (in my neck), fibromyalgia, neuropathy, anxiety, depression—mostly unenlightening terms that labeled my symptoms but didn't explain their sudden onset.

And then, to my doctors' surprise, MRI revealed a potentially serious abnormality in my brain: a large, presumably congenital, benign tumor nestled close to my brainstem. Neurologists and neurosurgeons took a sudden interest in my case. The tumor, they said, was causing all my symptoms. It would require immediate surgery. I felt at once alarmed, relieved, and vindicated: there *had* been something wrong with me after all.

Then, just as abruptly, the doctors changed their minds. The tumor, they said, was stable, perhaps dormant. It was just "an incidental finding," nothing to worry about, and would require only occasional monitoring by MRI. It was certainly not impinging upon any important nerves and had nothing to do with my symptoms—which had, conveniently enough, begun to abate. The doctors released me to the care of a psychiatrist.

By November I was, of course, depressed and anxious, and when the psychiatrist started me on Lexapro, one of the newer antidepressants also used to treat anxiety, I responded very well. As for my physical symptoms, she readily chalked them up to a "conversion reaction": subconscious conflict over my professional and geographical changes had been "converted" into neurological symptoms. If I could resolve the conflict, she said, the symptoms would disappear.

Her words had the ring of truth—it *had* required tremendous energy to overcome old parental injunctions and come to Iowa—but I also learned, after some research, that as many as sixty percent of patients

given a diagnosis of “conversion reaction” are eventually shown to have a true, organic illness. With all my progress in therapy, I still suffered from bouts of physical pain and numbness, and had to pace myself at work and play. And I still had a four-centimeter-long tumor in my head! Ultimately, I concluded, only I could construct an explanation of my illness. Without a narrative that made sense to me, how was I going to fully embrace my new life in Iowa?

*In the Shadow of Memory* is Floyd Skloot’s illness narrative, similar in history and purpose to my own. I devoured the book as soon as I got my hands on it.

From the very start Skloot makes clear that he has suffered a true, organic illness: a virus struck in 1988 and left him brain damaged. We cannot “see” the damage so he “shows” it to us, using technical and metaphorical language. While he’s wary of giving his illness a name, he proudly declares himself “demented,” fully aware of that word’s insulting connotations (18).

As I read, I was curious: hadn’t doctors ever offered him a name for his illness? I looked to the harrowing and humorous essays of Skloot’s first collection, *The Night Side* (Story Line Press 1996) for an answer. There I learned that Floyd Skloot has Chronic Fatigue Syndrome (CFS), an illness whose very name provokes public ridicule in the United States. (Fibromyalgia, a cousin of CFS—which I may or may not actually have—is another such syndrome whose name invites scorn.) “In Great Britain,” Skloot writes, “CFS is known as Myalgic Encephalopathy, a name with heft, the kind that might earn the disease greater respect in America” (*Night Side*, 12).

In *Shadow*, having first established the presence of organic brain damage, Skloot mines his past for the conditions that predisposed him to be sick. Like me, he seeks the precursors of illness in the emotional conflicts of his birth-family. In the book’s central section, “The Family Story,” he recounts the physical and emotional abuse he suffered as a child, particularly at the hands of his mother. Skloot argues compellingly, based on his reading of both popular and technical tracts on neurobiology and behavior, that childhood trauma permanently alters the neural wiring of the brain, rendering it susceptible to injury. Quoting Debra Niehof, Skloot asserts that “the brain is a painstaking historian,” recording our life stories in its folds and synapses (*Shadow*, 77).

Subsequent essays in this second section are more conventionally memoiristic. Skloot explores his parents' life stories and how they affected him and his now-deceased older brother. By far the most stunning achievement among these pieces is the eponymous essay "The Family Story," a careful examination of fact and fantasy in the defining legends of his family. Our parents, the original unreliable narrators, irrevocably shape our adult worldview with their errors and omissions, additions and embellishments. Skloot writes with a clarity, deftness, and insight that suggest that he has covered some of this same ground before. And, indeed, he has: imaginatively, in the novel *The Open Door* (Story Line Press 1997); and lyrically, in the poetry collection *The Evening Light* (Story Line Press 2001).

Following the pattern of earlier sections, Skloot opens the third and longest section of the book, "A Measure of Acceptance," with a theoretical prologue. The opening essay, "Kismet," weaves together the story of his brother's recent, premature death; his family's immigration from eastern Europe; the history of the musical "Kismet"; and the theme of destiny to which the musical's title refers. Turning once more to the language of biology, Skloot endeavors to explain his family's fate in terms of the hereditary legacy of the Ashkenazic Jews. In the legend he creates here, he comes perilously close to a kind of biological determinism, wherein genetics and natural selection play roles typically assigned to myth and scripture. Unfortunately, Skloot's overreliance on scientific explanation and metaphor sometimes blunts the power of his prose.

But the balance of the book is Skloot at his best. Here he describes family life as he lives it now, with his daughter, his second wife, and his mother (who, like my father, suffers from Alzheimer's disease). His illness has engendered a gentleness, an empathy, a warm good humor which some would call grace.

Looking at his narrative as a work-in-progress, Skloot's "middle years" between childhood and illness seem as yet uncharted. His story is not yet complete. Nor, I fear, is mine. But reading Floyd Skloot has inspired me to begin my own work of excavation. With courage and imagination, this "demented man" has taken me on a remarkable journey of radical self-acceptance.

*Thanks to Kathryn Moon, Floyd Skloot, and Richard Sowienski for helpful conversations during the genesis of this essay.*