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 ENGL 285
 Professor Maya Sonenberg
 Talisman: Non-fiction
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This Euphonious State of Psychological Composure– The IV
 (Bonus: Before/during reading, listen to *Spiegel Im Spiegel*)

 Arvo Part - Spiegel Im Spiegel, Clarinet Version, Garrick Zoeter, Clarinetist

She tells me it tastes metallic, like blood on her mouth, filling her gums and cheeks. The IV drip is clear. It's icy. We used to hang it from our kitchen window while she would sit at the family-worn wooden table and watch the birds flitter up to their feeder. Slowly, the fluid would work its way from the chilling glass bottle and into the tubes. Before indenting the needles into her tired and ruptured veins, we'd flick the innocent air bubbles out until no more were lurking to arrest her heart's chorus. The IV hung from the same spot where her terrarium– full of moss and pebbles and drops of condensation– used to dangle from its wrought-iron hook. Now, the glass rests at the edge of the banquette, dried and dusty– a deserted, trivial rainforest. There, at least, the IV drips weren't cold. They weren't unfeeling. There, they were in a warm kitchen within her childhood home, in a place below the windows– a place where she could bask in the soft kindness of the sun rays and giggle to herself at *Joey* or *Chandler*. It was a place where time dwindled, and we would let it.

Dwindling time– it's a pause in beauty, a motionless place of peace–*a memory*. This youthful respite was a sanctuary. Suddenly I found myself once again in long hours of squinting at sheet music, writing *All Cows Eat Grass* on corners of concertos, with quieted laughs passed between her and me, like an espionage act around our instructor. I, sitting at the piano, and she, on the clarinet. For ten minutes, we would build a soft, melodic comfort. A retreat into the realm of music. *Spiegel Im Spiegel*. We would pass diatonic scales of subdued, somber, pensive longing and nostalgia-- and transfix ourselves into that moment. I had to bridle my fingers from pressing the keys for just one... second... longer– prolonging the lyrical anguish. She would call to the clarinet. Sing into its cork construction until these warm, artful, pining arpeggios poured out. *Deep inhales. Hold*. And she would honey the dulcet breves for 40 to 120 seconds. Each breath deeper, and each note longer, until it climaxed at this euphonious state of psychological composure. The piece was her. *She* made it the magic that our ears felt. Her breath. And now it's gone.

The memory and her air were ceded to that dazed echo of before.

Now, her disorganized nervous system elevates her pulse until the beats are so fast that oxygen is caught outside her reach. Thus, we find ourselves back to the taunting promise of the IV. Postural orthostatic tachycardia syndrome. The dysesthesia. The myalgia. The “dys-speakia,” brain fog, inflammation, pyrexia, jaundice, paresthesia, air-hunger, fatigue, nausea, psychosis, and ceaseless lines of symptoms and side effects.

And I take her away from all of that. One spring, we drive down the 101, chasing the coastline, mapping each nearest hospital “just in case,” and finally feeling that stillness— the dwindling time. I take her to Shasta. We watch the sun settle behind the spiritual breath of the volcano.

She sets alarms for pills.

We camp under the stars in twenty Fahrenheit, like caterpillars nestled in our frigid sleeping bags.

“I ain’t gonna die tonight” jars us awake for her 16th, 875 mg amoxicillin pill out of 18 meant for the day.

We sit in champagne hot springs, natural pools within under-land caverns, and by glowing fires. We eat what we dub “soul food” under the looming pacific fog of Marin County.

But tactile hallucinations force us to relocate our meal to the car.

We walk under Blue Oaks, inhaling their bewitching pheromones and acclimatizing to the psychedelic motif of the rolling Point Reyes, California hills. But thought disorder and hostility override the tree’s sweet callings to us, and I offer water? NO. Breathe with me? I *CAN’T*. I reach out a hand, but the dysesthesia makes her crumple to my touch. Tears stream her face— and mine— but the pain in her and the powerlessness in me boil over, and we are yelling and jabbing and sharpening our words until silence.

In a short 30 seconds, she is back. Recording the butterflies and quoting witty shows, once again giggling to herself; I can see the whole girl again. But I am still. I am still, in that helplessness, that hurt. Whether disease induced or iatrogenic, the psychosis has passed, and I am reminded I must move on. Just like that. Whatever words were used, they were not hers... not really. Whatever wound caused, it was the result of chronic illness and its “treatments,” so I must heal. I must resume just as her quicksilver behavior has already chosen to do.

And the trip ends. We wind back up through the Humboldt Redwoods, past Mt. St. Helens, all the way up the 5, and land ourselves back at school. Back to infusions. Back to caregiving. Back to the IV.

Drugs. *Medicine*— they call it. The substances that hold all the power. All the hope. All the despair. A fate like this will unman even the most vivacious and stubborn. Prescribed, inherited, or discovered, the pharmaceutical holds us; it holds our loved ones, co-workers, friends, and even our strangers we unconsciously blend into the settings of our lives. It holds *us*. Maybe down, maybe back. But together.

This one’s hold is ruthless, I think. Perhaps because it is so heavenly, so iridescently pure. It ties you together. It makes the recipient feel deserving after they’ve waited months for insurance to approve treatment. Makes them feel lucky to have their veins dissolved and their blood pressure bottomed out. Makes them feel hope.

Even so— it condemns their loved ones. Gifted to a palliative existence. To always make more room, more modifications, more sacrifices, and more optimism because... because it’s what we have.

Until she says no.

No more.

Please.

Until she gives up. And the IV— and everything it held for us— is gone.

Word count: 1000 words

Content Warnings:

Mention of:

- Treatment for chronic illness
- Heavy prescription medication use
- Psychological, behavioral, and mood disorders
- End of life care or Palliative care– “an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex, and often terminal illnesses,” as defined by the Center to Advance Palliative Care, part of the nonprofit Icahn School of Medicine at Mount Sinai.