The center of almost everything

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The center of almost everything

by

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A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

Major: English (Creative Writing)

Program of Study Committee:
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Iowa State University
Ames, Iowa

2007

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Table of Contents

A Prelude to an Ordeal ................................................................. 1
Private Parts .................................................................................. 4
Bathroom Theories ................................................................. 11
Fooling Around ....................................................................................... 20
Diagnosis ......................................................................................... 47
Surgery ......................................................................................... 74
Recovery ....................................................................................... 84
The Build-Up .................................................................................... 106
Relapse ......................................................................................... 116
A Worthwhile Monologue ......................................................... 144
Works Consulted ........................................................................... 146
A Prelude to an Ordeal

“What does the word “vagina” mean to you?”

I take a deep breath in and pause, mouth opened, face twisted, hands churning in the air for something, anything that might sound profound. The professional director, brought in for Plattsburgh’s V-Day production of *The Vagina Monologues*, stares across the empty, dark studio; she’s bored. I hope that she anticipates the words I’m searching for, that she doesn’t realize I’m searching for the thoughts. But she looks out from under frazzled hair, over reading glasses with the same disinterest I felt when I first treaded in my socked feet to the center of the room. My shoes stayed in the hallway, so I didn’t scuff the expensive dance floor.

I make a small noise in the back of my throat. A tease. I still have no thoughts. My mind echoes her question, leaving no room for my answer to form. Maybe if I keep my mouth open, words will form on their own, entities outside the reality of my own truths. Lies. It always worked in show-and-tell. I would shuffle to the front of the classroom, blonde pigtails skewed, bangs too thick and too short from my mom’s scissor-work. Then, with my hands twisting behind my back, I would open my mouth and, without thinking, spit out the fabricated turbulence of my six year-old life.

Here, at eighteen, with barely blonde hair pulled up in a messy bun I had tried to open my mouth and convince this woman of “My Angry Vagina.” But she wouldn’t let me; she stopped me. She demanded that I stand still. My hands, my shoulders, my face were not to move. Three times I opened my mouth, and three times she closed it. I was already defeated when she asked me to ad-lib, to make up my own angry vagina monologue, on the spot:
“My vagina’s fucking pissed. All this shit, people trying to do it harm. I mean who thought up tampons, dry cotton blobs. And they could make a visit to the gynecologist more comfortable so my vagina wasn’t so scared before each visit…”

That was all I had. A basic summary of Eve Ensler’s monologue. No complaints from my own vagina. I was prepared to read my memorized monologue. I was prepared, in my plain white t-shirt and blue jeans, to absorb whatever identity they projected on me. I was prepared to be a woman with an angry vagina. I was not prepared to be myself with any vagina.

And now: What does the word vagina mean to me? I shift my weight, move my foot. Moist footprints appear and evaporate. I purse my lips and swallow hard. My hands realize they aren’t finding anything. They stop churning. They lock into a cold, weak clasp. I open my mouth one last time:

“I guess the word vagina represents a sort of… freedom. When I was little, vagina was a sort of taboo. The word wasn’t used… I mean different words were used to mean vagina. And I guess I never felt comfortable using the word vagina, it was some how dirtier than the other words, like it should be said in a whisper. But now, I can use the word and I feel kind of empowered, in way. Using the word goes against those… the idea that it’s a taboo. It makes me feel rebellious to be comfortable saying this ‘unacceptable’ word.”

My mouth closes.

“Thanks, we’ll let you know.”
I didn’t get the part. The director had decided, when she first saw me, that my vagina could not possibly have a worthwhile monologue, much less be the angry vagina of my audition piece. And I didn’t prove her wrong. How could I? I couldn’t use tampons. I didn’t go to the gynecologist. I’d never had sex. My vagina wasn’t angry about these things. Maybe it wasn’t angry about anything. But it did have a monologue. My vagina had spent my lifetime preparing for war. While I’d enjoyed my childhood, it secretly gathered forces, building a barrier against the outside world. By the time I realized we were at war, it was too late. I hadn’t known. Perhaps, had I been warned, I could have answered the question honestly. I simply wasn’t prepared to share my vagina’s monologue with the director or anyone else. I preferred silence. So I lied.
Private Parts

In front of my first-grade class, I opened my mouth and told stories that made my life seem complex and even tragic. My cats were constantly breaking limbs because mean dogs, frothing at the mouth, had chased them up trees. I went too far sometimes. One Friday morning, I avoided eye contact with my class as I explained that my uncle had shot his wife and then himself in a drunken, jealous rage at a carnival. With a shotgun, no less. I wasn’t ashamed to disclose my lies to people who may still remember them as truths.

A few months after my birth, my parents were divorced, and my mother set out to raise three rambunctious children on her own. From the first of my memories, my father was someone who existed in a far away state. He called on birthdays and holidays, and materialized during two summers to take us on vacation. My mom played the traditional role of both mother and father. She was the disciplinarian who came home tired from working all day to support her family and the nurturer who planted kisses under my pillow, asking later if I’d felt them while I was sleeping.

We lived in a farmhouse on the outskirts of Amenia, New York, the same small town my mother had grown up in and my grandparents still lived in. My mom worked Sunday through Thursday as a psychiatric nurse, leaving my older sister Jasmine in charge on Sunday mornings before Granny came to pick us up for church. Jasmine had the delightful task of making me and my older brother Jay help her clean the house.

For the most part, I followed Jay around, hoping something I did would impress him. Jay, who’s four years older than I am, would give me a hard time before letting me play with him, but living in the middle of nowhere forced us to be playmates. I learned to play
baseball, and not throw “like a girl.” I crawled around the front yard after it rained in search of worms so that we could fish. And above all, I learned to take a flick to the ear or a hard shove without crying, because tears only made it worse.

When Jay wasn’t around or when he was being too mean to me, I tried to impress Jasmine. She’s seven years older than I am and was cool and unreachable by the time I entered kindergarten. She went to school dances and slept over at her friends’ houses. I couldn’t wait to do these things, to be pretty and have long hair and wear nice clothes.

I hold my towel tight around my six year-old body as I teeter, lifting one foot then another into my cotton underwear. I slide them up, under the towel and glance out of the corner of my eye. The heavy wooden door to my room is shut, the curtains closed. I do not drop the towel. I pull my nightshirt over my head and make sure that it covers my non-existent breasts before loosening my grip on the towel. I know that others are not supposed to see those places. My mom tells me these are my private parts. I know that they have something to do with why older men and women sleep in the same bed and how babies are made. Jokes are made about something called “SEX” and everyone laughed when my mom said she was sending Uncle Mike condoms for Christmas. He isn’t married but he talks about having lots of girlfriends. I laugh at these jokes, but I do not understand them. I think that they have something to do with private parts and I hope that I will understand someday.

My mom started dating Bill when I was four. He didn’t live with us but he stayed over, in my mom’s bed, a lot. Then, when I was seven, they announced they were having a baby. That summer, we moved to Pawling, another small town not far away, and Kaitlin, my
little sister, was born that winter. Taking example from Jasmine, I assumed it was my role as
the older sister to help with the new baby. I changed her diapers and gave her baths and fed
her while my mom cooked dinner or took a nap.

Within a year of Kaitlin’s birth, my mom’s relationship with Kaitlin’s father started to
fall apart: he wanted to marry my mom but she didn’t want to be married ever again; he
hadn’t completely moved out of his other home and my mom saw that as a lack of
commitment; my mom thought he wasn’t responsible enough and he didn’t like being
nagged. Eventually he moved out and would only come to see Kaitlin a few times a week.

I know, at the age of six, that it is okay that my mom and my brother and my sister
see my private parts when they help me take a bath or get dressed. But no one else. So I
hide my private parts when I get dressed, because I know something is behind me. It is
sneaky and fast. If I spin around to see it, I can’t. It moves too fast and always stays behind
me. I can’t see it in the mirror when I brush my teeth. But I know that it’s there, waiting. It
is not nice. I know that. I also know that it cannot hurt me even though it wants to. Instead,
it listens to me and tells other people how to hurt me. It tells bad people what I’m afraid of
and it tells them where the secret key is hidden so they can get into my house. When my
mom talks about the key, I try to whisper but she doesn’t understand. I do not tell anyone
else that I know that it is behind me. If it knows, it might get mad. And I do not want it to
get mad.

After I hang up my towel and kiss my mom goodnight, I stand in the doorway of my
room with my hand on the light switch. I always feel it behind me more in the dark. I look
Ready. Lights out. I dive onto the bottom bunk, flip onto my back and pull the covers up to my chin.

My eyes take too long to adjust to the dark. I lift my head to make sure the Mickey Mouse nightlight is working. It is. Why is it so dark? I don’t want to think about scary things. I think that maybe it will read my mind and know my worst fears. But I cannot get rid of scary ideas.

A memory stays with me, rooted only in the blurry memories that have surfaced over the years. Rather than knowing the details of the moment – the feel of carpet underneath me or the smell of the dark room – I see only snaps of images that lack the fluidity of time. Each image is its own scene. After twenty years of burying the shadowy pictures in the back of my mind, I can’t be certain of what’s real, what’s imagined and what’s missing.

I know where it happened only because the images have resurfaced each time I’ve driven past the house on the hill where I used to get babysat. I no longer remember what the inside of the house looked like or what kinds of toys I used to play with there. I was only 2 or 3 when I would get babysat there by a woman named Rosanna.

I’m in a dark room, sitting across from a girl; she’s anywhere from twelve to sixteen. This girl, the daughter of my babysitter, has short brown hair and a very plain face. It seems that we are in her room, and that I’ve not been in here very often, as if it is off limits to the children who get babysat. The room is dark and the girl is sitting underneath a window, but the shades are drawn so the light is muted. Her face is shadowed by something large – a desk, a bed – to the right of her. She is grinning, her short hair falls across one eye.
The girl has her jeans unbuttoned and folded open, but not pulled down. Underneath, she has pushed her underwear down with the back of her hand, exposing her vagina. The fingers of her other hand are tracing and pushing back the folds of skin to reveal the moist, discolored skin between the lips.

She has a necklace with white beads, each pea-size bead individually attached to the string so that they don’t touch. The necklace is not clasped, she holds it as one long string in the air, then lowers it, puddling it in her underwear. She pushes the necklace between the lips of her vagina, pinching the plump skin tight around the beads. Each bead of the necklace emerges separately, popping out between folds of skin until the girl is dangling the long string of beads in the air again.

I remember expectation, like she wanted me to do the same, like I should take the necklace between my legs. My memory connects this moment to a quick flash of my own small and bare vagina, and afterward there’s a gap of time that I can’t fill. But that image of my own vagina is in bright sunlight, as if I connected the moment in the dark room to my own previous recognition of my vagina.

I’m looking to my left, away from the girl sitting across from me, toward the closed door of her room. Time has passed. My mom is here to pick me up. I don’t know if I can hear her voice, her car in the driveway or if someone is calling me. I turn my back on the girl – she’s lying down on the floor now – and the door that my mom is on the other side of gets closer.

Throughout my childhood, the image of the white beads popping out from between lips of her vagina came into my head suddenly. In bed, I would remember and get
uncomfortable. For my first communion, I was given a rosary with white beads and holding it reminded me of something guilty, something I knew was not right.

In bed, while I wait for the Mickey Mouse nightlight to push out the darkness, I imagine that a bad person will come in the middle of the night, when I am sleeping, and poke my private parts. I look to the closet; the door hasn’t opened. I’m scared that the evil person will come in through the window with a stick to attack me between my legs. Under the blankets, I cross my legs. Something moves in the corner. My sister Jasmine will come to bed soon; she will protect me. What was that noise? I think there might be someone under the bed with a knife that he will stick through the bed. It will cut my private parts. I want to cry; I want my mom. I squeeze my legs together as tight as I can until I fall asleep.

For years, I convinced myself that I had imagined the babysitter’s daughter and her beaded necklace. The images that snapped into my brain were too blurry to be real and why would a teenage girl do that to an infant. I wouldn’t say that I repressed the memories, they were always there in the back of my mind, when I drove past the house on the hill, when I saw a white beaded necklace, or randomly as I was trying to fall asleep. But I refused to allow myself to consider the images as more than an aspect of my overactive childhood imagination. Or connect what might have happened during the time gap in that dark room to my childhood fears.

My fear of an omniscient thing I couldn’t see did subside by the time I was in high school, but I didn’t tell anyone about my nighttime fears or about the beaded necklace until I was in my twenties. My fears had instilled the idea that verbalizing my worst fears made me
more susceptible to their occurrence, and similarly that verbalizing my problems concreted them in reality.
Bathroom Theories

I’m on my way home from the eighth grade when I finally get my period. The bus rounds the corner next to the pond and starts up the hill. I feel a small amount of wetness in my underwear and sit very still. I know it is my period but I don’t know what to expect. I want to avoid all major catastrophes, stains on my pants, people noticing. Ten minutes later, I’m off the bus, disaster averted.

My sweater is itchy and uncomfortable. I rip it off, first thing when I get home, and put on a t-shirt. I feel relaxed but somewhat excited to check my underwear in the bathroom. All of my friends, and even girls with much smaller boobs, already had their periods. I’d had a few false alarms and I was beginning to think this might be one. The wetness hadn’t increased. I pull my pants down like I am going to the bathroom, trying not to jinx myself. I am pleased to see a small disc of red already drying around the edges.

I do not go to the bathroom. Instead, I root around under the sink, checking to see what Jasmine left behind for college breaks. Nothing. Down the hall, in my mom’s bathroom, I poke through pink and blue boxes taking an assortment of crinkly plastic squares and paper wrapped tubes.

Back in my bathroom, I spread this collection on the counter. Which should I use? I examine the skinny tube, wondering if I know exactly what to do with it. During health class, I’d avoided looking at the diagrams and crossed my legs tight. I figure a tampon can’t be that hard to figure out so I unwrap it. But on second thought, I get a little nervous and return to my mom’s bathroom for the diagramed instruction pamphlet. Sitting on the closed toilet in my bathroom, I read carefully about the process of insertion, frequently asked questions and the dangers of TSS. The description of TSS makes me queasy but I avoid
crossing my legs. I re-read the instructions and place the pamphlet, open to the diagram, on
the counter for emergency reference.

I sit (the instructions say sitting or standing) because my legs are a little shaky. Deep
breath in. The cardboard applicator feels bigger against my body than it looked on the
counter. Relax. I look at the ceiling and scrunch my forehead. Try to forget about the
symptoms of TSS. I move the tube around, from side to side, waiting for it to go in. The
instructions say to aim for your lower back; I try to figure out where that is. I visualize the
birthmark two inches above my pant line and aim for that. It seems about right.

The majority of the cardboard tube remains on the outside of my body. This is not
right. Sighing, I decide I might have better luck standing. I try again, glancing at the
instructions for reference, and it still doesn’t go anywhere. I worry. Do I have it in the right
place? But that seems ridiculous. After about five minutes, I’m convinced I am doing
something wrong. I give up, wrap the tube in toilet paper and peel the crinkly pink plastic
from one of the squares.

By the time I reached the eighth grade, my mom would ask regularly if I’d gotten my
period yet. I would complain of headaches. She told me to keep track, asked “Do they come
at the same time every month?” They didn’t. She’d claim I was moody, “You have more of
an attitude this week.” I paid her no attention. Now, when I do get my period, I debate
telling her about it or the problem with the tampon. I wander into the kitchen, a few hours
later, where she is cooking dinner. I talk briefly about my day, trying to find a way to
announce the news without simply blurring it out.

“Yeah, so it’s really annoying that we can’t walk across the cafeteria and talk to
someone at another table. (pause) I got my period on the way home from school today.”
“Oh? How do you feel?”

I shrug, “I don’t know. I don’t really notice it I guess.”

A string of questions follow: Do I feel any different? Do I have a headache? Any cramps? How was my stomach? Was I feeling irritable? Had I known it was coming? Am I uncomfortable? My answer to all of these is No. My mom seems relieved. I know that she and Jasmine get their periods very bad.

“Did you use Jasmine’s pads under the sink?”

“No. There wasn’t any left. I took some of the stuff from your bathroom.”

My mom had run out of questions and thought for a minute. Stirring a steaming pot with her back to me, she says, “At least it was on your way home.”

“Yeah…” I continue on about my day, weighing the option of telling my mom my problem. But I don’t have to make that decision. At the next slight pause, with the same lack of smooth transition I displayed with my initial statement, my mom asked, “Did you just use a pad or did you try a Tampax?”

My mom always calls them this; the same way people say Kleenex instead of tissue. Tampax was the first kind my mom ever knew about and it’s the only kind she ever buys. Therefore, all tampons are Tampax. I hate this.

“I tried a tampon but it didn’t work.” I don’t look at my mom. I look at my hands.

“It didn’t work?”

“Yeah, it wouldn’t work. It got… stuck or something and wouldn’t go in. It kind of hurt a little.”

“It shouldn’t hurt. Are you sure you had it in the right spot?”

I roll my eyes and nod my head, “Yes, Mom.”
“Well… I don’t know what to tell you. Were you putting it in at an angle? Because it’s not a straight line. It slants up toward your back.” She points to the spot on her back where I have a birthmark.

“Yeah, I know. It just didn’t work.”

“The first time I tried to use a Tampax,” she says. “I didn’t know you weren’t supposed to leave it all in. I walked around most of the day with the cardboard part still in there. I kept thinking, this can’t be right. I could barely sit down. And I had to walk funny because it was poking me every time I moved. Ugh, it was so uncomfortable. I was relieved when I realized I had done it wrong, and it wouldn’t always be that terrible.”

She shakes her head and laughs. I laugh too. But I am uncomfortable. I’m not sure how the whole cardboard tube can fit in. I cross my legs.

When she’s done laughing she explains, “It’s probably that you didn’t have the right angle. Next time, when it gets stuck, move it around. Sometimes the angle can be off to the side a little and if you don’t get it in the right way it will just hit the sides.”

The next day I get home from school (this is the only time the house is empty) and try again. And again the day after. By the end of the week, my period is done and none of the various angles have worked.

I hardly ever got my period after this. My friends considered me lucky because I didn’t have to deal with this horrible woman’s burden. Sometimes it came after three months; sometimes it only waited twenty days. Once it didn’t come for six months. After the first year and a half I could count on my fingers how many times my period had come. When it did come it was never bad. I didn’t get cramps like my sister, I didn’t bleed a lot like my mom. It was three days out of my life that I had to wear an uncomfortable pad.
I kept it to myself. My mom would realize that I hadn’t needed pads lately and ask about my period. Was I getting it? Could I use Tampax, yet? I would shrug; it wasn’t a big deal. I figured it would sort itself out eventually. But sometimes it was a big deal. In bed, before I fell asleep, I worried that I didn’t have enough eggs. That something was wrong. I would never be able to have babies. That’s why I didn’t get my period. And I wasn’t like other females. My period was a three day reminder of that. After trying, and failing, to use a tampon each day, I would crumple on the bathroom floor, wrap my arms around my knees and sob. I didn’t understand. So I began developing theories.

Playtex comes out with the “as-thin-as-your-pinkie” slogan a few months after my first period. Examining my pinkie, I think that’s not so big. In fact, it’s much smaller and sleeker than the cardboard tubes, which now look daunting on the counter too. I am convinced that size is the problem. I need something smaller. I do not explain my theory to my mother. I think that my mom will not want to spend money on these frivolous, fancy tampons without proof that they work. I lie and tell her I have successfully used a tampon at my friend’s house, “…the Playtex kind, with the smooth applicator.” I don’t foresee a problem with this lie because I’m sure these will work. My mother jumps to my conclusion on her own, suggesting, “It must be because they’re thinner.”

The next time she’s shopping, she picks up a box of Junior Playtex, even smaller than the one’s that claim to be “as-thin-as-your-pinkie.” The box sits under the sink, untouched for months. I finally get my period. Again, I sit on the toilet and read the pamphlet of directions and look at the diagram. This time I only skim the warnings on TSS and the questions about it getting stuck inside you. I unwrap it and am amazed: it really is as thin as my pinkie.
I stand; my mom said it might work better that way. Deep breath. The round plastic applicator feels less threatening. Relax. It makes a smooth entrance. It will work this time. The familiar pressure that borders on pain stops me. I tilt the applicator from side to side, searching for the right angle. I close my eyes and swallow the disappointment. This will work. I liken the pain to a running cramp, conquering it was a simple matter of gathering the will power to run through the pain. Convinced that can only hurt for as long as it takes me to get through it, I push. The familiar pressure turns into a new stabbing, tearing pain. It feels cold like it’s bleeding, but hot like a friction burn. Sound escapes with my breath. My hands lose their strength and feel detached, like when I try to open a jar first thing in the morning.

I try one more time. My body doesn’t let me hurt myself. My knees buckle and I give up. Why won’t this work? The pain between my legs doesn’t let me stand yet. What is wrong with me? I sit on the toilet with my legs crossed. The tears come slowly at first. Will this ever work? My legs tense and quiver. I’m sobbing. I can’t understand.

This procedure becomes routine but varies each time. Sometimes I stood, other times I sat, once I even laid down. Nothing. My mom thought she’d solved the problem at last when she suggested lubricant. Nope. At one point, I used a mirror to make sure I had the right place. I did. Each attempt got harder. I couldn’t sensualize the pain, I would forget each time. I was angry with my broken vagina. With each try I was less kind to my body, not understanding why it was tense until it reminded me with nerves screaming down my thighs and kicking my knees out.

After a year, I had used most of the box of Junior Playtex tampons. Not really used, but they were gone. My mom was confused, she asked, “I wonder why it would work that first time.” We talked about going to the doctor, but I didn’t press it. I was scared of the pain
and tired of the breakdowns that followed. The war had begun. I was losing. I abandoned the unused tampons, but kept search for answers.

Obviously, size isn’t the only problem, so I keep looking. I’m in a high school bathroom the next time I’m convinced I have the answer to my problem. I’m hovering because this is a public bathroom and the last thing I want to do is sit down all the way. My legs are flexed, holding me about two inches from the toilet seat. It’s just like doing wall sits during track practice. Except it can be difficult to relax my bladder muscles while my thighs are tense. My hands press into my knees as I wait. I’m peeing. I reach for the toilet paper, fold it and I’m still peeing. Sigh. I hate peeing for this long. My legs are getting tired. I rest my hands back on my knees, displacing some of the weight. Looking down, I notice I’m squatting considerably to the left of the toilet. But no pee is getting on the seat. The stream is slanted to the right and disappears perfectly into the bowl. Nothing on the seat. I finish peeing.

Later, I think about this. I adjust my stance over the toilet to accommodate the slant. I do this without realizing. Why is it so slanted? My urethra must be slanted. Presumably, it has always been slanted. Was my vagina also slanted? It must be. My mom has been right. She says I have to find the right angle. I simply didn’t expect that the angle would be so crooked. I try with another “thin-as-your-pinkie” tampon, keeping in mind the slant of the stream that had disappeared into the toilet. No matter how far to the left I try to wriggle the tube, I still don’t find a way past the painful tearing sensation.

The theory of crookedness fades and I begin to postulate that there might actually be something blocking the way. My mom suggests using my finger to feel it out. She says it might be easier because my finger is more flexible. I’m in bed, on my back, debating if now
is the time for this task. Alone in the dark room, I’m still uncomfortable with the idea. Deep
breath. My hand starts, flat on my stomach. This is new to me; I don’t masturbate. I push
my hand down and rest my hand on my inner thigh. Relax. I’m not entirely sure how to do
this. Should there be some sort of preparation or do I just go for it? I move my hand closer
until I can feel it touching the hair. I don’t have a problem with masturbation; I don’t think it
is gross or wrong. It just doesn’t appeal to me. The only time I touch it is to clean it in the
shower. I consider waiting. Maybe the shower is a better place. Sigh. This is ridiculous. I
should be able to do this.

I slide my finger in. It doesn’t hurt. It’s warm and moist. The tissue around the
passage encases my finger closely, making the passage narrow. I imagine this tissue is
muscle built from years of clenching my vagina closed at the mention of the word. Deeper, I
find a barrier of flesh and don’t push further. It feels thin and pulled tight across the passage.
The pressure is familiar as I poke around the perimeter, searching for a path around the
blockade. There’s not one. But I can feel the flesh give a little if I press.

Having completed the recon mission, I retreat and plan. I recall a health teacher
discussing the hymen and explaining that it can sometimes be too thick to be broken by
normal penetration. This health teacher had a sister with an abnormally thick hymen that had
to be surgically removed. I cringe, squeezing my thighs tight together at the thought of a
stainless steel surgical knife. I’m convinced that I have finally diagnosed my problem
correctly.

But, I don’t share this discovery with anyone. I tell my mom that there is definitely
something blocking the way. Then I stop talking to her about it. Sometimes she asks but I
avoid discussing it seriously. Instead we joke about my history of rare and unexplained
illnesses. I’d had chicken pox three times, an ear infection that none of the doctors in my clinic had ever seen and a horrible stomach problem that resulted in two years of inconclusive tests. I lived through all of these things with no medical explanations for some of them. I figured I could ignore this new problem too and eventually it would go away.
We meet on the track team. Not really. Maybe.

Before track, I’d met him as my friend Lacey’s boyfriend. He was present in my circle of friends, I even invited him to my birthday party, but only as an extension of Lacey. He was quiet then, and when he and Lacey broke up, he was just Lacey’s ex-boyfriend.

Months later, during track practices, I noticed his smile and how he seemed to always hang around until my ride came, even though he had his own car.

The first track meet of the season was in March when it’s still too cold to wear only the required uniform – green running shorts and a gold tank top. But he was standing next to the pole vault with his bare arms holding the thin gold tank top to his torso, and his legs shaking in his mesh shorts (no guy wore only the tiny green track shorts when he wasn’t actually competing). His tall, lean frame looked vulnerable to the wind blowing in the loose edges of his clothes. His broad shoulders hunched forward, pulling his skin and jersey tighter across his back and exposing the bony points of his spine.

When he turned toward the bleachers where I was sitting with my friends, he squinted into the wind and sun. Someone shouted at him through a blue relay baton: “Maybe you should’ve worn more clothes.” He smiled a crooked, sarcastic grin that exposed his straight teeth and raised his dark eyebrows. The wind whipped through his naturally tousled hair, making the longish, floppy strands on the top of his head stick straight up like a rooster.

Eventually, he jogged across the track and stood at the bottom of the bleachers, looking up at me and my friends. The muscles in his arms twitched when he tried to steady the involuntary shudder. He asked through chattering teeth, “Does anyone have an extra shirt?”
I, of course, had a shirt, because I always brought enough clothes, food and drink to account for emergencies. I dug in my bag to find it while my friends, including Lacey, asked him why he didn’t bring more clothes. He shrugged and didn’t try to give an explanation. I threw a black cotton turtleneck at him and turned back to my friends, trying to remain aloof to his thanks and smiles. My eyes skirted past him and I said, “Yeah, no problem.”

He walked away, on his way back to the pole vault, pulling the black turtleneck over his head. It was too small for him – the unfitted cloth hung loose around his skinny stomach, the sleeves came halfway down his forearm and the wide bottom only fell to his belly button. I watched, when his back was turned, as he jogged back to the pole vault.

When I returned to the conversation on the bleachers, which has since veered away from him, my friend Jen raised her eyebrow and smiled. In response, I wrinkle my eyebrows, wanting to know, “What?” She rubbed her neck and motioned across the track to the pole vault, and mouthed “Black Turtleneck.” I shrugged.

Black turtlenecks, I discovered at 15 while watching Empire Records, have the ability to make most guys, even those who might otherwise be funny looking, much more attractive. At least to me. My friends, including Jen, found the romantic lead – a cleaned up grunge guy with styled long hair and a flannel shirt – to be the hottest guy in the movie. I, however, was attracted to the comedic screw-up whose smile was off-kilter and whose eyes were little slits. But with the black turtleneck that he wears the whole movie, he was somehow different. Transformed.

As the day at the track meet continued, the weather got nicer, but Reed did not take off the black turtleneck. After the bus ride back to the school, he gave me back my turtleneck and offered to drive me home. I accepted. Our banter, as he drove me home, was
silly and a little nervous, sticking to what a great team he and I made because we had banded together and won an intense game of Bullshit on the track bus.

When I got home and pulled the turtleneck out of my bag, I threw it in front of my dresser. It stayed there, unwashed, for a few days before I put it on one afternoon, convincing myself that I had no other clean clothes. I wanted it to smell different, like Reed, but it still smelled like my laundry detergent.

Then, we began circling each other in awkward rhythms that required perfect timing and secret glances. He started appearing in places I hadn’t ever noticed him – talking with someone outside my classroom or walking past my locker. Without asking me anything, he had managed to re-route his day so that we bumped into each other between almost every class period. And I acted surprised every time, even when I’d lingered to see if he would show.

The offers to drive me home become more frequent until it was assumed and he felt obligated to tell me if he couldn’t. The first time he came into my house it was to retrieve a hat I’d borrowed, or maybe taken and worn home. He left his car running because he had an appointment to get his haircut before the prom (which he didn’t take me to because, I assume, we’d only started hanging out a few weeks before it and he invited a friend of his a while back). I didn’t know about the haircut appointment and offered him juice. An hour later, we are still drinking juice and laughing while his car idles in the driveway.

Sometimes, when the weather got warmer, we skipped track practice and went to Dairy Queen instead. Other days, we skipped track practice to lie in the hammock in my backyard. Most of the time, after track practice, he drove me home, and we sat on my bedroom floor. He liked to play board games as much as I did and when we played Clue, he
insisted on being the candlestick. I told him no, and eventually took the candlestick out of the game altogether.

While sitting on my floor, I instigated staring contests in the hope that the proximity of our faces would prompt him to kiss me. He did not take the bait. Up close, when our noses were touching, I told him his grey-green eyes look like dinosaur eyes. He told me that my eyes were all blurry when I was that close and trying to focus gave him a headache.

I made more aggressive plays at the kiss: “Sometimes,” I said, “I like to pretend I’m a cat,” I ran my tongue up the side of his cheek, “and lick things.” He laughed, and the strands of hair on the top of his head wobble like a rooster’s. He still didn’t take the hint.

Or maybe he did. One afternoon, his lips brushed against mine and separated with a soft pop while my eyes opened wide to the clear, bright sky. He pulled away and turned toward his jeep before I had time to realize what was happening. I’d been inhaling when he leaned in and I wasn’t sure I’d kissed him back. But it felt natural – my inhale, the suddenness and ease of his approach, the sky, his fingers wrapped around mine, his lips, the way he climbed in his jeep afterwards – like it had already happened a hundred times, like it had been practiced for years.

I’d had my first kiss on a rickety set of bleachers at the far end of the field outside the middle school. This was the designated spot for people who had just started dating to kiss for the first time, so that everyone could see. I was in the sixth grade and had been dating Tyler for about a week. We stood on one of the lower steps of the bleachers, my friends crowded around us, my hands holding his in the distance between us. We leaned in and I closed my eyes the minute our lips hit. His lips were dry, too dry, and his tongue was too wet. The kiss
was a sloppy middle school kiss; his tongue felt small and pointy, like it was flexed and straining to touch mine. One of my other friends who had dated Tyler in the fifth grade had informed me that he was a good kisser. I did not think so. Later that night, when I thought about the kiss, I decided that I must not like French kissing and I wouldn’t do it anymore.

Even with all of my experience watching television, I didn’t think that maybe Tyler, who was more experienced at kissing than I, had no idea what he was doing or was just an awful kisser. How was I supposed to know what really happened in a French kiss, how was anyone supposed to know? French kissing happens inside the mouth, they can’t show that part on television, so adolescents like me and Tyler have to make up what kissing is and pretend to like it. I broke up with Tyler after four weeks without ever kissing him again. The next time a boy tried to French kiss me, I was in the seventh grade and it was before I got on the bus to go home. I knew it was coming and I didn’t want it, but seventh grade relationships aren’t serious until you French kiss next to your bus. I let him kiss me and it was just as wet and uncomfortable. I dumped him after four more weeks without French kissing him again.

By a month into my relationship with Reed, the goodbye kiss became standard but I still wanted to be kissed. Reed and I had been circling each other for almost a month, building the tension with each playful staring contest that allowed our lips to brush mistakenly without locking. These moments seemed so perfect; it would take only a slight movement and pressure.
The moment was not right when I finally decided that the *kiss* had to be my move. We were on a picnic – really we were on a beach towel at the elementary playground with a jar of pickles, a bag of soft tortilla shells and a vanilla snack pack.

“One, two, three, four I declare a thumb war…” My gaze shifted between our weaving, writhing thumbs and his intent, focused face. My heart thudded against my ribcage, making my vision jump with each beat. *Inhale.* I pulled against his hand, using the resistance to swoop toward him and come up under his downward tilted face.

Pressing my lips against his, I waited for his initial surprise to pass, for the stiffness in his lips to disappear. His thumb surrendered, settling across my hand where I secured it under my own thumb before letting his hand fall from mine. Our lips parted and melded together in a jerky, not-yet-perfect rhythm. I slid my hand behind his neck, steadying the motion, slowing down the movement.

When we pulled apart, I opened my eyes, smiled and said, “I won.”

By the ninth grade, I’d decided that I didn’t hate French kissing, I just didn’t like the way *these* boys were French kissing. I paid closer attention to movies when people were kissing, and I noticed people weren’t shoving their tongues into each others’ mouths and holding them there. Well, some of them were, but those kisses seemed gross on television too. After this discovery, I’d move my mouth around, trying to feel what kissing would really be like.

The next time I dated a boy, I made sure to kiss him *before* I agreed to be his girlfriend. I thought this would alleviate my tendency to get bored or annoyed with my boyfriend. Drew kissed me during fireworks, and he wasn’t very good either. He wanted to
keep his barely moving tongue in my mouth too. But, I found, if I moved my mouth, pushing his tongue out of my mouth, the kiss wasn’t so bad. After a couple of kisses he got much better at it and wanted to proceed to making out.

Unfortunately, I simply wasn’t interested in making out with him. I thought about biology class and what I was going to wear the next day and the television show I didn’t want to miss and the guy who sat behind me in biology, who I still had a crush on despite my new boyfriend. Most of the time, Drew could sense my distraction and would eventually give up with a sad look of defeat on his face. Sometimes, I could feel him, aroused, through our clothes, and the poking sensation would make an unpleasant shudder run up my back. After the first week, I avoided situations he might view as ample times to make out. In the third week, he told me he loved me and I said, “Thanks.” Two weeks after that, I broke up with him.

People wanted to know: “Has Reed asked you out yet?” “Why not?” “Would you say yes?” They (everybody) had noticed that Reed and I were smitten, that we held hands, that I sometimes kissed him on the cheek. Girls I rarely talked to, the ones who looked at bridal magazines during study hall and got excited about flowers, wanted to know if I liked him. These girls also knew that he used to date my friend Lacey (“for almost a year”) and without my asking, they gave me reassurance that she had no right to be pissed (“she dumped him, remember?”).

People assumed: My mom referred to him as “Anja’s boyfriend” after he’d been hanging out at my house everyday after track practice for almost two weeks. My ears would instinctively pick up his name when my mother was on the phone in the other room. Then, I
listened for the word “boyfriend” and shouted “He’s not my boyfriend.” My family ignored my corrections, thinking my reaction was hilarious and continuing to call Reed my boyfriend when he wasn’t around.

Even after we kissed and had continued to kiss, he didn’t ask me out, and I was okay with that. The lack of formality and status in our relationship felt grown up to me, like maybe this relationship could be serious because it didn’t need high school definitions to make it exist.

In the second grade, I drew a picture of a heart with a pink marker that smelled like watermelon and gave it to Tommy Downey. Under the heart, I’d written, “Can I be your girlfriend?” After he unfolded the paper, he shrugged and nodded. That was that.

Before I gave Tommy Downey the construction paper reeking of watermelon, we’d played tag at recess and sat together at lunch. But during the two days after he was hit by the smell of watermelon, he didn’t want to talk to me. Every time I said something to him, he would look at the ground and mumble. He found other things to do on the playground. If I was on the swings, he was at the wide-slide. If we played tag, he wouldn’t tag me even if I made it easy. I thought the whole thing was stupid.

The next week in art class, I drew a picture of a heart broken in half by a blue line that smelled of blueberries. I gave him the picture before he got on his bus and walked away before he unfolded it. That was that.

In the end of May, two months after Reed borrowed my black turtleneck, he invited me to his house for his birthday dinner. The night before, I attempted to make three different
birthday cards for him. The first two were awful and the third didn’t get finished because he called. After we talked for awhile, I told him I was tired, that I had to go to bed.

“Hey before you go…” he said.

“Yeah?”

“I have a question.”

“Okay?”

Silence

“Hello?” I thought the phone cut out.

“Hi.”

“Did you ask the question?”

“Yeah.”

“What was it?”

“I asked what your favorite color crayon is?”

“Oh.” I paused. “Probably periwinkle. What’s yours?”

“Red.”

A short conversation about crayons followed – he likes waxy non-Crayola crayons that you can get at restaurants and I like new pointy crayons before the paper is ripped to expose more crayon.

I told him I was tired.

“But before you go…”

“Yeah?”

“I have a question.”

“Yeah?”
Silence

I waited through it the second time.

“Wanna be my girlfriend?”

“I think...yes.”

“Okay.”

“Alright.”

I hung up, knowing that he only asked in order to avoid awkward introductions to his parents the next day. I gave up on the cards, but searched the whole house for a red, waxy crayon to give my boyfriend for his birthday.

As the months went by, and summer came, we continued seeing each other but avoided talking about anything more serious than the movies that we wanted to see. Most days, after lifeguarding all day, he would come to see me, his bright beach towel wrapped around his waist. I would hear his jeep pull into the driveway and be at the top of the stairs when he appeared under the porch light that reflected off his tan shoulders. After he looked up at me through the screen door, he’d smile and push his bucket hat back until it was balanced on the peak of his head. Strands of his messy hair poked out, matted from the chlorine and from being shoved under the hat all day. He’d come through the front door, usually not before 10pm, and we’d either lie on my bedroom floor or in my backyard and talk about our days.

I, however, did not work, and most days I lay on my floor watching the ceiling fan spinning, contemplating the decisions I made, the things I said, the person I was. My conclusions usually led to more questions and circled around: Why do people even like me?
What is it that I’m good at? These thoughts never put me in a good mood, but all of that disappeared when Reed showed up at the door. He didn’t know to ask and I didn’t tell him.

On top of that, Lacey, my friend that Reed used to date, worked at the snack bar where he lifeguarded, a fact that I was determined not to let bother me. I prepared myself for the reality that he might one day tell me that he still liked her, and more than he liked me. Sometimes, he called me to tell me he wouldn’t come by after work because he was hanging out with people from work, including Lacey. His voice would catch halfway through the sentence “Me and Pete are going to go over…” he waited for my question or in preparation and then rushed through the rest “Lacey’s house because she’s going to bleach our hair.”

I could almost hear him flinch on the other end of the phone, ready for me to be angry. “So the next time I see you, you’ll be blond?”

“Yeah. Because you said you didn’t want to do it.”

“Well what time do you get out of work tomorrow?” And the conversation continued.

One time, my friend Jen thought I should know, “They went to the movies together, just the two of them, to the drive-in.” But I already knew because he told me and was sure to explain that it was because Pete was supposed to go and then didn’t at the last minute.

I really was okay with Reed and Lacey’s friendship, mostly because I didn’t think I had a right to be angry. I tried to follow my Uncle Mike’s relationship advice, even though he was a lifelong bachelor. He always told me I should build relationships based on how I felt and not on what I expect to get back from someone. I took this to the extreme, asking for no explanations and ignoring all my worries. The lack of definition, which at the beginning
had seemed grown up, started to hurt, adding to the flurry of anxiety spinning through my head as I stared at the ceiling fan.

I wanted to talk to him about it, but the timing was never right, everything was so happy when he was around. My heart thudded in my chest every time I heard his jeep in the driveway. My smile spread as a reflex to his. I didn’t want to ruin it.

The initiation of kissing or intimacy became my responsibility after that first time over the thumb wrestling match. Unfortunately, I was never smooth about the approach; I was sudden, interrupting Reed in the middle of sentences with the surprise of my lips on his. He would be startled, his mouth tense, his words stifled, but he wouldn’t object. We’d fumble through awkward moments – my nose mashed into his cheek, his neck at a crooked angle, our teeth clacked – as we pulled our bodies closer together without separating our mouths.

I didn’t want to pull away because I felt awkward stepping back from the situation long enough to acknowledge the passion between us or my own desire for him. I was used to pushing people away, growing bored with them, and I wasn’t comfortable showing him that I wanted him. As long as we stayed pressed against one another, our lips touching, I didn’t have to think about how to react. The moment we pulled apart and I could see the smile on his face, hinting at enjoyment and pleasure, my instinct was to stop. The moment was done.

When I was alone, lying on the floor of my room, waiting for him to come over, I allowed myself to enjoy daydreams of him and me. Standing in the kitchen or watching television, I could see where the weight and motion of our bodies had brushed the grain of the living room carpet to a darker shade. We used the living room, when my mom wasn’t
home, because my room was cluttered with furniture and we liked to move, rolling around, half-wrestling out of our clothes and pinning each other against the carpet. I could have vacuumed away the discolored patches, or smoothed over them with my foot, but I left them, smiling each time they caught my eye.

When he wasn’t around I planned for the next time – how to initiate, how to move, what to say. How, without actually saying it out loud, could I tell him I loved his hands wrapped around my bare waist, curved over the round of my hips? That I felt tiny between his strong, well-defined hands as they pushed and pulled me against him. I wanted to feel like that every time, but I couldn’t acknowledge that verbally, so I devised ways to get him to slip his hands around my waist without asking. I’d hold my body away from his, leaving a space between us and waiting until he pulled me closer. Or I’d sit on top of him, but off to the side, almost falling and he would grab my waist and set me right. Sometimes, when I was feeling impatient, I led his hands to the right spot, but he never left them there for very long.

And he never had any idea that these wants and desires were going through my head. Fooling around was very much something that happened in the moment, we didn’t talk about it before hand, we didn’t discuss it afterwards, and we didn’t talk about our previous experiences or about things that we should try or might want from one another. It was left in the moments that it occurred and not dragged into the other parts of our relationship, which remained mostly fun and light-hearted with a floating sense of commitment and no discussion of things we might do in the future. This was how I liked it – there was nothing to plan out, it was what it was and it was obvious to both of us, wasn’t it?
In the introduction of *The Politics of Lust*, John Ince discusses the aspects of American culture that instill erotophobia, which he defines as the “powerful irrational fears about our own sexuality and that of other people” that directly opposes the “in-born erotic hedonism” that we see exploited in popular culture. Ince argues that despite the cultural façade of sexual freedom due to the prevalence of exposure to and education about sex, “most people in our culture are highly ambivalent toward sex.” The majority of the book discusses the contradictions in the cultural messages that we are receiving about sexual behavior that can cause sexual anxieties. On the one hand, the abundance of sexuality in the media and the push for sex education and awareness, tell people that sex should be a normal act. On the other hand, the media censorship of seemingly harmless images of nudity teaches children to associate their sex organs with a level of discomfort.

If you combine these contradictions with the generally accepted taboo of talking about sex, teenagers fall easy victims to the sexual identity crises that can develop. The media piques their curiosity by showing them glorified teenage sex – the special “first time” episode on shows aimed at teenagers – while their health teacher explains STDs and unwanted pregnancy can ruin their lives. Most teenagers don’t feel comfortable talking about the “how to” of sexual experience, so they approach their own sexual encounters with a certain amount of ignorance, feeling uncomfortable because it is generally much more awkward than the romantic candlelight and soft music playing in the background scene of their favorite teenage drama. Additionally, the lack of emotional connection and the general teenage lack of self-confidence make talking with their partner about the act uncomfortable.
When school started again, I started to realize my desire wasn’t obvious to Reed. It was his senior year, he was away on the weekends, looking at colleges and deciding which one he wanted to go to. He drove me home after school when he could, but he generally didn’t stay long because he had soccer practice. We didn’t roll around on any of the floors in my house for weeks and I got restless and unhappy. Without acknowledging that I actually have any desire to roll around with him, I tried to give him the hint, but he didn’t seem to get it or didn’t want to react to it.

After he left to go to soccer practice, I’d lie on the floor, staring at the ceiling questioning what is going on between us. He didn’t seem to have time, but never wanted to explain what took up his time. This wasn’t a new thing; it’d been this way from the beginning of the relationship. He’d call to say he was on his way to my house, but wouldn’t show up until an hour and a half later. It’s only a fifteen minute drive. He didn’t offer an explanation beyond, “I had stuff to do first” and I don’t ask. While I waited, I made up excuses he doesn’t have a good sense of time. He forgets to look at the clock sometime. At the beginning, it was easy to ignore. I forgot the waiting as soon as he showed up; I forgave him before he got to my front door. But it wasn’t as easy any more.

Most afternoons, I cried, in the middle of my floor, after he left, before my mom got home. About what? About everything – school, friends, myself, him, family. The phrase “I can’t” would run through my head and sometimes come out of my mouth, but I didn’t ever have anything to finish the sentence with. I didn’t know what it was “I couldn’t” do, say, think?

I wouldn’t always feel better when he showed up. Rather than laugh and play games, like we had over the summer, we would lie on my floor in silence – him wondering what was wrong,
me thinking I wanted to tell him, but I didn’t know what was wrong. The same phrase would run over and over again in my head, the phrase that I was going to open my mouth and say so that he would understand why I was so upset or even that I was actually upset and not at him.

On good days, I thought I might love him, tried to write poetry about my feelings. Instead, I settled on writing him a letter. The letter didn’t say anything about love; I wasn’t sure if it was love, thought maybe I didn’t believe in love. The letter explained how I felt crazy sometimes, stressed out, confused, angry. But with him, seeing him, thinking about him, there was clarity and laughter, excitement that started in my stomach and moved outward until I couldn’t help but dance. For a week, I left the letter out, hoping he’d see it or that I’d be brave enough to give it to him. No time seemed right. I folded it quarters and put it in a box at the bottom of my bookshelf.

I found out later that he wrote me letters, too, and carried them around waiting for the right time to give them to me. One day, I rested my head on his leg and heard a crinkle in his pocket. I poked at it because I knew he didn’t like things in his pockets, “What’s that?”

He shrugged. “Nothing.” Later, on the phone, he told me it was a letter for me, but I didn’t ask what it said. It, too, probably got buried in a box.

I wondered what he wasn’t saying to me. Did his undelivered letters say the same things mine said? Maybe he was offering apologies to let me know that he realized I was always waiting. Perhaps he wanted to tell me not to wait, that he wasn’t that serious.

In January, I realized it had been about a month since we rolled around, and I was beginning to obsess about it. My daydreams became more exact, laid out like blue-prints or an invasion strategy. Rolling around became a very serious mission, no longer based in fun and pleasure, but in fulfilling some imagined quota that seemed necessary for maintaining a
romantic relationship. The *Cosmopolitan* Bedside Astrologer warned me about this aspect of my relationship. It said that Virgo women and Gemini men were not sexually compatible. On the scale of 1-10, Virgo-Gemini couples got 7 hearts for personality only 2 hearts for sexual compatibility. I was determined to prove the Bedside Astrologer wrong, to prove that Reed and I could be a good couple in all aspects.

In *Sextrology: The Astrology of Sex and the Sexes*, by Stella Starsky and Quinn Cox, the coupling for Virgo Woman / Gemini Male reads: “First impressions are deceiving: He seems perfect; she calls to mind mighty maternal figures from his past. But they’re two fickle souls troubling to find a through-line; still, enjoying plot twists along the way. Erotic sex is their asset.” Although this statement is short and somewhat vague, the full profiles of Virgo woman and Gemini man show an interesting combination of character traits that seem to inevitably lead to sexual frustration.

According to Starsky and Cox, the Virgo female embodies the “inherent frustration” of the Virgin that the constellation represents. While she is interested in having sex, men do not seem to pick up on her desire. Additionally, her ability to put men at ease causes them to confuse her sexual interest with motherly nurture, which, in turn, causes them to hesitate initiating anything that might corrupt her.

At the same time, the Gemini male tends to put his partner on a pedestal, preferring to idealize her purity. Fearing that he will sully the image of her that he has created, he will avoid acting on his own desires. Therefore, according to Starsky and Cox’s profile, Virgo woman is constantly fighting against her image as a “good girl” while Gemini man is forever hoping to maintain his partner’s saintly status.
Up to this point in our relationship, Reed and I had advanced only as far as getting our shirts off. Pants had stayed on. It seemed like more should be happening, that things should be progressing past the point that they always stopped. But I knew that nothing would go any further until I made the move because that is how everything had been. Problem was, I hadn’t ever gotten past this point, and I had my own insecurities about trying new things (a point that the Bedside Astrologer had made clear was one of the major reasons for only 2 hearts). I didn’t really know how I was supposed to get into his pants. Was I supposed to unbuckle and reach inside? Or was it more appropriate and courteous to actually remove his pants? Then, I wasn’t entirely sure what to do with what I found in his pants. I mean, I had the general idea, but when I thought about it, the motion and angle seemed awkward.

Besides, I knew if I initiated anything below the belt, he would do the same and I felt uncomfortable with the idea of his fingers sliding inside of me. Most of what I’d heard about ‘fingering’ was unpleasant. I’d read an account in *YM Magazine* about a teenage girl who’d been forcibly fingered in the bathroom of her high school. There were rumors at school about Gia, whose boyfriend had apparently used three fingers. And about Mary, too, whose boyfriend had invited one of his friends to “smell my fingers” after the act. But I knew that this was the next step in fooling around.

I’d convinced myself that I thought it was somewhat unsanitary, that hands were dirty from people touching so many different things in a day. I was refusing to admit that the same problem that didn’t allow tampons to pass into me would probably cause problems with any other kind of penetration. But I knew, really, that there would be a lot of pain and it
probably wouldn’t work, or worse yet, I would need to explain what I didn’t know. I hoped that maybe the problem only existed when I tried to do it to myself. Maybe the angle would be more natural, or apparent, to his artist’s hands which seemed so adept.

When my mom announced she was going away for a long weekend in January, I started planning the how and the when and what I would say and what I would wear. He dropped me off after school on Friday and I reminded him that my mom was gone for the weekend, “You should come over later.”

“I think I’m hanging out with Mike tonight.” He says think when really he knows that he has already committed to the plan.

“Oh.” But I’ve been telling you all week that my mom’s going away. “Okay.” I shifted my backpack around on my lap and moved to open the door.

“I’ll give you a call tomorrow.”

“Okay.” I leaned over, kissed him goodbye. “I’ll talk to you later then.”

That night I eat leftovers and watch television. Even though I know he is hanging out with Mike, I hope that he will call, only for a minute, to see how I am. But I didn’t call him. That would be annoying.

I woke up early the next morning to prepare; I cleaned the house, vacuumed the living room rug, and took a shower. When I finished, it was almost noon and he still hadn’t called. I waited a few more hours (so I didn’t seem annoying) before I called his house, but I just left a message when no one answered. Now, I couldn’t call him again (too many phone calls is annoying) because his family has caller ID. So I waited and, because I couldn’t find anything better, I watched obscure westerns on AMC.
It got dark while I watched westerns, but he still hadn’t called. *Maybe he’ll just show up, without calling, like he did over the summer.* I waited until nine to eat dinner, hoping that we’d be able to eat together when he showed up. Then, I went back to watching westerns.

After a few false alarms, I refrained from looking out the window each time headlights bounce off the living room wall. Three times I heard car doors slam, sure that it was his jeep. But there was never a knock at the door.

I went to bed at midnight, purposefully, even though I wasn’t very tired. He was used to not calling after one in the morning. That was the established cut off time for calling my house. I knew if he still planned on calling that it would be as close as possible to the cut-off time. Part of me wanted him to feel bad (if he called) for waking me up. The other part couldn’t keep waiting, convincing myself that he might still call.

At a quarter to one, as I was falling asleep, the phone rang. My mom’s answering machine was ancient and only let the phone ring three times before picking up. I rushed out of bed, fumbling in the dark for my phone. I found it and pushed the talk button during the second ring. My phone blinked at me and wouldn’t pick up. *Fate or the lightening storm that screwed up all the electric appliances in the house three months ago?* I rushed to the kitchen, making it to the house phone as the answering machine picked up.

“Hi, we can’t come to the…” it’s my voice on the answering machine.

I pushed the talk on the house phone, which is the same as mine. “Hello.”

“…phone right now.” Click. The answering machine stopped. The caller hung up before they could hear my hello.

He didn’t leave a message. *If it was even him.*
I stood in the kitchen, waiting for him to try again. I can’t call his house – the call-til time in his house was ten. After two minutes, I returned to my bed with the house phone. 

_Just in case._

He didn’t call until Sunday, at six, when my mom was already home and I had to start doing my homework. I was pissed, writing furiously in my journal when the phone rang. I flung myself across the room to answer it.

“Hello.” This time my phone worked and it was him. The second I heard his voice, I forgave him, without either of us acknowledging my waiting.

That weekend, I stopped waiting. It wasn’t really a decision I made, but more of an effort toward preservation, a reaction to the part that broke with the weight of anticipation. My brain never realized what was happening. I still thought that maybe I loved him, and I knew I wouldn’t be able to walk away from him. But something had changed. I wanted to break the silence, but I couldn’t explain that I hurt.

By spring, I’d completely replaced the daydreams of our bodies rolling around with scenarios of me exposing what had grown in my silence. But I couldn’t identify the frustration or find the words to express it. Without my planning, Reed and I didn’t roll around much. It seemed like maybe we should be talking about sex. Would we? Wouldn’t we? I didn’t even know what he thought about having sex. Why hadn’t he brought it up yet? Maybe he didn’t believe in pre-marital sex. I didn’t want to bring it up, because then I would have to follow through. I could make it work when the time came. Couldn’t I?

But we didn’t talk about it because another tension was under the surface. Reed was leaving for college in August, moving four hours away, and we had yet to even hint at the “long distance relationship” conversation. Would we? Wouldn’t we? I prepared my whole
spiel: “You’ll be in college. You’ll want to have fun. I don’t want to stop you. But we’ll still hang out when you are home.” This was a good stance. No expectations.

We didn’t have “the talk” until the night before he left, deciding we would “see what happened.” Nothing much changed, except the phone bills.

When he came home for breaks, we hung out, watched movies, laughed. We still didn’t fool around much. It felt like we should definitely talk about sex now that he was in college. I wondered if he college friends talked about sex, if he was bothered that he wasn’t having sex. Who wouldn’t be unhappy about that? I built a case against myself as a good girlfriend. It’s been almost two years.

I visited him at college during his second semester, sure that this was the perfect opportunity to discuss sex. I went over the discussion several times in my head: Reed didn’t have a roommate, so if I brought it up the first day then we could talk about it and still have time to try it. I considered buying condoms, but decided it would be easier to get them there. It was a college, after all.

But I didn’t bring it up the first night, or the second night. On my last night, at three in the morning, five hours before his morning class, I kicked myself for waiting until the last minute. He was falling asleep. I was leaving at ten the next morning. Finally, after clearing my throat, I blurted out, “So I was thinking that maybe we should talk about having sex sometime?”

He was awake again. “Yeah?”

“Well I mean… maybe we should sometime. You know?” These are not the words I rehearsed.

“Yeah.” He clears his throat. “Two years is a pretty long time…”
“Yeah.” Two years, too long? Do you mean, “It’s about time, I’ve been waiting two years?” Is there more to say or do? I guess we aren’t making an attempt right now. Just talking. Dammit. Now what? “Two years is a pretty long time.” So the next time, we’ll just have sex. Or will we have to talk about it again. It’ll be awkward all over again. “Two years…” But at least it’s not right now.

I felt the muscles between my legs relax. Reed’s hand had stopped rubbing circles on my stomach, getting heavier like his breathing. I grabbed his hand and moved it into the air a little, “It’s just that…”

He was awake. “Yeah?”

“I don’t know. I’m scared that... that it will hurt.”

Silence. I could have told him about the pain, about the moments in the bathroom when my knees buckled, about the tension that was starting to creep back into my thigh muscles. But the lump in my throat tightened. “I mean… you know… lots of people say that it hurts the first time. I just… I’m nervous… a little.” A lot.

He rolled toward me, sliding his arm across my stomach and pulling me closer. His lips brushed my cheek. “There’s no rush.”

And there wasn’t a rush or any further conversation about sex. It was like the conversation never even occurred.

We had planned a road trip for the end of the summer and I figured this would be the perfect opportunity. A week before we left for our trip, I bought a three pack of condoms at the pharmacy where I work. Lacey, who also worked there, rang me up. She smiled as she scanned the three pack. “So you guys had sex?”
I shrugged, nodded a little, figuring it doesn’t matter if she thought I’d done it already or in a week.

She shoved them in a tiny bag. “It’s funny how we both told each other like that. Huh?” A few weeks before, she had rushed up to the counter with her own three pack of condoms, looking excited and nervous. I’d asked her the same question.

I took the bag from her, but before I could turn away she asked, “How was it? Did you like it?”

“Well, yeah.” I smiled and walked to the break room to hide my purchase in my backpack. I thought about the previous night when Reed had slept over my house. At first, I hadn’t been nervous when his hand coursed the inside of my thigh. I’d relaxed. His fingers were gentle and adept. They worked their way inside me and hit the barrier. I tried not to wince, digging my heels down and trying not to pull away. I trapped my objections in my throat and turned them into tiny sounds of approval. I searched for pleasure, for a warm tingling feeling at the edge of the pain. Tightening my fist around a clump of sheets, I willed the pain to stop, *if I can just run through it.* I held out for as long as I could before I pulled away. He didn’t seem offended.

I pushed my backpack into my cubby, wondering if Reed lied to his friends. I didn’t blame him if he did.

The next week, Reed and I drove west, headed for Lake Michigan. We drove through Pennsylvania, Ohio, Indiana, and into Michigan, and I didn’t mention the condoms. In Michigan, I put them in my bag when we head down to the waterfront late one night. *Wouldn’t that be a great first time?* But the sand dunes were darker than I expected, and I worried about what I couldn’t see out there.
Every night I made sure to bring the condoms into the tent, but the timing never felt right – we were tired or dirty. We drove back through Illinois, Indiana, Ohio, and into Pennsylvania. On the last night, before we returned to New York, I laid awake in the tent after he’d gone to sleep, thinking about my lost chances to initiate.

I rolled over, pressing against Reed, trying to wake him up with kisses. When he seemed awake enough, I said, “Have sex with me?”

He pulled back from me. “Yeah?”

My heart thudded against my rib cage; my pulse ached in my throat. I tried to swallow but my mouth had dried out. I nodded in the dark and reached for the condoms in my bag. “I got these.” I turned the three-pack over in my hand. The sound of the package opening was louder than my voice.

We sat across from each other, watching as my twitchy fingers tried to open the square package. But I couldn’t maneuver the slimy latex. “Umm. I can’t tell which way it’s supposed to go.”

He took the round disc from me. I heard a slight crinkle and then he mumbled, “Okay” into the darkness between us. I swallowed again as he leaned toward me, pushing me back onto the sleeping bag. My legs quivered on either side of him, hitting against his boney hips. Laughing, I said, “I’m a little cold.” I tightened the muscles in my legs, willing them to stop.

He pulled back, “Are you sure you want to?”

I nodded. I wrapped my hands around his neck, bringing his face back down to mine.
The coldness of the lubricant on the condom startled me. My vagina clenched. I tried to relax it. The quiver in my legs moved to my stomach, too. He pressed against the muscles, gradually using more pressure but my barrier wouldn’t break down. I took a deep breath. The pressure built, and with no chance of moving forward, he slid to the side. The movement was sudden, awkward, and clearly, not the way this was supposed to work.

We tried again, starting with a slight pressure and increasing slowly, but my muscles wouldn’t budge. The end result was another slippery jolt. We were silent except for the frustration in our breathing. I could only see the outline of his face, hovering above mine. He shifted on his arms that were propping him up. He seemed to be debating a third try. I shifted underneath him to let him know that I wanted to try again.

This time the pressure was steady. The outer muscles parted, allowing him inside a little. But then the familiar spasms of pain wracked my body. A shudder traveled from my hip to my knee and back along the inside of my thigh. When my legs pressed against his hips, I could feel the quaking under the surface, the quaking I’d thought I’d gotten under control. I knew there was no making it work; my vagina didn’t react to sex any differently than when I tried to use a tampon.

I tipped my hips forward and he slid to the side again. This time it was not as awkward because the pressure was only halfhearted. We were prepared for this outcome.

He rolled off me. I turned onto my side, away from him, curling into a ball. I felt tears gathering and whimpered, “Sorry” into the sleeping bag before my sadness closed my throat up. I heard the wrinkle of the condom coming off. I thought I should explain, so he didn’t think it was his failure. But I was already crying. He leaned over, kissed me on the cheek, told me not to worry. My back jerked twice with my pent up sobs; I thought I might
say something. I felt him settle back to the sleeping bag behind me and exhale. He rubbed my arm, trying to offer comfort, but this made me cry harder and he pulled away.
Diagnosis

I auditioned for *The Vagina Monologues* three months before I started talking about my vaginal problems with my mom again. She supported my decision to see a gynecologist and helped me find one, covered by our insurance, near my school. When I called to make the appointment, I didn’t know how to tell them about my problem. So I made an appointment for a regular check-up and pap smear with Nancy Long, a nurse practitioner. My mom suggested an NP because, she claimed, “They are usually more compassionate than doctors and you can get appointments sooner if you don’t ask for a doctor.”

As I wait in the exam room, I debate whether or not I should tell the nurse practitioner about my difficulties with tampons and sex. *Maybe I’ll be able to get through the exam without any problems.* I try to buy into my own pep talk but looking at the booty-covered stirrups, I feel my legs press together. I divert my mind to the pink knitted booties: *Who knits these covers? Are they mass produced by some company specifically for gynecologists or did someone in the office take the task upon herself, hoping to make visits to the gynecologist fun and comfortable for everyone? Did anyone ever wash the booties?*

When Nancy Long introduces herself, I decide that I will tell her my secrets. She has a voice like an out-loud whisper – trustworthy and compassionate. As I tell her about my vaginal pain, she nods her head, shaking her no-nonsense but well styled bob haircut. She takes notes, telling me we’ll use the smallest specula, which she takes out and shows me while I’m still sitting up. This metal contraption isn’t nearly as scary as I imagined. It reminded me of a red shoe-horn that I had as a child. *What happened to that shoe-horn?* I imagine a slight pulling in my vagina as she shows me how the specula screws open, like a
reverse clamp, to maintain dilation. In my head, I hear an accompaniment similar to the sound of stretching plastic wrap. It wouldn’t be so bad without the pain.

I lay back, lifting my feet into the stirrups. The pink knitted booties feel warm against my cold, stiff toes. Nancy Long rolls her stool along the tiled floor. I can feel the breeze she creates against my now-exposed vagina.

“I’m going to touch the inside of your thigh now.”

Nancy Long warns me, but I still cringe at the first contact. I can see my thighs tighten through the cloth gown and she tells me that I need to relax and let my knees fall out more to the sides. Deep breath. I try to force them. The only result is an uneasy exhale. My legs relax for a quick second but quiver back to their original position. Her hand rests in the same spot on the inside of my thigh, waiting for me to relax.

The reaction in my legs is involuntary. They want to snap together. A defense against the inevitable pain. Having forgotten the exactitude of the pain, I try to convince my body with logic. I’m in a doctor’s office. A very clean doctor’s office, with warm and friendly staff. They are professionals. Maybe they can get my vagina to work. My body agrees with these points despite the fact that the phrase, “Relax your legs and let your knees fall out to the side” seems entirely contradictory. My legs are their most relaxed when they are clenched tightly together, and feel their most tense when splayed open as far as they can go.

I agree that I can go on. The room is cold, making it harder for me to pacify the tension rippling through my stomach and legs. The lamp between my legs provides the only warmth in the room. It’s like an over-personal space heater. I feel exactly where the circle of light fades on the inside of my thigh. I’m nervous that it is too hot. What if my leg shakes
and I get burned? I lift my head to see how close the lamp actually is, but I can only see its white jointed arm. The lamp has disappeared behind the tent of cloth that’s supported by my knees.

Nancy Long is behind there too, somewhere, explaining every move she makes so that I’m prepared. But in my anxiety over the lamp, I forget to pay attention when she tells me that she’s moving her hand. I jump when it slides up my thigh and then mutter, “Sorry.”

We take a moment to let me adjust to the sensation again. I find that I am not at all bothered by the fact that Nancy Long, a stranger, is now touching and looking at my vagina. I expected to be embarrassed, but really it’s not all that different from having a doctor look in your throat. I’m doing well, confident that I can stay relaxed, that I will make it through this. I hear the clang of an aluminum drawer opening and the rattle of metal. She informs me, in a soft voice that she’s going to warm the specula.

I tense when the specula, not at all warm, touches me. It feels foreign and bigger than it looked when I was sitting up and Nancy Long was holding it. The specula is barely inside me. I want to ask if she’s sure that’s the smallest one they have. She stops to tell me we are going to do this real slow and my confidence in her is renewed. Deep breath. I realize the steel is uncomfortable, not painful. Relax. Then it pushes further in. The pain starts, as always, as pressure, like something pushing up against a tightly woven cloth. Sharp inhale. Almost immediately, the metal specula stretches the barrier to its threshold and the pressure escalates to small shooting pains. I now remember the pain. My body is screaming I told you. I grip the sides of the table, trying my best to distribute the tension from my legs to my arms so that my knees don’t snap shut, crushing Nancy Long’s head. I don’t breath out. I don’t move.
“Let me know when it hurts.”

She cannot see me above the gown drape. The specula stops moving forward in an effort, I assume, to let me adjust to the sensation. The pain remains unchanged, but I’m convinced I can get through the pain this time. After all, she’s a professional. I bite my lip to avoid telling her to stop and close my eyes tight when I sense she is going to move the specula again. The pain intensifies to a burning. It reminds me of the burns kids give each other by gripping an arm in both hands and twisting the skin in opposite directions. Only it’s much worse. I can’t see my knuckles but I’m sure they’re white. My heels push against the stirrups, trying to get me away from the pain. I try to get through it. But the screaming, turn-your-knees-to-powder pain sets in. A tear that I didn’t feel form, rolls down my face, into my ear. I can almost hear the ripping sensation that I can feel and finally let out a whimper, “Ow.”

Unable to perform pap
Too painful

That’s all it takes to stop it. She asks me if I want to stop and I choke out an agreement. Even after the metal is out, it still hurts. Burning remains the overall sensation as I sit up. I look at her and I know that we are done. Nancy Long will not try again. I have failed because I really am broken. A panic starts to well up in the pit of my stomach when I understand that the professionals can’t make it work either.

Hysteria?
Abuse?

My vagina is broken. I can’t even go swimming when I have my period. I can’t ever have sex or make love or fuck. She tells me there are other ways to be intimate but the tears have already started streaking my face. I don’t listen. I can’t agree or disagree with her
because the painful lump in my throat will barely let me swallow. And I hate the way my
voice cracks when I cry. I just want to leave. But I stay and talk with Nancy Long.

My legs are still quaking. I try to squeeze them tighter to stop the sharp aching in my
vagina. I shift a bit on the table and the paper crinkles under me. A bead of sweat rolls from
my armpit down my bare torso and over my hip. I feel cold, wet circles on my open-backed
gown where the sweat gathered when I was on my back.

The room still feels cold. Freezing, in fact. My legs and feet look dry and pale with
marbled swirls of blue circulation. The rim where my toenail disappears into the skin is dark
purple and my toes feel numb. Blood has stopped running to my feet as they hang between
the stirrups covered with knitted pink booties. I pull my arms closer to my body and wrap
them tighter around my ribcage. I finally stop sobbing. My breathing becomes involuntary
gasps as I try to accept my induced celibacy.

Nancy Long keeps asking me questions that don’t seem relevant to my vagina. How
much do I eat? What have I had to eat today? I have had nothing to eat today; I didn’t have
time. I left my 9:30 class to be at this appointment. On any other day, I would be eating
right now. I do not tell Nancy Long this truth; I no longer trust her to keep my secrets. I tell
her that I had a bagel and orange juice for breakfast. She is still not pleased.

Eating Disorder?

I begin to get annoyed by her queries. She’s making judgments on the way that I live
my life. I sense that she has nothing more to tell me, that she is stalling because she can’t fix
me and she wants to send me to someone who can. Yet her questions about my school and
stress and my boyfriend make me cry. I’m beginning to cave to her suggestion that I see a
psychologist. Not really cave, but I’m ready to lie and take a suggested name so I can get the hell out of here.

Long after I am ready to go, she concludes that I should come back for a visit with a young doctor who is new to the clinic’s staff. I meet him briefly; he reminds me of a gay cake decorator I worked with when I was in high school.

Reschedule with Dr. Caige

I feel exhausted, hungry and kind of dizzy as I step back into my clothes. Even after my clothes are on, I’m still cold and my muscles keep twitching. As I pay my bill and schedule another appointment, the blond receptionist, who will continue to call me sweetie for the next four years, gives me a sympathetic look that actually makes me feel better.

My tears have dried on my face and, once outside, the cold wind makes my skin tight. The walk back to my dorm is long. The excess lubricant makes walking uncomfortable and colder than it already is in February. I try my best not to walk like there’s something in my pants but the pain resides. It has, thankfully, lulled to a cramping ache with only a few sharp spasms here and there.

I’m angry that I cried at Nancy Long’s questions. I needed to explain myself to her and crying made that impossible. Now, she must think I’m an immature, unstable girl. Maybe I am.

I’m angry that Nancy Long said, “There are other ways to be intimate.” Maybe she thinks my boyfriend is pressuring me. He’s not. We’ve explored these “other ways” for nearly three years with no complaint from him. She assumes I don’t know what’s best for me. Maybe I don’t.
I’m angry that I’m crying again. I’ve reached campus now and I don’t want other students to see my red, watery eyes. Taking a deep breath, I fill my lungs with dry, cold air and push the stale feeling of frustration aside. I try to be hopeful, but not too hopeful, about my next visit.

When I get back to my dorm room, I find a message from Jon on my answering machine: “Hey, Anja. It’s me. Just calling to see how the doctor’s appointment went. I thought you’d be back by now. I hope everything went well. You can give me a call back or I’ll just talk to you on the computer later. Whatever. Maybe I’ll try calling back if I don’t hear from you. Alright. Talk to you later.”

Jon is a friend from home, and the only person, other than my mom, who knew I was going to the doctor. After meeting, as lab partners, in the eighth grade, Jon and I were friendly throughout high school and became close senior year. I talk to Jon about my problem because he’s honest. I trust Jon not to gossip about my problems with my other friends, even those friends he thinks should already know my secrets.

More importantly, I talk to Jon because very little makes him uncomfortable. When I bring up my vaginal problem, he doesn’t stare into the corners of the room, avoiding eye contact and waiting for me to be done talking about it. Nor does he mumble “I’m sorry” or “That sucks” or crack a joke to skim over the subject. He confronts me with the questions I’d like to avoid: What do you think is wrong? Why don’t you talk to Reed about it? When will you go to the doctor?

I wish that I hadn’t missed his phone call, but I don’t call him back. Instead, I go to my computer and wiggle the mouse. The screen blinks on. Three IM boxes are minimized at the bottom of the screen. I find Jon’s and bring it up.
wholecake: hey?

jsureshot: hey. you’re back? how did it go?

wholecake: eh

jsureshot: ? do you want me to call?

wholecake: nah, there’s not much to tell

jsureshot: ?

wholecake: they couldn’t do much, it hurt too much. I’m gonna see another doctor in a few weeks.

jsureshot: did you talk to reed about it yet?

wholecake: no he’s coming up this weekend for valentine’s day

jsureshot: are you going to talk about it?

wholecake: I don’t know

jsureshot: ?

wholecake: I don’t want to ruin the weekend, you know. He’s going to drive all the way up here and then I’ll have this serious conversation with him.

jsureshot: why don’t you tell him before he comes up

wholecake: because I don’t want to do it over the phone or the IM – talks about my vagina should be done in person.

jsureshot: well then…

wholecake: sometimes I think that I should just dump him. It would be so much easier. I wouldn’t have to explain anything. He could get another girlfriend.

jsureshot: is that what you want?
**wholecake:** it would just be more fair, I’m sure he wants to be having sex.

**jsureshot:** you should at least tell him. I mean, if it were my girlfriend I would want to know. It’s his decision anyway. If he wants to stay.

**wholecake:** yeah but he won’t make the decision to leave even though it’s better for him.

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As planned, my boyfriend Reed makes the eight hour drive from his school to mine for Valentine’s Day. My roommate makes arrangements to stay in a friend’s room, so that we have the room to ourselves.

Flat on our backs, we lay silently in the twin bed. His arms are folded behind his head. The dorm beds are not wide enough for two people, possibly to discourage coed sleepovers. It’s late now, and we’re falling asleep. My arm is pressed between my ribcage and his. I can feel his breathing begin to regulate, slow and heavy. Words run through my head, phrases that I’ve practiced all week. I need him to stay awake until I’m ready to open my mouth and let the words come out. *Maybe I’ll just do it tomorrow.* But I won’t.

His leg twitches, involuntarily; his body is shutting down. I move my legs, hoping this will stir him to attention. Looking out into the room, I say, “I went to the doctor’s last week… to the gynecologist…” *in anticipation for this weekend. So that maybe I could be fixed finally when you came to visit.*

He inhales. I don’t look at him. The room is silent. Maybe he didn’t hear. He clears his throat. “Yeah?”

“I made the appointment to figure out why I’m… like why I don’t ever get my period or why it hurts…” *why we can’t have sex.*

He rolls onto his side to look at me and props himself on his elbow. “What hurts?”
I continue to stare at the ceiling. “Like when we tried to have sex and it didn’t work.”

“But that was just… don’t most girls say it hurts. Or is it different than that?”

“Yeah, but…” An aching lump forms in my throat. It throbs more when I try to swallow it. Deep breath. “It hurts a lot. I knew before we tried that it might not work. I can’t use tampons because they hurt too much. That’s why I hate having my period so much. Especially in the summer, ‘cause I can’t go swimming then and it’s so hot.” I can hear the nervous edge in my voice. I’m angry that I can’t be mature enough to talk about this without getting jittery and babbling.

Out of the corner of my eye, I glance at him. He’s looking past me, thinking. Eventually, he settles back down in the bed next to me. His hand slides across my stomach.

“So what happened at the doctor’s?”

“They couldn’t really tell what was wrong. When they tried to do the exam, it hurt too much and they had to stop.” My eyes feel heavy and saturated, but no tears fall. I can feel Reed looking over the profile of my face. I turn my face further away from his and swallow again. “So this time, when I went on Tuesday, the lady that I saw said they have a younger doctor on staff who might be able to help. He’s gone through all his training a lot more recently, and she said that maybe he knows about something that she’s not familiar with. I didn’t want a guy doctor, but I met him and he doesn’t seem that bad. I think he might be gay. He reminds me of Carl, who I used to work with at the bakery. The one who ate only celery and grapefruit so he wouldn’t get fat.” I smile.

Reed laughs silently, through his nose, and the air hits my neck. I roll my face towards his but keep looking at the ceiling. “I just thought you should know… you know…”
“Yeah.” He whispers this and clears his throat again, but he doesn’t say more.

“I mean, I’m trying to do something about it.”

He pulls me closer with the hand that’s wrapped around my waist. In the light coming through the blinds, I can see his eyes blink up to meet mine. I look away, into the dark room. It’s a long time before he finally asks, “So did they tell you anything this time?”

I shrug. “She told me…” there are other ways to be intimate “it might have to do with stress or not eating right. She wants me to talk to someone about it.”

“Like a psychiatrist?”

“I think it was mostly because she didn’t know what to do with me. I feel so stupid. After the exam, she started asking all these questions about school and stress. I started bawling. I guess she just thought I was crazy.” I laugh at this, hoping to move past it.

He kisses my shoulder. “You were crying?”

“Yeah. I mean, I’m all stressed out about this doctor’s visit and then it doesn’t work, and then she starts asking me all these questions. And whatever, I know that I’m a stressed out person. I think we all know that. But I don’t see how that has anything to do with the pain. Because the pain is always there, stress or not. And it was there when I was thirteen and I really wasn’t that stressed out then.”

“Do you think she thought you were exaggerating the pain?”

“No.” Why? Do you? “She wasn’t trying to tell me to suck it up or anything. She just thought I was too tense and nervous about the whole thing and I would be less nervous if I talked to someone about it.”

“Oh. So are you going to talk to someone about it?”

“Hopefully I can find something out from this other doctor.”
In the waiting room of the doctor’s office, I rarely see anyone my own age. The women who wait are older, middle class women: expectant mothers, and mothers who need to pick their daughters up from dance class at 4:30, busy professionals on their long lunch hour, and women whose comfortable but sophisticated leather shoes say “this is my day off.” No matter how much I stomp, my own sneakers leave evidence of the salty snow from the sidewalk on the cornflower blue carpet. I sneak glances up from the book that I can’t concentrate on. *Why are they here? Pre-natal checkups? Annual exams? Fertility tests? Are any of them here for the same reason I am?*

The mothers talk with the expectant mothers, ask them the usual questions about due dates and names. The women exchange stories and advice. Suggestions of pre-schools. Recommendations for dealing with Maggie’s nonstop crying. Or Joey’s desire to chew on everything. Appropriate television shows. They discuss rules and remedies that have the potential to shape generations of children, all while casually flipping through parenting magazines. From a few chairs away, I can sense them glancing at me: *Is she pregnant? An abortion? Gonorrhea? Does she need birth control for pre-marital sex? She’s too young to be having sex.* When I look up and catch their eyes, the women give me sad smiles. It makes me wonder why I’m here. *Shouldn’t I be at the Planned Parenthood where the rest of the people my age go so that adults don’t know of our sexual exploits?*

The wooden tables around the waiting room are spread with magazines: *Parenting Magazine, SELF, Family Circle, Women’s Health, Fit Pregnancy, Redbook.* There are pamphlets and plaquards about birth control and osteoporosis. When I flip through the magazine’s I don’t find anything about pain, about not being able to use a tampon.
I always plan to be productive while I wait, to use my time wisely, to do homework. I bring novels and textbooks from my classes because these trips to the doctor seem to take up so much of my day. Technically, it is only an hour and a half including the thirty minute round-trip walk, the twenty minute wait because I’m early, the fifteen to twenty minute exam with the doctor and the ten minute post-visit activity of getting dressed and paying my bill. But, then, when I get back to my dorm, I find that processing my diagnosis and trying to make sense of my problem, continue to take up my time. Rather than do work, I stare at the blinking cursor in the empty Word document or read the same paragraph four times without absorbing its content. I don’t have time for this.

When I get led into the exam room this time, I don’t get a gown. The nurse hands me a white paper sheet and says, “You can leave your top on.” The door latches shut behind her.

In the small dressing room, I debate taking my socks off. My feet were cold last time, so the socks stay on. I take off my pants and underwear, folding them and stacking them on the chair. Shaking out the paper sheet, I wonder How exactly is this supposed to work?

I wrap it around my waist like an apron, bunching it closed in the back. The paper crinkles and won’t fall with the curves of my body. Using both hands to grip the sheet around me, I hurry from the dressing room to the table. I do not want the doctor to knock on the door and ask, “Are you ready?” before I am actually ready because I know that I will lie and say “yes.”

The metal step clangs under my weight. I cringe and sit down. Now, I try to pull the sheet around me, but it won’t stay. My ass is exposed. My shirt doesn’t pull down far enough either. I lean back, on my elbows, to cover my ass. This pose looks silly, I know,
and I will sit up when the doctor knocks at the door. It’s not like seeing my bare ass matters to him.

I wait. The clock says I still have ten minutes left until my scheduled appointment, but I assume the clock is fast. Scanning the room, I note the differences from the other exam room I was in. The diagram of the baby in utero and the canisters lined on the counter are the same. The booties in this room, the ones that cover the stirrups, are knitted in multicolor pastels, not pink like the other room. The yarn is trimmed with sparkles; I picture tiny mittens.

Placing one heel at a time in the bootied cups, I try warming my muscles to the position they will be forced into in only a few moments. I remember an episode of *Friends* when Rachel raved about the comfort of having her feet up, legs spread. Maybe it would be okay this time, if I could just convince myself. It was not. Deep breath. The wider I force my knees, the tighter the muscles in my vagina clench, even without a doctor peering under the stiff white sheet. Sigh.

I sit up. Flipping through the outdated *Redbook* with the address torn off, I pass the remaining time with my legs crossed. I finally find an article worth reading, when the doctor knocks on the door. “Can I come in?”

I close the magazine and shove it back into the plastic holder on the wall. “Yeah.”

The door opens and Dr. Caige whirs into the room. His white lab coat is flapped open, the bottom curled back from the wind of his forward momentum. The top of the lab coat looks fitted, snug around his slender shoulders and accessorized by a purple stethoscope. The coat falls to his knees, making him look short. Not that he’s tall. *Is this longer coat tailored, fashionable?* It looks too big.
Dr. Caige takes swift, stiff-legged steps, like a speedwalker, one foot on the ground at all times, energy gathered mostly in his moving hips. Every part of his body moves this way, eager to be done with the present action so that it can move on to the next. He extends his hand. “Hi. I’m Dr. Caige. We met the last time you were in.” His words stumble over each other to come out as fast as they can. I take his hand; it’s dry and cold. Three quick shakes. He continues talking as he sits down. “I’ve looked over your chart and talked to Nancy, but why don’t you tell me what’s wrong.”

“Well…” I uncross my legs and let them dangle against the metal drawers. It was silly to leave my socks on. “It hurts when I try to use tampons…”

“Or have sex?” He’s looking at the chart.

“Yeah and during the exam last time.”

“Is it only with penetration or can you feel it all the time?” He looks up.

I shake my head. “No, it’s not all the time.”

His head jerks back to the chart and he jots some notes. “What kind of pain?”

“It feels like there is something there, in the way, blocking.” I use my hands to signify how something might be blocked, jamming one hand into the palm of the other. He raises one eyebrow, and I drop my hands into my lap.

“Okay. Is it like a pinching, or is it stabbing pain or something else?”

“It’s like a stretching or a tearing…” Again I use my hands to demonstrate. “And I guess a burning like…” Not like a fire or scalding myself on steam, maybe like a friction burn. I open my mouth but he has moved on.

“Alright. This is what I want to do today.” He puts my chart on the counter. Should I interrupt him and tell him that there are shooting pains too? Little spasms that continue for
about an hour after any attempt at penetration? I decide no. He’s talking very fast. “We’re not going to use the specula today, that obviously doesn’t work. So I just want to use my finger, my pinkie actually,” he holds up his littlest finger, “to see if I can feel anything. We’ll use lots of lubricant and I’m not going to try to push past the barrier. Okay?”

I nod. That doesn’t sound so bad.

Dr. Caige presses a small button on the wall. A few seconds later the nurse who took my blood pressure enters the room. Last time I didn’t request a nurse, but my mom told me that I should always, just to be safe. I’m not sure what she’ll do – stand in the corner, tidy up the counter?

The nurse smiles at me and eases her way past Dr. Caige, who’s moving in quick bursts to get his gloves on. She stands to the left side of me and says, ‘We’ll just get you leaned back.’

I don’t want to put my feet in the stirrups until I absolutely have to, but the slope of the table and the weight of my hanging legs arch my back too far. I grip the sides of the table to keep from sliding off. The nurse places a hand on the side of my knee, guiding one leg and then the other into the stirrups. Still smiling, she smooths the paper sheet, so that it finally curves with my body.

Dr. Caige looks over the peak of my knees. “Ready?”

I nod. Deep breath. I force myself to swallow, nothing but air, down my dry throat. Exhaling, I can hear my breath quiver on the way out. So can the nurse. She places her open hand next to mine and offers soft words of encouragement. I take her hand as a reflex, as if I was expecting it, waiting for it.
“You need to scooch a little further down.” His words speed out without seeming impatient.

I push into the stirrups to lift my butt and “scooch” forward. When I settle back down, my legs stay tense. I’m too close to the edge now and don’t want to fall. The nurse touches the top of my knee with her free hand and says, “Relax your legs.”

I try. My legs fall an inch wider, maybe.

“I’m going to touch the inside of your thigh now.” It’s the same sentence. A different voice, but the same tone, the same inflection. The phrase is almost a question. Not one that I have to answer, but the words hang in the air, waiting for an objection. The doctor’s hand moves down. I can feel the muscles of my vagina fold inward like a fist, closing tight. Before they can even finish clenching, Dr. Caige says, “Just relax your muscles. Let your knees fall out further to the side.”

I do as I’m told, all the while wrapping my fingers tighter around the nurse’s delicate hand. If I squeeze any harder, her fingers might crumble into powder. I study her calm, focused face. Does she offer this comfort to older women, women who have given birth, women who will never give birth? She seems to think my pain is significant, and I’m glad she’s here, holding my hand.

Dr. Caige’s finger is inside me now, poking. He wants to know when it hurts. I focus on the nurse’s face. She says, “You’re doing great” and I believe her. The poking is uncomfortable, but not painful as he traces the perimeter of the barrier.

He tells me again that I should say when it hurts. Then, he pushes, not hard but firm, against the barrier. Tiny muscle spasms start against the side of my vagina and shoot
inwards towards his finger. I can feel the barrier contract around his finger. This causes a second wave of spasms.

“Ow.” I try to relax the muscles but can’t.

Dr. Caige appears from behind the paper sheet; he’s done. Snapping his gloves off his hands, Dr. Caige returns to my chart on the counter. My grip on the nurse’s hand loosens. She helps me sit up and pats me on the hand before slipping out of the room.

I cross my legs, creating pressure to subdue the soreness in my vagina. The doctor scribbles on my chart with his back to me and says, “Alright…” His words come out in rapid succession and the only information I process is that the problem with my vagina is a “partial transverse vaginal septum.”

I nod my head, as if I understand, and know that I should be trying to write all that he’s saying down. My mom told me to bring a tiny notepad, to take notes. And I did, but it’s in my bag that’s in the dressing room. I’m not going to jump off the table with my ass hanging out and rummage through my bag. I try to remember what he’s been talking about. When he pauses, I ask, “So what exactly is a trans…” I trail off so that I don’t have to fumble over the words I’ve forgotten to pay attention to.

“A transverse vaginal septum. It’s a barrier that goes across the vagina. In your case, it’s a partial septum because there is a small opening, which is why you’re still having periods.” He stops, has a thought. “You can get your clothes back on. I’m going to step out for just a minute.” He’s already at the door. “I think I might have a picture…” he says this more to himself than to me.

In the dressing room, I try to wipe away the excess lubricant before stepping into my clothes. It doesn’t work. I fold the paper sheet, not because they will reuse it, but because it
is more manageable folded than balled up. *Should I leave it in here or put it on the table?* I leave the sheet on the chair in the dressing room.

Dr. Caige knocks at the door as I’m pulling my notepad out of my bag. He hurries in with a book that he’s already flipping through. With my pen hovering over the paper, I ask, “It’s a transverse? vaginal? septum?” Each word its own hesitant question.

He looks up from his book to my tiny notepad. He raises an eyebrow, amused. I shift my feet and wish I was sitting in a chair. “My mom told me to write important things down, so I don’t forget.” I pronounce this small, immature statement with defensive force.

He shrugs and looks back down to his book. “A partial transverse vaginal septum.”

When I press the pen to the paper, only the first few letters appear. My pen is out of ink. *Dammit.* I press harder; I’m not asking for a pen. I figure I’ll be able to read the indents later. I can re-copy it in the waiting room after I pay my bill. I finish, tucking the notepad into my bag, and step closer to the doctor.

“I’m looking,” he pauses to turn the page, “to see if I can’t find a picture to give you a better idea.”

Glancing over his shoulder, I watch him brush through the pages. He’s still talking. I’m trying to pay attention. All that registers in my brain is how much I’m not absorbing what he’s saying.

He stops flipping.


Dr. Caige is still talking, explaining about the vaginal transverse…
I want to cross my legs, tight. *It shouldn’t be this disturbing to look at vaginas. I do have one.* The vaginas on the page all look wounded, sad. They are normal healthy vaginas. *But they’re shiny and exposed.* Speckles appear around the edges of my vision, less light gets in than before. I blink twice and try to focus.

The doctor says, “Surgery is an option – one that I would recommend. It’s fairly simple. We’d remove the septum. We can’t do that here, but I can perform the surgery at the hospital. If that’s what you decide.”

I’ve looked away from the book. The speckles fade. My voice calm and natural, I ask, “How long would the surgery take?”

He turns the page, and then another. Two more spreads of vaginas in a glossy finish. Flashes of pink and brown. I stop being able to see. The room turns black. He’s still talking. And I’m still responding. I sway, almost losing my balance. Deep Breath. I find the wall with my hand, and brace myself, hoping this looks like a casual lean. *This will pass, like a head rush.* Exhale. I can hear myself telling the doctor that I’ll talk to my mother about the surgery, find out if our insurance covers it. Light and color creep into the blackness. I blink.

He shuts the book, “Well the picture I wanted isn’t in here.” He turns to me. “Are you okay? You’re so pale.”

“I just feel a little…” rubbing my eyes brings back more light, “a little dizzy. That’s all.”

Before I can convince him I’m fine, he’s pushed the button on the wall and the nurse comes back into the room. A chair gets pulled closer to me and I’m guided to it. Questions follow:
“How are you getting home? Did you drive? Is someone waiting?”

“No, I walked. I live on campus. It’s not that far.”

Worried glances.

“I’ll be fine, in a minute.”

The nurse scurries away to get me some water.

Not wanting to dwell on my silly episode, I continue my conversation with the doctor,

“So after I talk to my mom, should I make another appointment with you or…”

“Why don’t you think it over, and depending on what you decide, we’ll move forward. You can just call, and we can set it up further.”

I nod. They make me sit there for ten more minutes. They think the pain from the exam made me uneasy. I don’t explain that it was the vaginas, that I just don’t like vaginas.

Later that evening, I wait for my roommate to go to dinner with her friends and I call my mom to talk about the surgery. It does not occur to my mom or to me to think about if I will have the surgery, only when. She suggests finding a doctor back home and having the surgery over the summer.

“But, do you think you’d be more comfortable having the surgery up there?” she asks.

“Since you already know the doctors.”

I tell her “yes” which is only partially true. The other part is that I want to have the surgery before the summer, as soon as possible. Reed and I are going on another road trip at the beginning of the summer. I want it fixed before then.

My mom, not realizing the importance of speed, thinks that we should wait until school is over, so that I don’t have to worry about missing too many classes. She wants to
know, “Are they going to admit you to the hospital? How long did they say recovery might be?”

“I forgot to ask about that.” This is not true. I didn’t forget, I never thought to ask. The only other surgery I’ve ever had was getting my wisdom teeth out, and I assumed this would be like that: go in the morning, get the surgery, sleep all afternoon to let the drugs wear off and then be fine the next day. I try to remember if Dr. Caige said something about recovery while I wasn’t listening. I feel stupid for not having asked such an obvious question.

My mom said, “Well, you can probably call tomorrow and find out how long they’ll want to keep you at the hospital, if they want to keep you there at all, and how long of a recovery time they suggest.”

I write these questions down, wishing my mom would call and set everything up. Earlier when I was at the office, I filled out the form that gives my permission to discuss my patient information with my mother. But my mom does not offer to call and I don’t ask her to.

After a week of phone calls – me to the doctor, my mom to the insurance company, the doctor to me, me to my mom, my mom to the doctor, the insurance company to the doctor – the details of my surgery are finally clarified. Since I won’t be admitted to the hospital and the estimated recovery time is about three days, I schedule the surgery for a Thursday morning in the beginning of April. I tell my mom, “I’ll only miss three classes and I already talked to my professors and they said it was fine since I hadn’t missed any other classes. Plus I might not even have to miss the one on Friday if I feel okay. Besides that’s
only time in the photo lab where we work by ourselves so I can do that sometime over the weekend.”

Even though I tell her I’ll be fine on my own, my mom insists that she come up for the weekend of my surgery. When talking about her plans, she tells me, “I’ll get two beds so you don’t have to go back to the dorm.”

“Nah. Don’t worry about it. I’ll be fine here. And I’ll have to do some work over the weekend, so it’s easier to just come back to my room.”

“Alright. If you don’t think you’ll want some privacy, like in the bathroom…”

“Yeah, I’ll be fine.”

She books a hotel room with two beds anyway.

I only tell a few people about my surgery, and most of the time I leave out the details. My mother is the only family member I tell, but the information soon trickles through the family. My older sister calls the day before to wish me luck. My uncle tells me that he’s heard about it from my grandmother. My grandmother sends a flower arrangement of lilies to my dorm room. No one mentions the details; they simply offer support, and I’m never sure how much they actually know.

I tell my professors and my boss in the Sports Information Office, “I won’t be here on Thursday or Friday because I’m having a minor surgery. But I’ll be back next week.”

I tell the guys I hang out with over lunch.

“Hey,” Bill says, “We should go hiking this weekend, now that it’s all warm.”

Ben agrees.

“I can’t.” I say. “My mom’s coming up.”

“How long is she staying? We could go on Sunday.”
“Nah.” I push the lettuce around on my plate. “She’s coming up ‘cause I’m having surgery on Thursday.”

“What?” Both Ben and Bill say this at the same time.

“Yeah right.” Ben says. “What are you having surgery for?”

I laugh, debating whether I want to explain it. I shrug. “My vagina.”

“What?” They say this at the same time again.

I laugh and sit back in my seat. “I’m serious. It’s nothing crazy, but I’m not going to be able to go hiking on Sunday. That’s for damn sure.” I throw a napkin at Bill. “Besides you guys know that we’re not really going hiking. We’ll make all these plans like we always do, then we’ll go out on Friday. Saturday morning you’ll both be too hungover. Then, you’ll go out for a “few drinks” on Saturday and I won’t hear from you until you want to get breakfast at one on Sunday. It always happens.”

Bill throws the napkin back at me. “Whatever, dude. We’re going hiking before the semester’s over. Hungover or not.”

I tell Heather, my best friend and one of my only female friends, in an email. A few shorts sentences - I’m really busy with classes, but things are going well. Sure you’re pretty busy too. Hope things are going well with your college experience. I won’t be coming home for Spring Break. I’m going to Tennessee to build houses. In April I’m having surgery to fix my vagina, they’re removing a transverse vaginal septum. Anyway, let me know what’s happening with you. Click. Send.

Reply – A transverse vaginal septum? I’ve never heard of that. I’ll have to look it up on the internet. I’m having a good time, here. Meeting lots of interesting people and cute
boys. Ooo la la. I’m taking an English class, I need your help! My fav class is my pottery class. We’ll have to talk soon. What’s your number again?

I blame the mode of communication for losing the weight of the situation. And the fact that we were both busy being in college. Really, the disconnect stems more from the fact that Heather couldn’t understand the relief that diagnosis and surgery brought to me. And I never tried to explain it.

I tell Toni, the girl who lives four doors down from me, while she’s cooking Ramen in my hotpot. For the first few weeks of school, Toni hung out with me and the guys. But she had a restless spirit, always seeking out adventure, even if it got her in trouble. After those first weeks, I’d see Toni every once in awhile when she’d show up at my door to ask me if I wanted to go to the documentary on “Vogueing” that started in five minutes or show me the new fancy wig she bought.

It’s the very end of Spring Break and the dining halls aren’t open. My volunteer group got back from Tennessee earlier in the afternoon and Toni is the only other person on my floor. After talking for a few hours, the conversation comes around to my surgery. When I tell her about my broken vagina, she seems to absorb the situation in a way no other female has bothered to yet. The look on her face is more than sympathy. If she’s thinking of her own vaginal problems, she doesn’t share them with me. But the squint of her eyes shows me that she realizes my broken vagina is more than a medical problem. The slight frown pulling her mouth down convinces me that she can imagine the emotional consequence of a broken vagina without pretending that she completely understands.

I tell my roommate Carin, but only because my mom calls one night while we’re getting ready to go out. Carin overhears that I’m going to have surgery and asks if
everything is all right. We’re already late to meet her friends, so I tell her about my problems as we stumble down three flights of stairs. Since I’m going out with Carin’s friends, I am decked out in her clothes. I have to talk loudly so she can hear me over the clacking of her high-heeled boots that I’m wearing, and my explanation about not being able to use tampons or have sex echoes through the stairwell.

I tell Jon over the instant messenger, shortly after I get back from my first visit with Dr. Caige. I explain to him that I’m not crazy, there is actually something blocking the way and I’m going to have surgery to get it removed. He’s happy for me that my problem finally has a name and a solution. On the day of my surgery, Jon dedicates a song to me on his college radio show to wish me luck and fast healing.

I tell Reed over the phone. I keep waiting for him to ask me how my appointment went, but he doesn’t. We’ve been talking for almost an hour when I finally say, “So I had my doctor’s appointment today…”

“Oh yeah. How did it go?”

“It went alright. They didn’t try to do a full exam or anything. He just felt around, so it wasn’t that bad. It didn’t hurt too much.”

I mush my lips to the side, away from the phone so they don’t make any noise into the silent receiver. On the other end of the phone, Reed clears his throat but doesn’t say anything. I pull at a stray thread in my comforter, puckering the fabric like an accordion.

“Were they…” he clears his throat and speaks up, “Were they able to tell you anything?”

“Yeah. He said it was a…” I try to remember the order of the words: transverse-vaginal-septum. But I can’t and the tiny notepad they’re written on is across the room. I
continue, “that there is like a thick skin or membrane or something that’s concave… or convex… so it curves inward.

“So they’ve seen it before?”

“Yeah. It has an actual medical name but I don’t remember it. He tried to find a picture.” I remember the pages of wounded vaginas. “So it’s in medical books. He said that I can have surgery to remove it. I talked to my mom before and she has to see about insurance and stuff. And I have to find out about recovery time. We might wait until the summer and try to find a doctor back home. That way I don’t have to miss any classes. I’d like to do it here, so that I don’t have to switch doctors, but, we’ll see. I have to call tomorrow.”

“It seems like things went pretty well then.” This is really a question, opening the door for me to talk about anything that might not have gone well, like when I nearly passed out.

“Yeah. Definitely.” This should be said with more enthusiasm. We should be celebrating the diagnosis, but instead there is silence.

He clears his throat. “Well, I’m glad.”
Surgery

The hospital is freezing. Almost as soon as I get there, I’m told to change into a hospital gown that ties down the side. My mom helps me get the ties as tight as possible, but spaces still flap open each time I move, exposing my pale skin. The thin, surprisingly soft, fabric clings to my body; I might as well be naked. I’m happy to climb into the bed where I cross my arms over my chest and try to stay warm.

Yawning, my mom plops into the chair next to my bed. She too crosses her arms, holding each of her elbows with the opposite hand. She’s jittery, scanning the space around my bed and rising, just slightly, from the chair to peek past the divider that separates us from the rest of the large, white room.

“Ma, just sit down.” I open my eyes wide and nod at her chair.

“I just want to see what they’ve got out there.” But she returns to her seat, exaggerating each tip toe step she takes. Sighing, she jerks her head to different angles of the room again and her short dark hair wobbles like a bird’s tuft.

I roll my eyes and shake my head. “Are you going to wait at the hospital the whole time?” It’s 8:30 now, and my surgery doesn’t start until 11.

She nods. “I brought my checkbook to balance.” I know that she will not complete this task. We are the same when we wait. We bring activities – crosswords, books, checkbooks – but we prefer to watch the people around us, get lost in their strange actions and conversations.

My mom looks like she will ask a question, probably if I’m nervous, but a male orderly wheels a cart past the divider. He’s here to give me my IV; I see the needles and tubes. He says, “We’re going to put it in the back of your hand.”
While the orderly preps my hand with alcohol, I avert my eyes to the ceiling, to the wall, to my mother. I take a deep breath. I don’t have a problem with needles, I just don’t like to watch them slide into my flesh.

“Do you want me to do it?” This is my mom’s usual joke. “The patients in the crazy house say I’m really good at it.” My mom is a nurse at a psychiatric hospital; she likes people to think she’s just a little crazy herself.

“No, ma.” I shake my head and try to offer the orderly an apologetic look. He furrows his brow, then goes back to searching my hand for the vein. As soon as I snap my head in the other direction, I feel a prick. My mom leans forward, serious for the moment while she’s watching to make sure the needle goes in correctly. I hear the rip of tape and feel the orderly attaching the tube to my hand. My mom’s face settles again. She is pleased with the orderly’s work.

After the orderly pushes his cart away, a nurse with dark hair and a stern face, comes in to hook up my saline drip. This woman explains the procedure to me in a very professional tone:

“In a little bit, you’ll head up to surgery. There you’ll wait until the room is ready and prepped. Dr. Caige will come by to talk to you while you’re waiting. Then, when the room is ready, a nurse will prep you…”

“That’s when they put a shower cap and booties on you.” My mom interrupts, pretending to pull a shower cap over her head and pushing up underneath her hair as if asking How do I look?

The stern nurse continues, “No booties. But yes a cap. Then the anesthesiologist will switch your saline drip for the anesthetic.”
“Those are your drugs.” My mom grins wide and raises her eyebrows twice.

The nurse’s defense against my mom’s attempt to lighten the mood makes me nervous. She pushes on, “Now, are you familiar with the idea of a pain chart?” She holds up a laminated poster with five faces drawn above a number scale 0-10. The faces are round, like emoticons, and range from smiling on the left to frowning and bursting with perspiration on the right.

I shake my head. She explains that each of the faces represents a different level of pain, and that I should think about the pain in terms of how distracting it is. So the faces toward the left represent pain I might be able to ignore, like a slight headache or a mosquito bite. And the saddest face, all the way at the right, signifies intense, consuming pain that would distract me from a simple task like watching television.

“After you come out of surgery,” the dark haired nurse explains, “the nurses in recovery are going to ask you to use this pain scale to rate your pain.”

I nod.

“We like to have an initial rating, to help us evaluate, so take a look.” She holds the sheet further out. “How would you say you feel now?”

I look at my mom, then back to the chart. On instinct, I want to say that I feel no pain, but looking at the faces, I don’t feel like the smiley face on the left. Studying the scale, I search my body for pain and find it in small amounts. I notice tightness in my stomach, my hand still stings where the IV went in, and my toes ache from being so cold. I’m not sure if the tense feeling of anxiety in my shoulders should be considered pain. The scale seems counterproductive. I didn’t feel any pain until I was asked to think about the pain.
A very long time seems to have passed since the nurse asked the question, yet I can still hear her words echoing off the empty tiles. I clear my throat, “A one, I guess.” The one is between the first two faces.

The nurse writes this down. I worry that I’ve interpreted the chart and my pain incorrectly. Suddenly I want to ask her if she was talking about pain in general or the pain that my upcoming surgery should relieve. I want to make sure that she has an exact understanding of my pain so that she can convey it correctly in her notes. But she finishes with my chart and hurries past the divider.

My mom and I talk while we wait, but not about the surgery. I tell her about school and she tells me about home. Since I refuse to move while I have a needle stuck in me, my arm starts to feel weak and cold. My mom laughs when she sees me sneaking quick glances at the needle.

“Needles in the back of the hand are the worst.” I say. “I remember when I got dehydrated and I wouldn’t stop throwing up. We went to the hospital in the middle of the night. You had to call Grampy over to watch Jay and Jasmine. They put a needle in the back of my hand and I didn’t cry because they told me they’d give me a pink knitted hippo puppet.”

My mom remembers. She’s surprised I can, I was barely three.

I say, “Yeah. I think the repression of those tears caused a deep fear of needles in the back of my hand.” I wave the back of my free hand at her.

She isn’t paying attention. She reaches out to tap the IV drip.

“Ma, stop touching everything.”
“It doesn’t look right. I think it’s too slow.” She watches it for another minute, turning to see if the nurse is near by.

Watching my mom, I get more and more fidgety. Perhaps the IV has been put in wrong and air is leaking into my system. I’m pretty sure that will kill me. When my mom finally goes to find the nurse, I focus on getting my toes warm, rather than waiting for my heart to explode.

The dark haired nurse seems displeased when my mom drags her back to my bedside. I worry that we’re being meddlesome – the patient who cried air. However, after looking at the drip, the nurse agrees it is too slow. She rolls her finger over the white wheel, causing liquid to gather and drop more quickly. My mom nods her head in approval.

We wait about ten more minutes and the dark haired nurse tells me it’s time to go up to surgery. “Do you want your mom to come with you?”

Another question that I’m not prepared to answer. I didn’t realize my mom would be allowed. To avoid holding things up, I go with the instinctive statement, “I’ll be fine.”

“I’ll see you when you come out.” My mom hugs me and I can hear her voice crack a little. “Love you.”

“Love you too.

Two men wheel my bed to what feels like a loading dock. Patients in their hospital beds wait for surgery in a dimly lit inlet off the main hallway. I avoid looking at the three other patients as I’m rolled to the back of the inlet, furthest from the hallway. The two men make sure my bed is properly placed and leave without saying goodbye.

The patient to my right is sleeping, and past him doctors are talking to patients about last minute questions. I realize I have not seen Dr. Caige since I got to the hospital. As if on
cue, he hurries into the inlet. He’s moving forward at his usual pace despite his head being
turned to talk to a tall, young woman who’s trailing behind him. The two of them come up
on the right side of my bed, and Dr. Caige says, “Hello Anja. How are you feeling today?
Nervous at all?”

Smiling, I say, in a quiet voice, “Just a little nervous.”

“Okay. The room should be ready in not too long. I think it opened up a little earlier
than expected actually, so now we just have to wait for them to prep it.”

I nod, still smiling.

“This,” Dr. Caige turns to the woman next to him, “is Dr. Natalie Franklin. She’s
going to be observing as well as assisting me today with your surgery.”

I shake hands with the woman as she explains to me that she’s studying at UVM to
become a surgeon. Her hand feels delicate, like the nurse who held my hand during my first
exam with Dr. Caige. Also, Dr. Franklin’s face reveals an investment in me as a patient, like
she really wants me to be okay. Her intense concern gives me goosebumps.

I drop my eyes from hers, “Nice to meet you.”

Dr. Caige claps his hands together. “Dr. Franklin knows all about your situation, and
she’s going to go over the procedure with you, answer any questions you have, alright?”

With that, he squeezes past the young doctor and disappears into the hallway.

Dr. Franklin tucks her hair behind her ear and moves closer to the bed. “Like Dr.
Caige said, I read over your chart, but I just want to make sure all my notes are correct.”

I picture this woman at the table where I study in my college’s library. Instead of the
scrubs she wears now, she’s wearing sweatpants and a t-shirt. Her hair is messy. It’s late at
night and she’s poring over books with diagrams of vaginas or flipping through the pages of my chart. Looking at her, I know this is similar to how she prepared.

She continues. “First, I want to make sure that you know this surgery is exploratory. As I understand, Dr. Caige was unable to do a full internal exam. Right?”

“Correct.”

“Therefore, the diagnosis of a transverse vaginal septum may be incorrect. While you’re under anesthetic, and we’re able to have you relaxed enough to see, we might find that the septum isn’t the problem. In which case, is it alright if we talk to your mother…” she looked at the chart, “Kitty? And she can make any medical decisions?”

“Yeah, that’s fine.”

She finishes writing and folds the chart to her chest. “Do you have any questions for me? Do you need anything?”

“I don’t think so. I’m just a little cold”

She seems disappointed, like she wants to demonstrate her preparation, but she smiles. “I’ll have one of the nurses bring you an extra blanket.”

“Thanks.”

“Alright. I guess I’ll see you in a little bit.”

After she leaves, I’m left alone for a long time. The inlet doesn’t have a clock and I lose track of time. When I decided I would be fine without my mother, I didn’t know I’d be waiting this long. Without my mother to distract me, I worry that I’ll start worrying about what might go wrong, so I listen to other people’s conversations.

Some of the patients have left and new ones have arrived. The patient to the right of me is still sleeping. On my left, an older man with kidney stones and his wife listen to their
doctor. I think about how awful kidney stones must be and hope that I never get them. The doctor explains that he will be using lasers to break up the stones, so that they will pass easier. When the old man asks questions, his voice sounds weak and scared. I watch his wife clutch his hand tighter and wonder why I told them I didn’t want my mom to come with me.

The anesthesiologist comes to assess my chart. He has a hulking posture, his eyes seem slow to react. *Maybe he’s anesthetized himself.* Mostly, he ignores me and talks to the nurse about my chart. While listening to them, I realize for the first time that, unlike my wisdom teeth surgery, I will be completely unconscious during this procedure. *I won’t be able to remember anything.* For a moment, I’m relieved. I remember the pressure and the noise during my wisdom teeth surgery. Even without the pain, my imagination didn’t appreciate the details. The anesthesiologist jots down a few notes and leaves.

Before the nurse can hurry off, I remind her about the blanket. Her eyes flinch; I think she wants to roll them. Sighing, she says, “I’ll be right back with it.” After a few minutes, she brings a blue blanket and wraps it around my legs.

When I’m left by myself again, I notice the activity in the inlet has lulled. Only two other patients are still here and they are both sleeping. With no distractions, I consider what I know about being unconscious. Not very much. *What if I piss myself?* This question comes out of nowhere and will not go away. Now, despite the fact that I haven’t had anything to drink in almost twelve hours, I need to go to the bathroom. I peer into the nurse’s office across from my bed, searching for movement. *Why didn’t I think of this before, when the nurse was here?* It seems like such an obvious concern that I wonder why no one has asked me. *Maybe they take me right before.*
I spend another five minutes fretting about the possibility of public urination and waiting to catch a glimpse of the nurse. When she finally approaches my bed, she says, “We have to get you ready. The anesthesiologist will be down in just a minute.”

“I have to go to the bathroom.”

She looks nervous. “You have to urinate?”

“Yes, really bad.”

“Oh.” She’s relieved. “Don’t worry about that. They’ll put a catheter in before your surgery.”

I shake my head. A catheter is more new information for me. “Can’t I just go to the bathroom now? I’ll go really fast.” I frown with my eyes. I really don’t want to have to tell her that I’m scared I’ll piss myself.

Sighing, she looks at her watch. “Okay.” She disappears into her office and comes back with a pair of blue slipper socks. “Put these on. You’ll have to hurry.”

While she unhooks my IV bags from its hook, I slide my feet into the slippers. They’re so wonderfully warm that I want to ask if I can keep them on during the surgery. The nurse hands me my IV bag and walks with me to the bathroom. I wonder if the fuzzy blue socks are mine to keep, like the socks that some airlines give their passengers.

When I get to the bathroom, I can only squeeze out a few drops. I hope the nurse didn’t hear my lack of peeing, and realize that I made a fuss over nothing. Regardless, I feel much more relaxed as I climb back into the hospital bed.

The nurse rushes now. I’m disappointed when she pulls the blue socks off my feet and throws them on the tray under the bed. I hope they’re still there when I wake up. The
nurse finishes tucking my hair under a yellow paper cap and is readjusting the IV bag when the anesthesiologist enters the inlet with his own little cart.

I turn my head, crinkling the paper cap against the bed, to watch the anesthesiologist swap the bag of saline for the bag of anesthetic. He watches to make sure the drip starts correctly before pushing his cart out of the inlet.

The nurse lowers the bed, so that I’m flat on my back, and rolls me out of the inlet. In the hallway, two men take over, maneuvering me toward the surgery room. I can feel the anesthetic running through the veins in my arm. A cold, rippling sensation, like diving into a pool, spreads up to my shoulder and into my heart. Immediately, it shoots out in all directions, and I feel drowsy. I close my eyes for a second. When I open them, I’m under bright lights. I see Dr. Franklin smiling at me from behind a surgical mask. I blink again and the two men who wheeled me in are lifting the sheet under me, bringing me closer to the lights. I’m out before I hit the steel table.
Recovery

The clock comes into focus first and the rest of the room fills in around it. I have not forgotten where I am. Awaking is not as jarring as I expected it to be. It isn’t really like waking at all. It is more like allowing the activity that surrounds to pass the barrier of my eyes and sink into my brain. I feel that I have been staring at the clock, but I can’t remember thinking about the clock, or even acknowledging that it was a clock until now.

The time on the clock means nothing to me. I have been in the hospital since nine this morning and have no idea what time it was when I went in for surgery. I don’t bother absorbing the time.

I shift and look down at my body. I’m propped into a half-seated position. I notice that the IV is still in my arm; I skirt my eyes around it. What looks like a complicated potato chip clip is clamped onto my left pointer finger and feeding into a machine somewhere behind me. A white sheet covers me from my ribs down. I want to know what happened under there, but I don’t want to discover it alone. I want someone to tell me first that there were no problems and everything ended up okay.

The pain dawns on me, and it’s not really pain. There is a dull ache and heavy pressure. I have to pee. The curtains to either side of the bed obscure the room. All I can see is the wall the clock is on, which turns a corner into an inlet. The door around this corner is cracked and I’m sure that is the bathroom. I can hear movement and talking somewhere beyond the curtains but I haven’t seen anyone yet. I can probably just go. There are rails on the bed which would make going over the side difficult. The only way out would be to slide to the end of the bed and hop down. But I’m attached to the machine and the IV. I decide that they probably don’t want me to get up on my own.
Should I call someone? I don’t know what to say. Help seems extreme, like something to be used only in emergency situations. Hello seems silly. I have to pee might be a little too forward. So I wait. I fall back to the clock and watch the red second hand circle around the face. After a few minutes my eyes drift to the laminated pain chart hanging under the clock.

Anticipating that the nurse will ask me to rate my pain, I focus on the pressure in my bladder and the dull aching in my vagina. I want to be prepared this time. The pain I feel now is much less than the pain from trying to use a tampon. I feel more discomfort than anything else, and mostly because I’m afraid to move myself. The IV has made my hand immobile and my arm is beginning to be stiff. I don’t want to move at all, in case I might disturb something under the white sheet. I stare at the chart again and decide that I am at a six on the chart, right above the middle straight lipped, furrowed brow face. I can’t ignore the pain but I could still get up and move around, say to the bathroom, if I had to and I could concentrate on a somewhat complicated task like a crossword puzzle.

A nurse passes by and notices that I’m awake. She comes over right away, wants to know how I’m feeling – based on the scale of course. I tell her a six. She begins adjusting the bed around me and tells me she’s going to sit me up. I tell her I need to pee. The tone of this statement doesn’t match the urgency that I can feel building in the pressure in my bladder. She tells me that I can go in just a minute. I know that she doesn’t understand how badly I have to go. I know that she thinks that I can hold it. My body won’t react to the stress of my mind. I want to know what is happening around me, but my head won’t turn fast enough to find out. I need to ask the nurse questions that are streaming through my brain, but my mouth is lazy and won’t open. My body feels heavy and slow and somewhat
chalky, as if I’m covered in fine powder that could be blown away by a heavy gust of the venting system.

The bottom half of the bed lowers, bringing my feet toward the ground. I squirm, trying to assist the nurse in helping me to sit up and get comfortable. The aching in my vagina increases. And something is poking me inside, and the muscles clench. It hurts. I have to pee worse. I assume this is the process for getting out of the bed but the nurse walks away without helping me all the way up.

Something is still poking me from the inside. I wiggle my hips, but I can’t move away from the poking. I worry that they forgot to take the catheter out. Now that I’m sitting, I can feel a pad punching between my legs. It crosses my mind that I might be bleeding, that I’m probably bleeding. I focus beyond the need to pee. Do I feel like I’m bleeding? I can’t tell. The gown is not stained. I push it against my leg to see if it absorbs anything. It doesn’t. But something makes the gown stick against my leg. The curtain at the front of my “room” is still open so I don’t want to lift up my gown and look.

I lean my head back against the bed and wait. The nurse crosses the opening to the room a few times, looking in each time and frowning. Why won’t she let me go to the bathroom? I should ask but my mouth is too slow. It won’t form the words. She must be busy with other things. Maybe they only have one bathroom and it is occupied. The pressure builds until the sensation of having to pee is overwhelming. Crossing my legs is out of the question. I tap my foot against the air to distract myself, but this hurts.

I consider just peeing. I’m sure that happens all the time in hospitals and there would be nothing to be embarrassed about. After all, whatever they put between my legs is sure to absorb it; it wouldn’t even make that big of a mess. And it’s not like I didn’t already say that
I had to go to the bathroom. I relax and try to let it out. But nothing. I try to force it out. But it hurts more. I don’t really have to go. Why does it hurt so much? They did leave the catheter in. I need to tell them so they take it out.

Another nurse comes by and looks into the room. Then, she stands at the edge of the room and talks to the other nurse. I consider crying. It shouldn’t be hard: I’m frustrated and I’m in pain. I frown and focus on the intensity of my confusion, but still my body will not respond to my brain. One nurse steps into the room, grabs my hand and looks at the machine. She looks back to the other nurse and they both chuckle and nod their heads. I’m told I can go to the bathroom now. The nurse helps me up. The pad between my legs moves away from my body when I start to get up. Through the hospital gown, I clutch it against my leg. I do not want it to fall on the floor.

The nurse helps me from the bed to a wheelchair. We take the IV bag with me. She rolls me toward the door that I already guessed was the bathroom. This is silly. The bathroom is so close, and it’s an awful lot of trouble getting me into and out of the wheelchair in order to go such a short distance. But when I stand up to try to make it the few last steps to the bathroom, I understand. My legs, like the rest of my body, don’t respond to the alert commands my brain is sending out.

The nurse follows me into the small, dim bathroom and hangs the IV bag on a hook next to the toilet. In calculated but gentle movements she helps me sit on the toilet, taking my hand away from where it clutches at the hospital gown and disposing of the pad. It seems like one swift motion that I don’t have time to register or guess what’s coming next. The pad, as it disappears into the garbage can, is not as bloody as I was afraid it might be. The nurse tells me to open the door when I’m finished and she’ll help me back to my bed. I mean
to smile but I don’t know if my face understands that. The metal latch of the door clicks into place and I’m alone. I sigh and look down at my thighs. They are still covered by the hospital gown. My fingers inch along the fabric, pulling it back little by little. On my inner thighs, about two inches from my knee, something has dried in brown smears. The blood must have dried on my legs, I look toward the ceiling.

I’m surprised that I’m not peeing yet. I try to make myself go and it hurts. Too much. I stop trying. I know, now, that they left the catheter in. Does it just come out when you pee? I try again, harder and it still doesn’t work. But this time it hurts my vagina too. I want to cry, but my tear ducts don’t know that. I try a few more times, digging my fingers into my thighs to help the pain. I let out a whimper. Reaching for the door, I see the “press for assistance” button. It’s yellow and recedes into the metal plate on the wall as soon as my finger touches it.

There is a slight tap on the door and the nurse asks if she can open the door. I say yes. The door slides open a crack. The nurse’s face peers in. Hunched over with my hands folded tight in my lap, I look up at her. My forehead wrinkles, “I can’t pee.” My voice starts as a whisper, cracking aloud at pee. She looks puzzled. I almost tell her that I think they forgot to take the catheter out. I clear my throat and say, “It hurts when I try to pee.”

She looks relieved, maybe amused. “That happens after they take the catheter out.” “Oh.” I look down at my hands, wringing in my lap.

“Once you start going, it won’t hurt as bad.”

I nod my head and she reminds me to open the door when I’m finished. The metal clicks into place. I take a deep breath, sit up straight, and grip the side of the sink. I take the nurse’s words for truth and force myself through the pain. My mouth opens and contorts
around my gritted teeth. I wonder about the man with the kidney stones, if his pain was this bad, if he came out of surgery having to pee and thinking that the kidney stones were better or worse than this. I’m finally going.

My mom comes into the recovery room shortly after I get back from the bathroom. I tell her about the painful bathroom experience and we laugh. She asks me if I want to go back to my dorm room or to the hotel with her. I weigh the amount of work I have to get done against the comfort of privacy and decide on the latter. My mother is relieved by my answer. She’s been trying to convince me that staying at the hotel with her for the weekend is a better idea. Previously, I had refused to admit that this surgery would affect me very much. I likened it to getting my wisdom teeth out. I was not expecting to be so groggy or in so much pain.

The nurses decide that I’m not quite ready to leave yet; my blood pressure is still too low. My mom tells me that the doctors had to pump more anesthetics into me than they’d planned because I wouldn’t relax. Even in a semi-unconscious state, the muscles stayed contracted and the doctors couldn’t see anything. I picture my legs snapping shut and all the doctors stepping back in shock, scratching their paper covered heads with their latex bound fingers. I finally relaxed after they’d given me all the anesthetics they could without dropping my blood pressure to dangerous levels. The nurse asks me again how I feel based on the face pain scale. Now that I’ve gone to the bathroom and the drugs are beginning to wear off, I’m aware of the stitches and the soreness. I tell her a four. It certainly hurt more when I had to pee. And even though this pain is constant, it is not as bad as the pain that the surgery has hopefully alleviated. They decide that I can go. My mom
and the nurse talk outside the drawn curtain while I get dressed in my own clothes. I can hear my mom laughing.

They tell me to sit down. My mom is going to get the car and they’ll call someone to wheel me out to it. Again, I think this is silly. I tell them that I can walk to the car. But they insist that it is hospital procedure, so I sit down. Outside, the sun is still shining and I finally feel warm. When the orderly helps me to the passenger door, I catch my reflection in the window. I realize why they don’t want me trying to walk anywhere. My face is pasty white, even my lips. And my eyes are glassy and confused in dark sockets. “Shit” I mutter and hope my mom didn’t hear me.

On the way to the hotel, as the sunny Plattsburgh afternoon whirred past, I finally understood why my mom had made sure there was a place for me to stay with her at the hotel. I was not fine. I was nauseous, but I didn’t feel like I was actually going to throw up. As far as I knew, there shouldn’t be much in my stomach for me to throw up. Still, I stared at my lap, avoiding the movement outside the car, to subdue the uncomfortable, hot churning I could feel in my core.

By the time we got to the hotel, my mom was on edge. I had been convincing at the hospital when I told them I was fine, but I no longer felt fine and it was apparent. After parking as close as she could to the door with the easiest access to the room, she helped me out of the car and into the hotel. The hallway seemed long and the ceilings low like a camera shot from a horror film designed for maximum discomfort. My mom walked next to me for a few steps, ready to stabilize me. Her eyes kept darting ahead to access the remaining distance to the room.
Keeping her eyes on me, she dug around in her purse and pulled out the keycard. “I hope this works today.” Since she arrived, she’d been having trouble opening her door with the keycard. When we were only three doors away, she rushed ahead to give herself extra time to open the door before I got there. She tried several times, but the light on the door flashed red and, as she feared, the door wouldn’t open. She looked at me, then up and down the hallway.

“I’m going to have to go to the office.” She pressed her lips together, wondering if I would be okay standing in the hallway. “I’ll be right back.” And she disappeared around the corner in the direction of the “to main desk” arrow.

I leaned against the door, suddenly realizing that my center of gravity felt too high and wanting to get closer to the ground. Although I’m not sure how, I lowered myself into a crouching position that didn’t pull at the stitches. Two doors past my mom’s room, the cleaning cart was parked outside of another room. Why didn’t we just ask the cleaner to open the door? That seemed logical. I was ready to ask, but when the cleaner emerged from the room she was cleaning, I changed my mind. Even after I smiled at her, the short Latino woman only kept a wary eye on me as she went about her business.

I realized how I must look. Pale, drugged, and slouched against a hotel door. She probably considered calling someone – a supervisor, security. She certainly wasn’t going to let me into a room, which I had no legitimate means of getting into. I thought about explaining to her that I’d just had surgery, that my mom’s keycard was broken. Not to convince her to let me into the room, but to explain that I wasn’t a strung out crack whore.
Either the main desk wasn’t far away or my mom booked it because she came running back around that corner before I had time to think about how long she was gone. They’d reprogrammed her keycard and this time when she slid it in, the door clicked open.

Inside the room, I made it to the bed that wasn’t yet unmade and collapsed on top of the rough bed spread. My mom sat on the edge of her bed and said, “How are you feeling?”

“Like I’m gonna barf.” My face was mashed against the bed, muffling my words.

“That’s all the anesthetic they gave you. It’ll wear off after you get some sleep. How do you feel otherwise?”

I rolled over and propped my head up on a pillow. “It hurts a little. It was really bad when they wouldn’t let me go to the bathroom. I guess the pressure or whatever. Then, when I did go to the bathroom, it was awful. And there’s brown stuff on my legs.” By this time I knew that it probably wasn’t my own blood. It really wasn’t the right color to be blood.

“That’s iodine.”

“Oh.” I raised my eyebrows and nodded my head as if to say well that makes sense, but it didn’t make sense. All I needed to know is that it wasn’t my own blood that they hadn’t wiped away. “They wouldn’t let me go to the bathroom for a really long time after I woke up.”

“Yeah, you gave them quite a scare.” My mom laughed. “Your blood pressure was too low when you first woke up. Then, your heart rate starting spiking high.”

I remembered the nurses coming in and out of the curtained off room, looking at my monitor with worried frowns.
“Well, it was because you were tapping your finger against the bed. You were tapping the pulse monitor that was attached to your finger, and the screen looked like you were about to have a heart attack.” She laughed again, shaking her head.

“They should’ve just let me use the bathroom in the first place.” I smiled, my eyes sleepy.

“Well, they’d given you so much anesthetic… they didn’t want you to shut down completely.”

It occurred to me, for the first time, that I had not seen Dr. Caige or Dr. Franklin after the surgery, that they never came to talk to me about how the surgery went. “Did the doctor ever come talk to you?”

“Yeah. He came after they were finished to let me know you were on your way to recovery. He said they didn’t find a transverse vaginal septum, like he thought they would. They removed the hymen and some of the muscle.”

“Oh.” I considered, briefly, that nothing had really been wrong with me, that it had all been in my head or in my inability to function naturally. All they removed was my hymen, and every female has one of those. For the few seconds I let myself think about it, I saw the surgery, the fuss as accomplishing nothing. I didn’t actually have a problem if all they removed was my hymen. I pushed that away. My surgery was done; I was supposedly (hopefully) fixed.

My mom stood up and walked to the other side of the bed. Digging through her bag, she pulled out a folded t-shirt. “I saw this and it looked like a “you” thing.” My mom says this often. It used to be that the “you” things she saw for me, weren’t always exactly “me,” but as I got older and my styles changed less, she missed the mark less and less.
“Thanks.” I sat up and took the shirt, letting it unfold so I can see the picture. It is a black long sleeve t-shirt with a detailed picture of a wizard with a crystal ball sitting under a tree.

“I just thought you might like it…”

“Yeah. I do. It’s a cool picture. And I don’t have many long sleeve t-shirts. Thanks.” I got up from the bed and headed to the bathroom with my new shirt. In the bathroom, I peeled off my sweatshirt and my jeans and replaced them with my new shirt. I called to my mom through the door, “I didn’t bring any clothes.”

“Yeah. I can head over there now and pick up some stuff for you, while you rest.”

I looked at the toilet. *Do I really have to go to the bathroom?* The aching in my pelvic region made it impossible for me to distinguish normal sensations like having to pee from the pressure from the stitches. Recalling the trouble of going to the bathroom in the hospital, I decided to wait until I *really* had to go. I gathered up my clothes and walked back into the room. “I think I just need clothes and some of my books.”

“And a toothbrush.”

My mom took out a pen and a small pad of sticky notes with drug company logos across the top. She got them from work, for free, and they had always been the source of paper to write reminders and telephone messages on in my house. Under the Prozac or the Viagra or the Lipitor, she took notes as I explained to her what clothes I wanted and where to find them in my room. I told her exactly where *Utopia* was and what the cover looked like.

“Anything else?” She asked, tapping the pen against the paper.

“Can you call Reed and let him know that it went alright?” It didn’t occur to me that I could have used the hotel phone. I thought hotel phones were probably expensive. I had a
calling card, but I didn’t realize I could probably use it from the hotel phone without having to pay anything. My mom said she would call and I tried to walk her through the process of first dialing off-campus on my phone, then using the calling card, and finally how, if the need arose, to leave a message on Reed’s answering machine. Eventually, I wrote out step by step instructions, including all the numbers and codes, which I had by that time memorized. I told her also that she could use my phone card to call family members or her boyfriend Karl, who would be watching Kaitlin, my younger sister.

She left with lots of instructions and codes and phone numbers, and I hoped that Carin would be in our room so that my mom didn’t have to mess with the door code. I lay in bed watching television and trying to get comfortable. I was becoming more lucid and the pain from my stitches was becoming more precise and less numb.

After a half hour, of tossing and turning, I thought trying to pee might relieve some of the pressure in the area. The bathroom seemed very bright in comparison with the dimly lit bathroom at the hospital. When I’d come in to change my clothes, I had avoided looking at the brown stains on my pale, marbled legs. I rubbed at the edge of the brown marks and waited for the pee to come. It didn’t. I twitched my foot, hoping I wouldn’t have to force it out again like in the hospital. But I would.

I sat up straight (because good posture always helps?) and closed my eyes. When I pushed this time, it didn’t take nearly as long to start going. But the force of pushing out the urine also caused air out of my vagina. Now, this was something that I had never experienced before and it startled me so much that I gasped and clenched all of my muscles tight. I stopped peeing and looked around the bathroom. It had been so loud. I looked into the toilet to see if anything besides air came out. Nothing.
Okay. That’s normal. Makes sense. What with your legs being wide open and people working around in there. I tried not to think of the specifics of how air would actually get stuck inside of me. I braced myself, feet flat on the floor, hands on my knees, and pushed to relax the muscles again. Despite my readiness, the process was stop and go. Each time the air came out, my body would involuntary flinch and the muscles would try to hold it in. Then, I would have to prepare myself all over again, and go a little more.

When I was done, I wet some tissues and used them to wipe of the iodine stains. I was glad I hadn’t insisted on going back to my dorm room.

That evening, I was feeling well enough to go out for an early dinner. We requested a table on the patio, which created a small stir because Plattsburgh generally doesn’t get warm enough for patio seating until May. But today was surprisingly warm and free of the biting wind that usually drops temperatures a few degrees.

After dinner, my mom insisted that I get a dessert to-go, even though the lingering nausea had prevented me from eating even half my meal. I wasn’t sure what to do. Dessert at restaurants is unheard of in my family, or at least reserved for special occasions. We usually look at the dessert menu while we wait for dinner, discuss what looks good, but never actually order it. I felt my face turn a little red, and decided on the carrot cake before my mom could change her mind.

“Carrot cake?” My mom’s face wrinkled, hinting that she did not like carrot cake. In fact, later, when I was ready to eat the carrot cake in the hotel room, she took a few bites and seemed to enjoy them just fine.

I spent most of Friday lying in the hotel bed watching television, dozing off, and occasionally reading Utopia. The nausea from the anesthetic wore off during the night, and
the pain was not more than an annoyance. Going to the bathroom was still an ordeal, but it was getting easier each time and, thankfully, there stopped being so much air.

My mom went out in the middle of the day to get some lotion. She came back more than two hours later, explaining, “I noticed the dresses in the Wal-Mart and remembered that I needed to get one for the wedding. So I popped into some of the stores in that plaza and looked around. I found two and couldn’t decide which one to get, so I bought them both.”

I laughed and shook my head. Karl’s daughter wasn’t getting married until the beginning of May, I wondered why my mother needed to get a dress now, in Plattsburgh. But I didn’t say anything, because I was impressed that my mom was relaxed enough to buy, not one, but two dresses for herself.

On Saturday, the weather was still gorgeous and I was ready to get out of the hotel room. After visiting some of my mom’s backwoods hangouts from when she was a student at Plattsburgh, we headed down to the bank of the Saranac River. We decided to perch on the hill overlooking where the river empties into Lake Champlain. The books we’d brought with us stayed mostly closed. On the other side of the river, there were a group of teenage boys swinging into the river on a rope. Each one of them yelped as he hit the water that had probably been at the top of some mountain only a week ago. I smiled, thinking that I should suggest this activity to my group of guys. When it got warmer.

The damp ground started to soak through my pants after awhile and the sun went behind the trees. My mom was napping, and when I woke her up we headed to an early dinner.
I stayed at the hotel again that night and on Sunday morning my mom dropped me off at the dorm and headed home. She wanted to stop at Jasmine’s on the way back home and then make sure that she didn’t have to be driving as it got dark outside.

Back in my dorm room, I talked to Reed on the computer for a bit before I remembered all of the work that I’d been putting off since Wednesday. I headed to the photography lab for a few hours, not nervous about all the walking and standing this required until I felt the dull aching in between my legs on the way back to my dorm. When I got to my room, I checked my underwear and found a small splotch of blood. I finally admitted that I needed to be more careful.

The doctors had told me that I couldn’t take a shower for three days after my surgery. I wasn’t sure if that worked out to be Sunday or Monday. I reluctantly decided to wait until Monday morning, even though it meant that I had to get up earlier.

The soreness in my vagina dulled from a constant by Tuesday morning. After that, certain movements would trigger pain, like a warning that I should discontinue my action. I discovered quickly that the vagina muscles really are the center of almost everything a female might want to do: sitting down, standing up, lying down, turning sideways, laughing, sneezing, shouting, pushing someone, raising your arms above your head, opening a heavy door, pulling your hair back, walking, putting a backpack on, yawning, balancing on one foot in order to put a shoe on, brushing your teeth, coughing, catching a door with your foot, laying still in bed, washing your back, lifting a tray in the dining hall, opening a drawer, hugging someone, pulling up the shades, pushing a chair out from a desk, escaping a headlock, kicking off a shoe, swinging a bat.
Usually the pain was my own fault, brought on by a sudden action. I would feel the muscles pull against the stitches and freeze in the position I was in. Other times, when I was otherwise still, my stitches reminded me of their presence. While trying to pay attention in class, I would feel a precise jab – sudden, unexpected and fleeting. I would jerk in my seat, shifting enough to subdue the poking for at least a few minutes. Or while watching a movie with friends, I would try to ignore a nagging tickle that, if persistent, would become a maddening itch. I would flex my vagina muscles, hoping to “scratch” the spot and stop the irritation. It didn’t work.

For the most part, the annoyances of recovery were small and didn’t affect much in my routine. I went to classes, worked, ate meals with the guys. Most people wouldn’t have been able to tell anything was different.

After lunch one afternoon, Bill shoved the rest of an ice cream cone into his mouth. “You wanna go to the gym this afternoon?” The elevator started up to the seventh floor.

“Nah. I can’t.” I looked at him, his cheeks bulging. He gave me a questioning look: why, when. I shrugged. “My surgery. I should wait until next week.”

He nodded his head. We rode past the third floor in silence. Bill started to giggle. When I glanced at him he was holding back a smile and looking at me out of the corner of his beady eye.

“Dude, you did not just fucking fart.” I shook my head, glad that we were finally at the seventh floor. I followed him out of the elevator, pushing him in the middle of his back. “What’s the matter with you? You’re like a second grader.”
He turned around, arms up, ready to box. This is what we did, always, anywhere we were. It started with some shit talking – I’m gonna kick your ass, Yeah right, some threat concerning mustard – and usually ended with one of us in a headlock, getting a noogie.

Today, when the headlock came, I squirmed until I was free and landed a kick to the back of Bill’s knee. He caught my leg on the way down and started pulling me down the hallway. This was another way a fight might end.

“Not a good idea.” The words must have sounded serious enough because Bill dropped my leg.

“What’s a matter? Ya big wuss.” He pushed me on the shoulder.

“No.” Laughing, I hit him in the stomach. “I just had surgery like last week, punk.”

He nodded still looking confused.

“There’s stitches.” I motioned my hand in a circle around my pelvic region. “In this general area.”

“Shit. That sucks.”

“I know.”

He wrapped my head into the bend of his arm. “Maybe you shouldn’t be starting shit then. Punk ass.”

I scrunched my face and waited for my noogie.

After about two weeks, I felt normal. I could move around, wrestle with my friends, take a shower, and even go to the gym without the sensation that the stitches were pulling. In the beginning of May, when I returned to the gynecologist’s office to make sure that the stitches had completely dissolved and that the tissue had healed, I felt good.
I was still nervous as I sat on the exam table, flipping through the Redbook, waiting for Dr. Caige. For the first time, my feet were not cold as my toe tips brushed against the metal step.

When the knock came at the door, I slid the magazine back into the holder on the wall and said, “Come in.”

Dr. Caige whirred in, wearing turquoise scrubs under his long, fitted medical coat. He seemed an announcement of the warm weather that had finally arrived in Plattsburgh. After taking a seat on the stool, he flipped my chart open on the counter and asked, “How have you been since the surgery?”

“Good.” I nodded. “The recovery was pretty quick. Not a lot of pain.”

He scribbled notes on the empty page, then looked up. “I talked to your mom after the surgery, but not to you. There was no vaginal septum. We performed a hymenectomy to remove an imperforate hymen. And also we removed some toughened muscle around the hymen.”

“Yeah that was what my mom said.”

He turned back to my chart. “No lingering pain or irritation since the surgery?”

“No. For the first week the stitches would poke me or itch. But that’s stopped.”

“How are you feeling about the exam?”

I looked down at my fingers twisting in my lap. “A little nervous. About the pain.”

“Have you made any attempts at penetration? Intercourse? Tampons?”

“No.” I shook my head, confused. My surgery still seemed so recent. I hadn’t even considered trying anything like that.
Dr. Caige pushed away from the counter, rolling the stool toward the call-nurse button. “Well, we’re going to try a full exam today. With the smallest specula, of course. But first, I’m going to use my finger to feel how the stitches have healed.”

I followed everything he was saying with a nod or a small “okay.”

The nurse who responded to the call-nurse button wasn’t the same nurse from my first visit with Dr. Caige. This nurse, with brown hair cropped short to frame her round face, stayed on the right side of the table. For some reason, this small difference made me uncomfortable.

This nurse didn’t offer to help me into position and when I noticed Dr. Caige had already put his gloves on, I realized I’d have to do it myself. I leaned back on the table, lifting each foot into the bootied stirrups and scooching down until my butt was balanced on the edge of the exam table. The nurse moved a little closer to the table, after I was lying down, but she didn’t give me her hand or say any encouraging remarks.

As Dr. Caige adjusted the light on the other side of the paper sheet, his silhouette jumped around the wall behind him. The light steadied and then the question/statement “I’m going to touch the inside of your thigh, now.”

I took a shallow breath and let it out slowly. The sensation against my leg didn’t make me jump this time. I forced my legs out to the side without being told.

“Good. Remember, I’m only using my finger to feel around the tissue.” His hand slid closer to my vagina and I felt the muscles tense. Deep breath. They relaxed a little. The lubricant on his finger was cold, causing a shudder in my stomach. Another deep breath and I was relaxed again. I felt his finger move inside and prepared myself for the pain. My face flinched into a grimace, but relaxed when he reached past where the barrier used to be.
He pushed against the sides of my vagina, where the stitches had been, and announced, “It seems to have healed nicely.” With his finger still inside me, he stood up.

“While we’re at it, I’m going to check your ovaries. This might be a little uncomfortable.”

And it was, very uncomfortable. He prodded my ovaries from the inside and outside, simultaneously. This, I assumed, was the discomfort that most women associated with the gynecologist’s office. This was not that bad.

The specula was also painful, but not excruciating. It slid in without a problem, but when it screwed open, I felt the ring of muscles fighting against the dilation. I whispered, “Ow.”

The nurse made a move to come closer and muttered, “You’re doing great.”

Dr. Caige said, “We’re almost done.”

I felt the prickly brush that looked like a pipe-cleaner sweep across my cervix. The scrape was not much better, but then it was done. The specula came out, I sat up and the nurse slipped out of the room.

Dr. Caige pulled off his gloves. “Well things look great. The stitches have healed, and there’s not excessive scarring in the area. And the exam was less painful than past attempts?”

I smoothed the paper over my thighs and moved back from the edge of the table. “Yeah. There was just some discomfort. I think from being nervous.”

He wrote some more notes on my chart. “You should massage the vaginal muscles regularly to help with relaxation as they continue to heal.”

“Oh okay.”按摩？Like how？I avoided those questions and asked instead about regulating my period, which had continued to be a problem.
“Since the opening in the hymen was so small, there is the possibility that you’ve been getting your periods, but not bleeding. The hymen could have served as a block, and, if your flow isn’t usually heavy anyway, the material might have been reabsorbed.”

_That’s gross._ I tried to erase the grimace from my face.

“Why don’t you see what happens for a few months. If your cycle doesn’t start to regulate by the end of July, then we’ll go ahead with some blood work.”

“I won’t be back in Plattsburgh until the end of August, anyway. I’ll be home for the summer. So I’ll just make an appointment when I come back in the fall?”

“Sounds good.”

By the time I left the gynecologist’s, the residual soreness from the exam had faded. I hurried to my dorm, resisting the urge to run the whole time. The forecast for the day had predicted rain, but the sun was shining, finally. And I was finally fixed.

At the time, I accepted that the term imperforate hymen meant that my hymen was not normal. The word “imperforate” seemed reminiscent of “imperfect,” so that was how I interpreted the diagnosis. When I graduated from Plattsburgh, three years after my surgery, I requested my medical records from the gynecologist’s office. They arrived in the mail, marked PERSONAL AND CONFIDENTIAL. I tore them open immediately and tried to decipher the various handwritings as well as the medical lingo. The account of my surgery, typed up by Natalie Franklin, M.D., reports that the natural opening in my hymen was only one centimeter wide (“which just allowed the insertion of one finger”) after I was sedated and fully dilated. The report also explains: “After a series of digital dilations, the hymen gently gave way to approximately 3 cm of dilation.” _Gently?_
I didn’t find anything in the medical records to explain or define the specifics of an imperforate hymen. Five years after my surgery, I googled the term and found that it was a common hit on websites for new parents. According to the Children’s Hospital of Boston website: “When no hymenal opening is present, a membrane covers the area of the hymen and this is called an imperforate hymen.”

Although this definition, and several others, claim that the imperforate hymen is a complete barrier across the vaginal opening, other websites, including youngwomenshealth.com, discuss a microperforate hymen: “a thin membrane that almost completely covers the opening to a young woman’s vagina.”

More recent medical articles suggest some cases of imperforate hymen may be acquired as a result of sexual abuse in childhood. Paula J Adams Hillard, M.D. explains that “Imperforate hymen has been described as occurring as a result of scarring from penetration and abuse.” However, in the article “Imperforate Hymen: Congenital or Acquired from Sexual Abuse?,” Ann S. Botash, M.D. and Florence Jean-Louis suggest that lack of hymenal exams previous to reports of sexual abuse make it difficult to determine the connection between sexual abuse and imperforate hymens. Both articles, written after 2000, call for more thorough examinations of infant girls’ hymens at the time of birth.
The Build-Up

Reed didn’t ask too many questions about the surgery. I kept him updated during the healing process, complaining daily about the pokes, jabs, and pulls inflicted by my stitches. But he didn’t ask me if I was fixed, and he never brought up sex.

He did send me a package that I got the week after my surgery. It was an assortment of my favorite candies - jellybeans, Heath bites, Goetzes caramels with the cream in the middle. Slid down the side of the box was a dark blue card covered with stars. The entirety of the card’s inside was filled with Reed’s tiny handwriting. He wrote how beautiful he thought I was, and how brave I was, and how much he wanted me to be happy. I cried when I read it.

After my surgery, we didn’t see each other again until he came up to Plattsburgh to bring me home for the summer. As soon as we got home, we packed up again and headed down the coast on another road trip.

On the first night of the trip, as we were falling asleep, Reed asked, “How are you… you know, since the surgery? What did the doctor say?”

I turned toward him, but could only see the outline and shadows of his face. “When I went to the doctor last week, he said everything had healed okay. And the exam wasn’t even that painful. Maybe a little, but certainly not nearly as bad as it used to be.”

“What about…” he paused before rushing through the rest of his sentence, “like rolling around?”

I let out a silent laugh that was only air through my nose. “I don’t know.” Dr. Caige said I should massage the muscles. “I think it’s okay to use my vagina.”
He laughed, rolling onto his side and wrapping his arm over my stomach. I turned my face toward his and ours lips brushed. I closed my eyes and enjoyed the tingle and rhythm of our lips pressing together.

We didn’t push the discussion about sex any further, and neither did our actions. For the rest of the trip, we fooled around as if nothing had changed – no surgery, no working vagina. We stuck with the “other ways to be intimate” that we had discovered before it was okay to use my vagina.

In fact, throughout the summer we didn’t mention sex. Part of me was still nervous that sex wouldn’t work, but I’d stopped obsessing over the act. By the end of the summer, I’d rarely initiate any form of intimacy.

When I got back to Plattsburgh in the fall, I didn’t call the gynecologist to make an appointment. I was too busy being a Resident Assistant in the dorms, taking two upper level English classes, TAing a freshmen seminar, planning events for the Honor Student Association which had voted me in as co-president, and continuing to work fifteen hours in the Sports Information Office. I barely had time to eat and had stopped trying to find time to go to the gym.

Reed thought my schedule was too busy, was making me unhappy. We argued on the phone and over the computer about small, stupid things, decisions that I was making, actions he wasn’t taking. The eight-hour drive between our schools was wearing on him, and every visit brought stifled waves of tension. Occasionally, the truth would spill over. He felt like I was distancing myself from him, leaving the responsibility of the relationship on his shoulders. And he was right.
I was tired of thinking about our relationship, of swallowing the guilt and self-inflicted pressure that came along with my broken vagina. Now that my vagina supposedly worked, I didn’t want to shatter that illusion by actually asking it to perform.

By the end of my fall semester, I was exhausted and anxiety-ridden. Although I’d realized, during finals week, that I had to re-prioritize my life before spring semester, my winter break work schedule didn’t leave me much time to reflect. While I was back home, I was working forty-hour weeks at a local deli, mostly morning shifts, which left me falling asleep on my bedroom floor by the time Reed came over in the evenings.

My priorities, when I figured them out, read like this:

1. Me. (this includes eating, exercising, visiting the gynecologist, maintaining general happiness)
2. My relationships. (with Reed, my family, my friends)
3. My schoolwork.
4. My jobs. (RAing, the Sports Information Office)
5. My extra curricular activities.

When the spring semester started at the end of January, I called the gynecologist, but couldn’t get an appointment with a doctor until the end of February. Dr. Caige had left the office, so I made an appointment with another female doctor.

In the meantime, I’d started planning again, getting myself ready to attempt sex again. I’d been able to use tampons without too much pain as long as I lubricated them and was relaxed enough before inserting them. Sex would require more relaxation, but it was possible. Reed was coming to visit for Valentine’s Day, and I’d decided this was the big day.
The second night of his stay, he took me out to dinner. On the way back, I told him to stop at the pharmacy. “I just have to run in real quick.” I hopped out of his jeep as soon as it stopped. He waited in the car.

Inside, I headed straight for the condom aisle. The first three pack of condoms from the summer before was still in my drawer, but they seemed old even though the expiration date said they were still good. I picked up a three pack of the same style condoms I got the last time and wandered over to the candy aisle. In the last of the Valentine candy, I found two Reese’s Peanut Butter hearts – Reed’s favorite.

I put the small bag the cashier gave me in my purse and didn’t tell Reed what I bought. When we got back to my dorm room, I gave him the Reese’s hearts. Later, he left the room to brush his teeth and I moved the three-pack from my purse to my drawer.

We were pressed together, sticking to our usual methods of fooling around, when I said, “I think we should try to have sex again.”

“Yeah?”

I moved my head up and down, pressing my lips together. He lowered his face to mine. I smiled as he kissed me. Propping myself on my elbow, I opened the drawer and pulled out the new package of condoms. He took a single square package from the box without my fumbling or asking him to. I could hear the latex unrolling as I tossed the package back into the drawer and leaned back onto the bed.

My legs weren’t quivering like last time, but I felt them grow rigid. I dug my heels into the bed to keep my thigh muscles fully engaged, to prevent them from twitching.

“Are you alright?” Reed whispered into the dark. His breath against my neck caused a shudder to run down my back.
“Yeah.”

He pressed against me, finding his way inside me more easily than the last time. But he only got so far before I felt a pull in the muscles where the barrier used to be. The pain was still there. I asked him to wait, and tried tilting my hips into the same position I used to balance on the edge of the exam table in the gynecologist’s office. Deep breath. I tried to force the muscles to expand. “Okay.” I said, guiding his hips to steady the pressure.

It still hurt. Too much. The muscles were too tight to stretch. I swallowed and tried one last time to lift my hips toward him. “Ow.” I breathed out. “I can’t.”

He pulled out. As soon as he sat far enough back, I rolled onto my side with my back to him. “Sorry.” I didn’t cry.

“It’s okay.” He slid off the bed to throw the condom away and then put his underwear back on. When he climbed back into bed and covered me with the sheet, I didn’t move. He curved himself into a position that gave me the space he thought I wanted. He kissed my shoulder. I didn’t cry.

At the gynecologist’s office two weeks later, I met the new doctor I’d been scheduled to see. She had a thick build and voluminous hair that stuck out from her head in a triangle shape.

Her actions were lazy but blunt, she made no movement that wasn’t necessary. Similarly, her speech pattern cut the end of each sentence, bringing it to an abrupt stop. A guttural European accent that I couldn’t place obscured her deep voice.

She took few notes as I explained to her about my surgery and my irregular periods. I continued babbling about my desire to regulate my cycle until she nodded slightly. She said,
“We’ll do the exam and then you’ll have to get blood work done before I can prescribe birth control.” She pressed the nurse call button.

“Okay.” I started to lean back on the table, fearful that wasting time and waiting for the nurse would make this woman unhappy.

The nurse who entered the room was the slight woman who’d offered me her hand a year ago. I sighed in relief when she moved around the exam table, to the left side of me.

Not long after I’d scooched down the table, I felt the doctor’s hand on the inside of my thigh, closer to my vagina than usual. I jumped at the sensation. She didn’t ask the question. The nurse’s hand shot out toward mine. She smiled and said, “Just try to relax.”

I took a deep breath. The specula was cold, and the doctor didn’t allow me much time to get used to the sensation before pushing it in. “Relax.” Her voice sounded even deeper coming from the other side of my legs. I tried to listen, but almost immediately I felt the pull of the specula forcing the opening to dilate.

I mouthed “Ow,” forcing only the sound of air from the back of my throat. The nurse gave me a worried glance. A tear rolled down the side of my face.

The nurse looked toward the doctor, “You have to slow down. She’s just had surgery. She’s very sensitive.”

Tension bubbled up between doctor and nurse, but the exam took on a much more delicate pace. I was able to relax for the rest of the exam. I smiled at the nurse to express gratitude, but she hurried out of the room without looking in my direction as soon as the exam was finished. I sat up, squeezing my legs shut to suppress the throbbing of the internal muscles. I caught a glimpse of the specula on the counter. No wonder it hurt so much. It
was a regular sized specula, not the small one doctors in the past had used. *Didn’t she listen to me?*

Reed visited again in April. We hadn’t talked about our failed attempt and I didn’t see the need to tell him about the gynecologist’s office. Clearly, success at the doctor’s or with tampons did not equal success with intercourse.

We’d started arguing again. We were different when we were together, different from the people we’d become in the worlds we’d created at school, apart from one another. I tried to explain this, and he tried to explain my worries away. Maybe I was trying to break up with him and he knew it. He told me, for the first time, that he loved me. I cried, told him I loved him too. I only knew that I loved him once, and I couldn’t tell, over the distance I’d created, if I loved him still.

In the middle of the night, after I’d fallen asleep, Reed got out of my bed and went for a walk. The sound of the door, when he came back, woke me up. I noticed, as he sat down on the floor, that he had his clothes on.

“Where did you go?” I leaned into the side of the bed he should be sleeping on. He untied each shoe and took it off before answering. “For a walk.”

“Why?”

“I couldn’t sleep. I was thinking.” His voice trailed off without fading.

“About what?”

The room fell silent. He wrapped his arms around his knees. I flopped back down to the pillow. He cleared his throat several times, then asked, “Why don’t we ever roll around like we used to?”
I swallowed the lump in my throat. “I don’t know.” We both knew this wasn’t true, and he waited through the silence for me to continue. “It’s too much.”

“What is?”

“Everything. There’s too much built up around it.”

Silence. He waited. The light from outside my window was at his back, hiding his face in the shadows. I could only stare into his silhouette. I tried again. “It’s such a frustration.” My voice cracked and I forced myself to whisper. “What’s the point really… of building up to… It’s always a disappointment.”

“It can be nice, though. The build up can be.”

“But there isn’t a point. It doesn’t go anywhere.”

In between long stretches of silence, we argued this point. He didn’t want me to shrink from him when he touched me. I was tired of failing.

Finally, I said, “Sometimes I think you should find another girlfriend, so that you can… It’s not fair that you can’t… because of me.”

I wasn’t finished before he interrupted. “That’s stupid. That’s not what I want.”

After more silence, we apologized without resolving anything. He climbed into bed, and we went to sleep.

Two weeks later, I broke up with Reed. I told him that I didn’t love him any more, that something was missing from the relationship. He needed to know why not and what. I couldn’t explain. All I offered him was that I couldn’t try to work the kinks out of the relationship any more. He wanted a better reason. I told him I didn’t want to try any more.

As awkward as it was, we continued to hang out while we were home for the summer. Once or twice a week we would get together to watch a movie or go to dinner. I would have
preferred to run away, to ignore the situation. But he wanted to have me in his life, and I
couldn’t tell him no.

By the end of the summer, we were friends again. In September, we left to study abroad in Ireland, a trip we’d planned together before we broke up and both decided to stick to afterwards. After a string of circumstances, including weird dorm rules and flaky roommates, Reed moved into the townhouse I’d been sharing with another American.

We had a rocky start living together; we had explosive fights about which spice to use on the chicken and how to do the dishes properly. But we spent most of our time together, traveling and going to classes.

Toward the end of our time in Ireland, Reed and some of his friends visiting from the United States left for a weekend. It was the first time in three months that I had been apart from him. I had nothing to take my mind off everything I didn’t want to think about. Our other roommate was gone for the weekend. We had no television or radio. I couldn’t concentrate on school work. Leaving the house was out of the question because I had an awful hangover. Plus we’d been having trouble unlocking the front door and I didn’t want to get stuck outside.

I started reading *Crime and Punishment*, the only book I’d brought from home, and I couldn’t stop. Not even to sleep. When I tried to force myself to sleep, I would toss and turn until I got so restless that I started to read again. I felt crazy.

On the evening of my second day alone, I stopped reading, I had to, and started writing. It was a letter to Reed. I explained that I had been lying when I said I didn’t love him, that I didn’t know why I said that. Maybe I’d been trying to make it easier for me to walk away and ignore the problems, easier for him to move on. I made a list: *I love that you*
brush your teeth for so long. I love that you treat your dog like she’s a person. I love your hands. I love that you... The list went on for a full page. Then the letter continued.

When I was done, I finally fell asleep.

Reed came back the next day, and I’d decided to tell him about the letter, possibly let him read it. We had an exhaustive conversation; he didn’t seem surprised by my revelations, only relieved.

We fell together. A spontaneous collision of passion. I hadn’t planned for it, and didn’t have time to think about the pressure behind it. I angled myself above him and pushed against him until the pressure gave way to entry. I gasped. Tightness, but little pain, pulled at the edges of my muscles. The rest of my body stiffened, nervous about sudden movements that might enhance the inklings of pain to the familiar excruciating levels.

Reed remained still, allowing me to get used to the sensation. When I was ready, we made small, slow movements. There was no climax to the act, but the act itself was climactic in its own right and that was enough.
Relapse

Sex still hurt sometimes. Most of the time. Always, the pleasure bordered on the edge of the familiar burning sensation. With time, we decided, and practice, we smiled, it would get better. When I lowered myself onto him, biting my lip and angling my body to fit his, movements had to be slow and calculated, never giving into the spontaneity of passion. The pain could be instant, brought on by a single off-tempo thrust or nothing at all. I’d say, “wait” when I felt the tightness, a ring where the doctors had cut the hymen away from the opening. We’d wait to see if the pain would subside, if I could get the tightness to relax. Most of the time I couldn’t and “wait” meant that we were done.

Pulling apart, like all other aspects of our sex practices, had to be slow. Even when there was no “wait,” no pain, my muscles would stay clenched around him, dragging along each inch. I waited for the involuntary spasm of muscle that came when he pulled just past the ring of muscles. Each time the force of the muscles startled me, and my body learned to anticipate it with fear. The opening to my vagina seemed to snap shut, pushing him the rest of the way out. Immediately, the muscles would throb. They felt stretched to weakness, and, at the same time, clenched in spasm.

I rolled onto my side, slid my hand between my legs and cupped my hand against my vagina. The aching dulled when I held it in like this, when I pressed it back against itself and didn’t allow it to come out of me. He would fold himself around me, wrapping his arms over me from behind. Sometimes he traced my arm with his hand, following it between my legs and helping me contain the throbbing. We thought that the muscles would get used to stretching, that they would learn to be flexible.
After a few months, sex became too painful. We tried but every time he tried to push into me, I had to say “wait.” No angle seemed right anymore, the ring of muscles flinched every time they were approached. Eventually I wasn’t able to use tampons again. I’d move them back and forth, trying to find the right angle, but the barrier was back. This pain was different from the initial pain. It was sharper, more precise, like a knife.

We still tried to be intimate, rubbing and caressing, but I came to associate any sensation between my legs with pain. The nerves on the outside were overly sensitive, recognizing all sensation as sharp stabs. Without explaining, I continually shifted away from his hands, from his body, and focused on his pleasure. He read this as disinterest, “It seems like you just want to get me done so I leave you alone.” I rolled over.

I didn’t cry this time. I didn’t do anything. After that, we were done. I avoided any level of intimacy beyond a quick kiss, afraid that opening my mouth or allowing my lips to linger on his would create expectation, arousal.

In *The Politics of Lust*, John Ince discusses the different theories of rigidity that can affect an individual’s ability to enjoy sexual or non-sexual pleasure. William Reich connected chronic physical tension and an individual’s developed attachment to that tension with sexual anxieties. As explained by Ince, Reich believed that the constantly contracted state of a rigid person’s muscles conflicts with the “expansive energy” that spontaneous pleasure can create. In other words, the normal state of a rigid person’s muscle is contraction, and spontaneous pleasure makes the muscles want to expand. In the same way that stretching a tight leg muscle can hurt, this full body expansion of muscles can cause a person pain that may not be detected except as physical discomfort.
Additionally, Ince offers evidence to prove that people with overly critical and intelligent minds become attached to their thinking patterns and can be unwilling to allow their mind to focus on irrational pleasure and emotion.

Around the same time I began associating intimacy with discomfort, I became increasingly interested in Yoga and Pilates. I started training at the campus Fitness Center to become a group exercise instructor, and I was surprised to find myself gravitating toward these more relaxed methods of exercise. Generally one for fast paced step classes and kickboxing, I’d found myself restless and agitated in the only Yoga class I’d attended.

When I started practicing Yoga on my own, in preparation for instructing, I noticed a difference immediately. I quickly discovered the difference between relaxing my muscles and forcing them to stretch into the state I considered to be “relaxed.”

In May, when the time came to schedule my annual visit to the gynecologist, I made an appointment with Nancy Long again. I explained that my vagina had been working for several months, but that recently I’d been experiencing pain when I tried to use tampons or have sex.

She asked, “Have you been stressed with school work?”

*Great. These questions again.* “Not any more than usual.”

“When did the pain start again?”

“In March, I got a yeast infection for the first time, and I had some trouble using the cream applicators. The pain started toward the end of that treatment. Since then, the pain has gotten worse.”
This was my fourth visit to the gynecologist since my surgery. I was used to the specula and could generally relax enough to make it through the exam. But when Nancy Long tried to insert the specula, my muscles tensed. The familiar, tearing pain was back. We couldn’t complete the exam.

I didn’t cry, like my first visit with Nancy, and she didn’t try to convince me that “there are other ways to be intimate.” She simply suggested that I schedule an appointment with one of the doctors in the office. I agreed even though I’d have to wait until August to find a solution because I’d be home for the summer.

In the fall, after I returned to Plattsburgh, I called to make an appointment. The doctor that Nancy Long had referred me to didn’t have many openings in her schedule, so the receptionist asked, “Would you mind scheduling with another doctor?”

“Umm.” I remembered the last time I’d agreed to see a different doctor. I didn’t remember that woman’s name. I hoped it would ring a bell if the receptionist tried to schedule me with her again. “Well, I’d prefer a female doctor, if that’s possible.”

“Actually, as of last month, all of the doctors on our staff are women.” I heard the clicking of a keyboard on the other end of the phone. “In fact, we have a new doctor on our staff, Dr. Stein. She’s really great and her schedule is fairly open. We could get you an appointment as soon as two weeks from now.”

“Okay.” At least a new doctor meant that it wasn’t the doctor I’d seen after my surgery.

“Great.” The receptionist scheduled me for an appointment and gave me directions to the new office.
Over the summer, the gynecologist’s office had moved across town to a new medical complex, and it was too far away for me to walk. On the day of my appointment, I called a taxi, but didn’t want to tell the gruff sounding man who answered the phone that my destination was the gynecologist’s office. So I told him I wanted to go to the grocery store; the receptionist had told me that the new medical complex was right next to the new Hannaford’s. I had called the taxi almost an hour before my appointment because I didn’t know how far the office would be from the Hannaford’s. When the taxi dropped me off and I saw that the office was close, I decided to wander around the grocery store for awhile. Without thinking that I would have to bring them to the doctor’s with me, I bought some groceries before heading across the parking lot.

The new offices were comfortable. The lighting in the waiting room was a mixture of soft electric light and natural light from the windows. A nice change from the bright fluorescent lights of the previous waiting room. Even the fluorescent light in the exam room seemed softer, reflecting off my skin without exaggerating the blue veins underneath.

Dr. Stein had a calm presence when she entered the exam room and shook my hand. Her handshake was firm, giving me confidence somehow that I would be comfortable talking with her. She had straight hair, the same brown-blond color as mine, that hung to her shoulders and was tucked behind her ears. She looked at me when I told her about my problem and waited until I was finished to write down her notes. When I was silent, she said, “Before we try to do the exam, I’m going to have you lie back and I’m going to press, with just one finger, against the muscle to see if you can’t get it to relax.”

I nodded. I uncrossed my legs and started shifting around on the paper. I wasn’t sure if I should just lie down or if she was going to tell me.
She pushed the nurse button and said, “It’s so cold in these rooms. There’s always a draft.”

I smiled. The nurse came in the room and stood behind my head, so I couldn’t see her when I lay back. She didn’t offer her hand or any reassuring words.

“I need you to scooch down just a little more.” Dr. Stein said from the other side of my propped up knees.

As I wiggled down, I felt the paper pull and crinkle underneath me. I settled again, took a deep breath and tried to let my legs fall out to the side.

“That’s good.” Dr. Stein said. “Let your legs relax and fall out to the side. I’m going to touch the inside of your thigh now.”

For the first time, I felt the need to respond to this statement. When she said it, it really sounded like a question. “Okay.” I took a deep breath. I felt her finger slide around the angled layers of skin and push toward the ring of tightness. I readied myself for the pain, but she stopped, pushing down against the muscles. They were tight but they didn’t spasm.

“I want you to focus on relaxing the muscle that is right against my finger.” She pressed a little harder to show me where.

In the yoga classes I taught, I always instructed my class: “Scan your body and find any residual tension in the muscles. Then, focus on the tension, force it to relax and melt away.” I tried to do that on the exam table, but the harder I tried, the more the muscles twitched tighter and tighter against her finger.

“Alright.” She said. “Good.” I felt her finger pull away from the muscle and out. The wheels of her stool rolled along the floor and I saw the top of her head appear beyond my knees. As I sat up, I heard the nurse slip out the door behind me.
Dr. Stein folded her gloves off and said, “You’re experiencing what’s known as vaginismus. The muscles in your vagina, like any other muscle in your body, have a memory. And they remember pain and trauma that your brain might not remember or register as a problem anymore. You said you had a yeast infection for the first time a few months ago when the pain started again.”

I nodded my head.

“Although your brain registered the yeast infection as an annoyance or itchiness, your vaginal muscles are reminded of the pain from your surgery.”

“Well,” I explained. “When I had the yeast infection, toward the end of when I was using the applicator with the cream, it hurt a lot. It was very hard for me to find an angle that didn’t hurt because the top of the applicator is flat and not rounded.” My hands simulated the flat end of the applicator by rubbing horizontally against one another, and then curved to show the round.

Dr. Stein nodded her head. “That definitely could have added to it. You see that pain triggers the memory of the muscle, which then contracts as a response. Similar to when you pull a muscle in your leg and for a few months after it might be easier to pull that same muscle because the muscle remembers the initial trauma.”

“Okay.” I thought about the period of time when I was throwing shot put on the track team and I kept pulling the same muscle underneath my shoulder blade. For about a year, the slightest wrong move would make the muscle clamp around the back of my lung and it would stay that way for a week.

“So you have a few different options for treatment. There’s dilators which you would use in the evening and they help the muscles to relax. We can talk about prescription muscle
relaxants that you would take before intercourse to relax the muscles. That would still require a lot of patience with intercourse but it would relieve the pain. Or you could see a physical therapist who would help you with different exercises and teach you to relax and control the vaginal muscles.” She paused so that I could digest this information. When I didn’t say anything, she continued, “I would recommend the dilators or the physical therapy first. The dilators would allow you more privacy; it’s something you can do on your own. Actually,” she stood up, “why don’t you get dressed. I think we have a set of dilators that I could show you.”

While she was gone I hurried into my clothes and folded the paper sheet. She came back into the room with a white box. “We have this set that a woman ordered but then decided she wasn’t going to use.” She opened the box and held it out for me to see.

I’m not sure what I expected dilators to be. Even though she distinguished them from the prescription drugs, I still expected them to be some kind of medicine that caused me to dilate. In the box, organized by size like a cell phone signal, were four flesh-colored tubes with conical tops. They were shaped like penises without all the natural bumps and wrinkles. *Like dildos*, I thought. I didn’t want to appear shocked, or worse yet laugh and give away my apparent immaturity, so I said, “So, then, how do they work?”

“You would use them every night. There’s lubricant and instructions. Starting with the smallest one,” she pointed at it through the plastic, “you insert it and leave it for about ten minutes. If it hurts, try to leave it in as long as you can so the muscles will get used to it. The dilator will stretch the vaginal muscles and eventually the muscles will learn to be comfortable with one dilator, and that’s when you move on to the next.”
I looked at the largest dilator and it seemed big. I’m not sure that my vagina would ever get used to it. I agreed to try the dilators and scheduled an appointment for two months later, a check up on the progress, possibly an exam.

Once outside the office, still carrying the box of dilators like a textbook, I decided not to call a taxi because it was a beautiful day and I didn’t have anywhere pressing I needed to be. I walked to the edge of the parking lot, and suddenly felt nervous that other people would see the tiny writing on the side of the box “vaginal dilators” or instinctually know what I was carrying. Even after arranging the boxes of oatmeal and cans of soup that I’d earlier told the cashier at Hannaford’s I didn’t need a bag for, the box of dilators barely fit into my canvas shoulder bag.

Although the walk wasn’t far, it also wasn’t the best plan. I hurried through intersections with my bulging bag flopping against my torso and stumbled along the grass, not sidewalk, on the side of the road, occasionally tripping. My sweatshirt absorbed the sun’s heat, warming my back and stomach to uncomfortable levels, while my face and hands grew increasingly numb from the strong wind.

My arm cramped on the way back to my room from clamping the dilators under my arm to stop them from blowing in the wind and, hopefully, to keep them somehow more hidden than they already were in my bag.

When I got back to my room, sweaty but also cold, I closed my door tight and placed the box of dilators on my bed. After changing into a t-shirt, I climbed onto the bed and sat cross-legged in front of the closed box. I danced my nervous fingers across the cardboard and resisted the urge to close even one of my eyes as I lifted the lid. Biting my lip to hide the amusement spreading across my face, I scanned the neatly arranged items – a long purple
box pressed up against one side of the larger box, a white pamphlet with a black and white photo of a dilator set, and finally the four phallic objects (*dildos*) arranged in ascending order and sealed in the clear plastic bag. Only the smallest and the largest were visible; the other two were blocked by the instructions.

I fumbled the purple box out first; it was the only thing I couldn’t immediately identify. Inside, was an aluminum tube of lubricant and a plastic cylinder with a rubber top that looked like a miniature turkey baster. I squeezed the rubber bulb on the turkey baster and noticed a bead sliding up and down inside the cylinder. When I realized it was the applicator for the lubricant, I lost interest in the contents of the purple box.

Next, I pulled the small pamphlet of directions, revealing all four dilators. My face flinched to hold back my smirk, and my eyes darted down to the pages I’d already started flipping through. I read the directions carefully, sneaking a glimpse at the dilators every once and awhile. On the last page of the directions, I found the dimensions of the dilators. I skimmed immediately to the largest one – 6 1/8” x 1 ½”. One and a half inches didn’t seem like it should look so menacing. I shook my head. I finally faced the dilators directly without chuckling or looking away. But I was still hesitant to take them out of the box.

Before taking them out of the box, I crawled across my bed and balanced on the edge to reach the scissors on my desk. After I turned back to the box, I pulled the plastic bag of dilators out. I gripped the largest of the dilators in order to hold the bag steady as I cut along the top edge. Only halfway so the dilators I wasn’t using wouldn’t fall out. I tossed the scissors to the floor.

Tipping the bag on its side, I wriggled the smallest dilator (5 1/8” x 15/16”) out of the package, and it plopped into my open palm. The pointy flesh-covered device gives off
the sweet, powdery smell of latex gloves. I put the rest of the dilators, still in the package, back into the box.

At the base of the dilator, a flat brim sticks a few centimeters out from the circumference of the shaft. I feel a smirk coming back. For easy gripping or perhaps so I can display them on a table, sticking straight up. With my thumb and index finger, I lifted the phallic object, twisting it until it pointed at the ceiling.

My open palm felt gritty from the powder I could still smell, but I didn’t see anything as I rubbed my fingers together. No wonder the directions advise washing it before use. I turned my attention to the dilator, only inches from my face. The texture appeared smooth and not porous. I expected it to be stiff, closer to plastic than rubber, but when I pulled against its pointy tip, it flexed, first to one side, then to the other.

One by one, I took the other dilators out of the package and prodded at them in the same way. The larger ones were more flexible and, I was happy to see, had less pointy tips than the smallest one. Rounded seemed much less threatening even if the diameter was expanding.

After sufficiently investigating my new medical treatment, I put everything back in the box, exactly as it had been, and put the box at the bottom of my closet where no one would be tempted to read the small text and discover what it was. For the rest of the day, I would think about them sitting at the bottom of my closet. I felt somewhat embarrassed at the prospect of actually having to use them later. But, as Dr. Stein had pointed out, at least I could use them in the privacy of my own home, or dorm room.

When I talked to Reed in the evening, I waited for him to ask me how my appointment went, but he didn’t, so I said, “I went to the doctor’s today.”
“Oh. Right. How did it go?”

I told him about Dr. Stein, that I liked her more than any of the other doctors I’d been to see. I explained the muscle spasms using Dr. Stein’s words and phrases, but forgetting the medical term. “It sounds like vaginimisus or something.”

“So, the visit went well then?”

“Yeah. I mean, she didn’t do the actual exam. But she gave me these things…” I smirked, thinking about the dilators lined up in size order, hidden in the bottom of my closet. “It was really funny actually because she was telling me about different options for treatment and she listed three of them. She said I could go to physical therapy or I could take muscle relaxants, which I didn’t really want to do. Or, she said, I could use dilators, which she recommended first.”

“What are they?”

“Well, that’s the funny part. I thought when she said it that it was medicine or something. Some medicine that makes you dilate. But no. They are essentially different sized rubber things, like dildos.” I laughed.

“What?” There was a hint of laughter around the edge of his voice.

“Yeah. Well they don’t look like actual penises. They’re just, like, smooth tubes that slope into a cone-shape at the top. But the weird thing is, they’re flesh colored.”

“Oh. So what do you have to do with them?”

“I have to use them every night. Starting with the smallest one. I just put it in and let the muscles get used to it. I’m supposed to leave it in for ten minutes.”

I laughed again, surprised that I was so straightforward in talking about my new treatment plan. But the dilators didn’t seem traumatic or sad. In fact, the situation felt funny,
and a bit absurd, making for a good story that I couldn’t help but tell people. Not that I told everyone, but I told a lot more people than usual. I found ways to slip it into the conversation with my mom and my older sister, Jasmine, telling the story to get the maximum shock effect both times.

I told Jon over the instant messenger:

**wholecake:** The gynecologist gave me dildos to fix my vagina problem.

**jsureshot:** hahahahaha That’s great!

I used the same blunt tactic to tell Heather over the telephone. She loved it. She wanted to know how big the largest one was, and how she could get a set for herself. For the first time, I felt like she was finally willing to share in a part of my experience.

Despite the general amusement I used talking about the dilators, I continued to feel awkward about using them when I dragged them out of the bottom of my closet every night. The first night I used them, I was meticulous about following the directions. I wrapped the smallest dilator in a hand towel and hurried from my dorm room to the private bathroom where I could shut and lock the door. After cleaning the dilator with soap and warm water (like the directions said), I wrapped it back in the hand towel, rushed to my room and shut the door behind me.

I closed the blinds tight, something I rarely did because I lived on the fifth floor and was fairly confident no one could see in my window. This situation seemed different, though. I wanted to be certain that no one could see in.

I laid the dilator on the hand towel, figuring I should leave it a little longer to be sure it was absolutely dry (like the directions said). Looking down at the dilator, I felt nervous.
What if someone came to my door? What if my phone rang? What if there was a firedrill that resulted in a room check?

The nervousness pushed against my bladder and, even though I’d gone before I’d started this process, I slid into my flipflops and headed to the bathroom. The main floor bathroom was directly across from my room. Usually I didn’t bother shutting my door when I went to the bathroom, but today I pulled it tight, then pushed against it to be sure. I didn’t want anyone wandering into my room only to find the dilator on the hand towel on the bed.

Why did they have to make it flesh colored?

After I made it back to my room, I secured the door and took a deep breath. I took the lubricant out of the purple box, leaving the turkey baster applicator behind. My vagina didn’t seem to like applicators and I wasn’t going to piss it off with this new process. Instead, I smeared the lubricant on the dilator. It felt thicker and stickier than regular lubricant, and it smelled sweet, like anise and cinnamon.

I held the lubricated dilator by the bottom brim, making sure not to touch my sheets with it as I reclined. Once on my back, I slid my feet towards my butt until my knees pointed toward the ceiling. This position seems the most natural and relaxed because it is where I start my Yoga and Pilates classes. I took a deep breath, feeling my lungs expand against the mattress, then pushed the air out by contracting my stomach.

I moved the dilator in between my legs and pressed it toward my body until it found the space between the folds of skin. I did not tell myself, I’m going to touch your thigh now nor did I allow myself to get used to the sensation. As I pushed the dilator into me, I could feel the cold lubricant from the inside. My muscles contracted in a shudder. I pulled my sheets up over me.
The dilator slid in without problem or pain. My muscles were tight and I felt them resisting the pressure of the pointy tip, but my body had come to trust me, if only a little, and relaxed enough for the dilator to settle all the way into me. As soon as I stopped pushing forward, the muscles constricted around the rubber cylinder, causing painful twitches to shoot through the small ring of muscles.

I took a few deep breaths and gave my vagina time to get used to this foreign object. When the twitching stopped, I squeezed the muscles against the dilator, like I was trying to keep myself from peeing. In an adverse reaction, the muscles fatigued and felt like they could no longer control anything. I only held the contraction for a few seconds before it became unbearable. It wasn’t so much a painful sensation as it was a feeling of incontinence. My brain panicked because the muscles associated with my bladder were too weak to maintain control but I wasn’t in a bathroom. I knew, logically, that I didn’t have to go to the bathroom, but years of constant bladder control overpower logic.

After clenching the muscles a few more times and getting the same sensation, I decided that was enough for today. For the rest of the ten minutes, I lay still, counting the minutes down because I couldn’t see the clock. I was afraid to move and my legs tensed up. At one point, I pulled my hand away from the rubber brim, but felt the dilator sliding out immediately. Without any pressure to fight the muscles inside, my vagina naturally repelled the dilator.

When I was sure ten minutes had actually passed, I took my hand away and let my vagina muscles push the dilator out. This was a mistake. The force of the contraction seemed to propel the dilator out of me, causing a sudden shock to the muscles. I rolled onto my side and pressed my legs tight together to calm the familiar stretched-burning sensation.
I waited, like this, for a few minutes before getting up to, again, hurry the dilator wrapped in a hand towel to the private bathroom. The soreness made it difficult to walk and hard to get comfortable enough to fall asleep quickly. But when I woke in the morning it was gone, and I felt good that I was doing something to fix my problem.

The next night was easier, less painful. And every night it got even easier. On the fourth night, I tried the medium dilator (5 ½” x 1 1/16”), and the process of soreness and adjusting started all over again. I remained diligent about the dilators, using them every night, and made fast progress. By the end of the third week I had no trouble using the large dilator (5 ¾” x 1 ¼”) and had braved the largest, without success.

After attempting the extra large one twice, I convinced myself that large was good enough. At which point, the routine lost a sense of accomplishment and started to seem like too much effort to go through every night. I had to prepare: make sure door was locked, dig the box out from the bottom of closet, shut blinds. I had to do: lubricate, insert, clench muscles and hold, ease out. I had to clean up: wrap it in towel, hurry to the bathroom, wash with warm soap and water, hurry back to my room.

My vagina seemed to be fixed. The dilators no longer hurt, and I could use tampons without any problem again. The dilators had served their purpose. I continued to use the third one as a sort of routine maintenance. Just in case. By the time of my follow up appointment with Dr. Stein, two months after the initial visit, I was only using the large one a few times a week and had not attempted the extra large one in a month.

Dr. Stein did the exam, noting that I had much more control over the vaginal muscles, that I could relax them on command. She encouraged me to continue trying to use the extra
large dilator. I said that I would. Leaving the doctor’s office, I felt relieved. My vagina was no longer broken. I was finally fixed. Normal. Able to function sexually.

But my sex life continued to be strained. Even though I felt physically capable, I shied away from situations that led to sexual intimacy. When Reed came to visit, I made clear that I was tired and would be going straight to sleep once in bed. He didn’t try to change my mind. We’d come to an understanding, without speaking, that avoidance was the solution. After months of living this avoidance, we felt it natural, if not comfortable.

Now my guilt of not being able to have sex had been replaced by my reluctance to allow it. I desired intimacy, looked forward to Reed’s visits. But I resisted his attempts and made none of my own. I didn’t understand this internal paradox. As if in answer to my anxiety, I developed stomach aches in the evenings whenever Reed came to visit. We blamed my upset stomach on the rich restaurant food I ate only when he came to visit. It seemed like yet another barrier to achieving normal levels of intimacy.

Months passed – Reed and I didn’t discuss what was happening, I only used the dilators a few times a month. When I went to see Dr. Stein again in February, she said the muscles were tense again. I blamed the set-back on stress with schoolwork, claimed I was too busy to use the dilators every night. She suggested that I try physical therapy. I agreed.

The physical therapist was in downtown Plattsburgh, past all the bars, across from the hill where I sat with my mother after my surgery. On the day of my first appointment, I walked even though it was sleeting. The walk to downtown didn’t seem that far in my mind; I walked there all the time when I went to the bars.

I walked into the wind the whole way there. By the time I arrived my eyes were tearing and my face was raw. The building, I discovered, housed several medical specialist
offices – chiropractors, physical therapists, dermatologists. The entryway was dark, with a single light on a list of the doctors and room numbers. I wandered down the steps and into a long white hallway. I blinked. My eyes had been squinted against the grey windy weather and had to adjust to the brightness.

The hallway was empty. My boots, wet from slush, squeaked on the tiles as I passed each closed door. The sound echoed off the walls, broken occasionally by a murmur from the other side of the doors. I found Adirondack Physical Therapy at a bend in the hallway, the door shadowed by the angle of the walls.

Inside, the waiting room was small and simple; pictures of people climbing mountains and skiing (presumably after physical therapy) lined the walls. I hung my dripping raincoat on the provided peg and checked-in for my appointment. My pants were wet from the line where my raincoat stopped. The woman behind the desk made some comment about the weather as she gave me the standard paperwork. I smiled and took the clipboard to a chair.

I sat on the very edge of my seat, so I wouldn’t leave a wet spot on the cushion. I had to provide medical history as well as an account of the pain: where does it hurt? what does the pain feel like? Some of the questions were confusing – they seemed to assume that the pain was constant. When I ranked the pain, I wrote comments in the margins to explain that the muscles only hurt with penetration of some kind.

After I was done filling out the paperwork, I had another fifteen minutes to wait because I was early. I looked around the office for a few minutes, decided there wasn’t much to look at, and pulled out David Copperfield. And I actually read it.
The physical therapist introduced herself as Lori and asked me to follow her. She wore a casual sweater and corduroy outfit, and her brown hair was permed and teased. She had no white coat or stethoscope. The only thing that distinguished her from a person on the street, was her name tag. As we walked through a room with treadmills and weight machines, she asked me if the weather was still bad out. I confirmed, and she showed me into a small room that was just big enough for the exam table, the few other pieces of furniture, and the small sink hidden in the corner behind a chair. I didn’t know if I was supposed to get on the table. It didn’t have a paper sheet pulled over it, so I figured it wasn’t prepared for a patient. I turned around and Lori motioned to the chair next to the bed.

She took a seat on a stool that had been pushed under a small desk. While looking at the paperwork I’d filled out, Lori asked me to explain what I was experiencing.

It seemed rehearsed by now, how I explained it to people:

“Well, since I was younger I couldn’t use tampons or have any sort of penetration without a lot of pain. My freshman year of college, I went to the gynecologist and had surgery to remove an imperforate hymen as well as some of the muscle in the surrounding area. After that I was able to use tampons and have sex for awhile. But then last year, around this time, I got a yeast infection and penetration become painful again. I started using dilators in November, but I haven’t been using them as much recently and the muscles have tensed up again.”

Lori nodded and took notes through my explanation. Then asked, “Can you have sex now?”

“Umm. I haven’t tried since I started using the dilators.”

“What about tampons?”
“Yeah I can use them now. But I have to use lubricant and be very relaxed. It’s a bit of a process.” I laugh and roll my eyes.

“So you’ve never been able to just use a tampon. Go into the bathroom, do it and be done.” Her statement was blunt and I liked her because of it. She saw the simplicity of my own frustration – why can’t I just use a tampon? – without feeling sorry for me. I felt confident that she could give me a simple solution.

I shook my head. “No. And I can’t use another tampon right after I take one out.”

“Okay.” She finished writing. “I’m going to have you get up on the table.” She reached under the table and pulled out a sheet. Spreading it over the table, she said, “You won’t have to take your pants off, you can just pull them down.” She handed me a sheet. “You can put this over you. I’ll step out of the room to let you get comfortable.” She left the room, pulling the door shut behind her.

Without wasting time (I never know how much time they’ll give me), I pushed off my boots and climbed onto the table. I lay on my back and unbuttoned my jeans. Lifting my hips off the table, I wriggled my damp jeans down to my knees. The sheet that I draped over my knees is cold, but soft from so many washings. I scrunched my toes under my foot to warm them.

As I waited, I heard the mutterings of the people in the room next door. I couldn’t make out what they were saying. Only the reverberation of different pitches of voice comes through the wall. There’s a knock on the door, “Are you all set?”

“Yeah.” I realized then that I didn’t entirely know what I was set for. She hadn’t explained what we were going to do once I got on the table.
Lori came back into the room and stood next to my head. “What I want to do is see how well you can relax and control the muscles.”

I nodded. “Okay.”

“I’m going to use one finger, and what I want you to do is squeeze the muscles around my finger. Have you ever done Kegel exercises?”

I shook my head. I remembered reading about them in an issue of *Redbook*. They recommended them for women who had problems controlling their bladders after childbirth or as they got older.

“Alright. Imagine that you are trying not to go to the bathroom. Contract those same muscles.”

I tested this out while she was talking. “Okay.”

She bent down to get latex gloves from under the bed. “You’re not allergic to latex, are you?”

I shook my head. The muscles in my legs started to tense. I wouldn’t need to contract the muscles; they did that on their own. *At least I don’t have to put my feet in the stirrups, or scooch down, or let my legs fall out further to the side.*

Lori had put the gloves on, covering one of the fingers with lubricant, and moved closer to my bent knees. “Let me know if it hurts too much to continue, okay?”

I nodded. Deep breath. I stared at the ceiling. One of Lori’s hands stayed on my knee, while the other reached under the sheet. I jumped a little when she touched the outside of my vagina. “Sorry.” I muttered.

“Just relax.”
I took a deep breath. Her finger slid inside while I exhaled. There was no pain, and no anticipation of pain, like at the gynecologist when they have to push further to feel for my ovaries. I relaxed.

“Now, I want you to squeeze those muscles as hard as you can in little flicks. So squeeze, relax, squeeze, relax.”

The muscles squeezed much more willingly then they relaxed. After a few rounds of that, Lori said, “Okay. Now I want you to squeeze as tight as you can and hold it for as long as you can.”

That seemed like it would be easy. I had joked with Jon that I had a “vag of steel.” That the muscles were super strong and impassible. I contracted the muscles and held. After a few seconds, they felt fatigued, quivering like my legs after a long run. I did that one more time, and then we were done. Lori left the room again, while I got dressed again.

When she came back in, she explained, “Right now your pelvic floor muscles are weak. Those are the muscles in your pelvic region including your vagina and the muscles that control your bladder. I’m going to give you exercises to strengthen those muscles. The idea is that once those muscles are strong enough, you’ll be able to control them enough to relax them.”

“Wow. I always thought my problem was that the muscles were too strong.”

She shook her head, and finished writing something on a sheet of paper. “Problems with muscles spasms are often linked to weak muscles. If someone is having trouble with their neck we have them do shoulder shrugs,” she demonstrated by pushing her shoulders towards her ears, then pulling them away. “The stronger the muscle is, the more control you have over it.”
“Well, that makes sense.”

“Most of the time, people don’t think of the muscles in their pelvic floor region as something to build.”

I nodded. _Most people don’t have to think about the muscles in their vaginas._

Lori handed me the piece of paper, she’d been writing on. “These are the exercises I want you to do during the week. We won’t be able to schedule another appointment until your insurance company approves the treatment plan, but approval is not generally a problem and we’ll probably call you in a few days to make an appointment.”

“Okay.” I leaned forward to see the sheet Lori had laid on the desk. Most of it was typed, but there were some blanks that she had filled in with numbers.

She pointed at the written numbers. “You should do these Kegel exercises three times a day. Eight quick flicks. Squeeze, relax, squeeze, relax.” She demonstrated the squeeze by closing her fist tight and the relax by opening her fist. “Then five where you squeeze the muscles for eight seconds and then relax for eight seconds. Try to do one standing, one sitting and one lying down. Different positions will work the different muscles.”

I left physical therapy, back into the sleet and wind, feeling dedicated to the new series of exercises. As soon as I got back to my room, I read the directions on the piece of paper and did my first set of Kegels for the day. I got a call the next day from the physical therapist – my therapy had been approved and I scheduled appointments for the next two weeks.

The evening after my first physical therapy appointment, while talking with Reed on the phone, I waited for him to ask me how it went. I had dropped several reminders about
the physical therapy in the preceding days as well as earlier in the day. Like usual, he didn’t bring it up and when I finally did, he cleared his throat several times and didn’t say much. This predictable pattern upset me.

“Why don’t you ever ask me how my doctor’s appointments are going?” There was an accusatory tone to my voice.

“I don’t know.” He cleared his throat. “I figure if you want to tell me, you will.”

“Okay. But you always seem uncomfortable when I tell you. And quiet. Like you don’t really want to hear about it.”

“I just don’t know what to say.”

“But it makes it seem like you are leaving it to me to deal with, like you don’t want to be bothered.”

“That’s not…”

“I know it’s not true. But that is what it seems like sometimes, when I remind you over and over again that I have an appointment, and then you don’t ask about it after it happened. Or that you don’t ever ask how everything is going.”

“I don’t know. You always seem, like you don’t want to talk about it.”

“That’s because you seem uncomfortable. And I know it’s uncomfortable to talk about sometimes, but it would make me feel better if you asked how I was once in awhile. So that I don’t feel like I’m dealing with it by myself.”

“Okay.”

Over the course of the first week, I “squeezed, relaxed” three times a day. First thing in the morning, when I was still in bed, I would do the lying down set. Or, if I woke up late
and had to rush out of bed, I’d do them at night before I went to bed. I did the sitting set randomly during the day – in class, while I was reading in the library, while talking on the instant messenger in my room. Sometimes this set would get interrupted or I would lose count, so I would start again later. I ended up doing more than three sets on most days in that first week. The standing set, which I usually did in the shower, was the hardest. When I was standing, the downward pull of gravity seemed to negate the muscles; they didn’t exist anymore. I would try to concentrate on contracting them, but I would end up tightening my stomach muscles instead.

Toward the end of that week, sharp spasms would shudder through my pelvic floor muscles suddenly. I braced myself against the side of the elevator and squeezed my legs together until I reached my floor. In the dining hall, I gasped and almost dropped my bowl of soup. I lost my train of thought while teaching Pilates, trying to smile through the pain. Each time it happened, all I could think was “Fuck. That hurts!” As long as I stayed still and kept breathing, the intense pain would pass within a minute, leaving only small twitches in its wake.

When I told Lori, during my next visit, about the spasms, she explains that they are normal – “similar to muscles pain you’d get from working out.”

I nodded, accepting her explanation, but thinking my arms have never felt like that after a hard workout.

“Today,” Lori said. “We’re going to monitor the pelvic floor muscles.” She motioned toward the laptop on the desk that wasn’t there last time. Before I could ask how that works, she pulled a small packet from the desk drawer. Inside, a white cord was neatly curled around a white, lightbulb-shaped probe. Through the clear plastic bag, Lori gripped
the metal ring at the skinny end of the plastic bulb. “You insert this into the vagina. We hook it up to the computer while you do different exercises.” She stood up, reached under the exam table and came out with a sheet. “I’ll just set this up and then give you a minute to put that in and get up on the table. You can leave your pants on if that’s more comfortable.” She spread the sheet over the table. “And there’s lubricant under here.” She pointed out a basket of small one-application packets of lubricant under the exam table, and headed toward the door.

When she left, I set to work opening the plastic bag and drawing out the plastic bulb with the metal ring. It was heavier than I thought it would be. At the bottom of the skinny end, perpendicular to the bulb, the point of a tear-drop shaped tab indicated which part should face forward.

I squeezed behind the chair, to the sink, and tumbled the white bulb around my palm while the water warmed. After washing it, I dried it several times over. I was nervous that I would be electrocuted if the metal ring were still wet. Of course, I was ignoring the fact that I covered the whole bulb in lubricant right after drying it off. That didn’t seem so bad.

The top of the probe was about ¾” wide and flat. I had no problem inserting it, and the bulbed shape kept it from sliding out like the dilators. After it was in, I pulled my pants up and climbed onto the table. The cord, snaking out over the top of my jeans, flopped around as I tried to get comfortable. I adjusted so the cord curled as comfortably as possible in my underwear and dangled over the edge of the table without twisting the probe.

After that, when Lori came back into the room and hooked me up to the computer, physical therapy became a funny story like the dilator/dildos.
“I essentially play computer games with my vagina.” This was how I explained it to Heather over the phone. “I kid you not. There are a bunch of different scenarios, but my favorite is the high jumper. On the screen there’s this girl and when I squeeze my vagina muscles, she moves toward the high jump and then propels herself over it. If I can squeeze hard enough, she hits the mat and the crowd cheers. If I can’t get her to hit the mat, she just kind of floats back and forth over the bar. Who knew a vagina could do so much? They should market it to the general public.”

wholecake: jon i’m telling you it’s crazy. it’s like vagina video games. there’s this other one that’s a flower. how symbolic, right? it measures how well i can relax the muscles, so the flower starts off closed, then as i relax the muscles, the flower opens. when the muscles are completely relaxed birds tweet. i swear there should be a hummingbird that flies in, i can almost picture it. but that might be too suggestive, what with the flower imagery.

“There’s this other one,” I tell Reed on the phone, “that I only played once or twice because it’s not that fun. It’s a space station and I have to dock the ship on the station. When I contract the muscles enough and hold them steady, the space station makes a “Kaa-chuhhh” noise followed by the hiss of air. Also, a very suggestive scenario considering that you have to fit a phallic part of the space ship into a hole in the station. Hmmm…”

“Well,” Reed said, “Maybe they found that suggestive symbolism helps make people more comfortable.”

“Maybe.” I laughed. I was glad that Reed was finally talking about my appointments with me, rather than simply listening and clearing his throat several times. He’d taken to asking me, at least once a week, “How’s your vagina?”
I was happy to report that it was good. The computer at physical therapy compared my progress from week to week and showed that I had gained control over the muscles. I could bring my muscles from fully contracted to fully relaxed in fractions of a second. After eight weeks, my physical therapy was complete. I’d stopped doing the Kegel exercises as much; they seemed to take up too much time. I would lose count and be annoyed by the hassle.

On the last day of physical therapy, Lori asked me, “Do you feel good about your progress?”

Without really thinking about it, I opened my mouth and out came, “Yeah. Now that I know the exercises work, I feel pretty confident that I can do them on my own and maintain control of the muscles enough to keep them relaxed.”
A Worthwhile Monologue

I often think about my audition for The Vagina Monologues and hope I will run into that director someday and be ready to tell her my monologue. She was right to believe that my vagina wasn’t angry. But I was angry. At my vagina. I had been sucked into this war without warning. I had no defense. Perhaps, had I been warned that my vagina was waging a constant battle, I would have been ready to say:

“To me, the word vagina means anger and guilt, pain and embarrassment, unworthiness and helplessness. When I hear this word it reminds me that mine doesn’t work, and essentially that I, as a woman, am broken because the center of my womanness is malfunctioning. Although, malfunction suggests that it was, at one time, functioning, which as far as I’ve known, it never has. I guess, to me, the word vagina represents my own complete lack of femininity and my inability to be sexual, or even sexy.

I stand in front of you, an eighteen year-old girl with a fairly good figure squeezed into a tight white T-shirt and skinny jeans. Maybe I look good, hell maybe I look hot. But I doubt it because I don’t feel hot. The necessary confidence to pull off female sexiness is contained in the vagina or at least in knowing that this piece of your anatomy works. Most women take for granted or at least overlook exactly what the word vagina means. They don’t realize that the core of femaleness is the vagina.

To my vagina, the word vagina signifies a lockdown. At the sound of these three syllables, it clenches and hopes that I will cross my legs immediately. The tension soon rises into my stomach and sinks through my thighs, and it will not subside for at
least a half hour after the vagina conversation has concluded. So let me thank you in advance for the weak-legged, nauseous walk I’ll be making back to my dorm.”
Works Consulted


