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Prescription

by Tanis MacDonald

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Patient: Author, scholar, occasional madwoman.

Medication: Quotidian pedestrianism.

Common uses: Temporarily relieves symptoms of overt humanity, extremities of affect, mental spiralling, inferno awareness, overthinking, hyperventilation.

Frequency: As often as you can stand it.

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You know the story of March 2020: a last in-person class or meeting, news trickling about other universities and colleges shutting their doors and then it's you and your institution, your colleagues, your students. Then the scramble of the following weekend: writing instructions for students, trying to anticipate their questions, moving all teaching material online. As for me, I re-wrote and adapted an eighty-minute interactive lesson into a thirtyminute recorded lecture and online discussion. With my inexperience with the technology, the planning for a single remote class took a whole day. My birthday disappeared, unnoticed and uncelebrated. It didn't occur to me that I could have cancelled classes; the more fool me. I prepped and taught online using technology I hadn't heard of six days previously, and answered many anxious emails. Whenever I stood up from my desk, my back snapped like unfed alligators in the world's most obscure reptile park. My students and I finished the teaching term. Some of them wrote to thank me for taking such good care of them. I only wish I had taken better care of myself.

I have disintegrating disk disease and a shrieking sciatic nerve. When advised by my doctor that, for day-to-day

pain control, I was to stand up every twenty minutes, my first thought was not for my aching bod; it was instead about how standing up so frequently would interrupt my work flow. But chronic pain seems like exaggeration or impossibility, even when you are in it. I catch myself thinking "Again?" as pain shoots down my leg, as though I haven't lived for more than a decade with it, as though ease of movement is my right. My chronic pain ebbs and flows, allows some activities one day and not the next. It circumscribes my choices and forces me to consider mundane details that contribute to-or decrease-my mobility on any given day: what I'm wearing, where I'm sitting and for how long, what I'm carrying, how I'm bending or standing. I believe in good days and bad days; I believe in the alleviation of pain, for an hour, a day, a week. But being a professor—the long hours in front of a screen or bent over books and papers, the constant needs assessment, my machine-like habit of forgetting that I need rest-has never been kind to my body.

When I leave my massage appointment, my RMT says, Drink lots of water and go for a short walk if you can. I walk onto the paved trail of a creekside park, striving to keep the benefits of deep massage. My legs feel like they are the same length for the first time in weeks and the ping of my glutes is good ache and not tearing pain. My feet are firm and flexible on the ground. But the moment I see other people, I shift slightly away from my newly-perfected balance, tipping back into old bodily habits. And this signals that the after-treatment walk is over: time to go home and drink lots of water. Italo Calvino, in his amazing book Invisible Cities, reminds us: "Seek and learn to recognize who and what, in the midst of inferno, are not inferno, then make them endure, give them space." The ability to identify who is not inferno is a consummate human skill. In other words, hell is other people, except when they're not.

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Directions: Open door and leave house. Walk away from house for fifteen minutes. Breathe. Keep your eyes open. Walk back to house for fifteen minutes. Go back in house.

Some days, you may look at the sky either from the backyard or from the side of the house where no one else goes. Your neighbours' tall fence and the raspberry canes will hide you.

Patient allergies: Simple solutions to complex problems.

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I often mistype "grade" as "garde": good evidence of semantic slippage. To grade is to guard: standards, the institution, evaluative methods that may be outmoded. We stand on grade for thee.

April 2020 began as relief from anxiety prep and technology risks, but there was suddenly a new and intense form of online coaching to get my students through finals month. As papers came in, I dove into grading, and received multiple emails about how, when, and why to grade from the administration, many of whom had neither taught nor graded. Finally, after the traditional three-week grading period had stretched to seven weeks, I graded my final student paper, posted the grades, and did not feel relief. Instead, I felt dread move in me like a tapeworm.

Like one out of five women in Canada, I'm a sexual assault survivor and, like many women, I am adept at burying myself in work. But as soon as I was untethered from support tasks in the spring of 2020, I started to have nearly day-length panic attacks. For weeks in May, they rolled over me in waves that yanked me from sleep at 3 a.m., weakening around noon and abating in midafternoon. I would arrive at 2 p.m. sweating as though I had run ten km, but grateful to be back, even for a few hours, to "normal." Panic attacks weren't a new part of my life, but before this, they had always been relatively short-lived: bad two hours plus a jittery day. But I ignored the lay of the land; I had completely glossed over the rough autumn of 2019 when I twisted myself into knots over the release of my book. In other words, I was already depleted.

The pattern of waking at 3 a.m. moved from a few days into a week, and I couldn't get my doctor on the phone. Left to my own devices with the global pandemic numbers growing, I tried a lot of things: increased Vitamin B, CBD oil, quitting caffeine cold turkey. I stopped listening to the news. I dropped off social media. I rode a stationary bike for hours. I withdrew two articles that were scheduled for publication because I couldn't recognize the person who had written them. I couldn't concentrate long enough to read because the inside of my head was a fiery loop. If the hospitals hadn't been full of COVID patients, I would have admitted myself.

I called a drop-in clinic and was told by the doctor on call that he couldn't prescribe to me because I might be an addict. (And you, *Sir*, might not be a doctor and yet we're both going to have to trust each other.) He asked if I was in danger of killing myself. I said, "Just the opposite; I think someone is coming to kill me." He said okay and hung up.

Okay?

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How to use this medicine: Take once daily. Pay no attention to the step-counters behind the curtain. Raise one foot, lean forward, catch yourself. Raise the other, lean forward. Repeat.

Take this medication for a full course of treatment. Do not skip days because you are bored or too cold or too hot or crying too much. Do not skip because everything is the same. Do not skip because you are the same. Do not skip because you'll never be the same.

Active ingredients: Vitamin D; hope; sweat; obedience.

Before using this medicine: *^?

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If you've never had a panic attack, I'll say first that I wouldn't wish it on anyone. The experience for me has always been feeling hyper-present and adrift at once, floundering in quicksand, kicking and not finding the bottom of the pit. Because my body is convinced that I am dying, it flushes blood to where it seems to be needed the most: the brain, or more specifically, the primal or reptile brain. My Anxiety Kraken awakens, unfurls its tentacles, and then I have a fight (or flight) on my hands. I've just described a panic attack with imagery drawn from Warner Brothers cartoons and old episodes of Sea Hunt. Trauma descriptions often default to images consumed at the time of trauma: in my case, early adolescence. Panic attacks are awful, because while they fixate on a material circumstance, they defy the logic of that circumstance. Statements that the sky is not falling are not reassuring to people who have had the sky crack open their skulls. Body logic is immensely strong.

To enumerate the entangled causes of my panic attacks would be to suggest that they are explainable, or that

they obey an accessible logic. At the start of the pandemic restrictions, I was admittedly a little smug, because suddenly everyone was going to experience what traumatized women all over the world have experienced: restricted freedoms, the need to keep a distance, the feeling of being a little trapped all the time, the understanding that what others think is invisible could kill you. But living under official restrictions that mirrored in so many ways my unofficial life, I slipped and then I was in deep and sputtering for breath. I was afraid to go outside and afraid to stay in. When I was outside, I felt the sky reaching into my brain. When I was inside, I felt the walls pressing in on me. There was nowhere to go. Fresh out of strategies, I sat in the passenger seat while my partner drove me around the country roads north of where we lived. Sometimes the distraction of passing open fields and farmhouses helped, sometimes it didn't.

On one of those long country drives, I couldn't feel my legs. I slapped and pinched my thighs; I could feel a bit of sensation, so they weren't totally numb, but they didn't feel like the supporting columns of my torso. My legs were like Slinkies, weirdly uncontrollable. They felt unstable even though I was sitting down, and I wondered how I'd get out of the car. Would my legs slip out from under me and dump me onto the ground? Maybe I would careen upwards like an untethered Macy's parade balloon: out of control and headed for the stratosphere. When I told John, he looked over at me and said something brilliant: "Would you like to have a bit of a yell?"

My decision-making skills were at an all-time low, but I sat up straight because I knew how to do this. We looked for an open field on a minor road, one with houses or barns nowhere near. I got out, John made sure I could stand, and then I staggered twenty metres up the road to get a little space away from the car. It was about 7:30 a.m., and the lonely road was all browns and greys under cloud cover; on my right was a field backed by a long windbreak of conifers. As I wobbled on my wet-spaghetti legs, I started to stomp my boots into the gravel as hard as I could. I put all my weight into it, trying to dent the gravel with big footprints. And it worked, a little: I could feel my muscles in my thighs start to tingle. I stopped and faced the field; I lifted my knees as high as they would go and slammed down my feet. The jolt rode up my body and rattled my torso. I looked back at John, who sat in the driver's seat and discreetly pretended to watch something across the road while keeping one eye on me. I kept stomping, trying to move the sensation into my calves. With every thud I shouted a syllable. I had done such things years before in acting workshops. However, it is one thing to shout at your scene partner in a timed exercise and another to stand on the edge of a field alone and shout *I. Can't. Feel. My. Legs.*

I shouted a lot more, and the phrase I kept returning to is a gold standard among assault survivors: "It's my body." And was it ever. It was my body in all its pain and numbness; it was my body driving my brain crazy, and vice versa. I shouted it over and over on that roadside, aiming my voice at the trees. I heard the mashing noise my boots made as they displaced tiny stones. If I heard a car coming, I feigned a casual stroll until the vehicle passed, then I started stomping again. No one pulled over. No one even slowed down. No one wants to know about a woman yelling by the side of the road.

It ended with a bird. I was taking in breath to shout when a small hawk swooped over the field. I laughed and shouted at once and that spontaneous sound told me that I had made it back to a working body. There was no point in scaring away all the mice: that hawk had to eat. I walked back to the car.

Later that day, I found a name online for what afflicted me. "Jelly legs" are common symptoms in panic attacks when the blood is shunted elsewhere in the body to find the threat and defeat it. The treatment is, no surprise, exercise, even though stomping and yelling into a field was not mentioned. However, I recommend it.

The relief was temporary, but it was an important discovery. Getting my body back on a more permanent basis was going to take effort, and noise, and a willingness to perform some social effrontery. Yelling into a field was going to be the least of it. I was going to have to rest; I was going to have to say no to opportunities. I was going to have to figure out how to be the scholar I was, rather than the scholar that the patriarchy wanted be to me: the always-available but always-inadequate mother. In case of emotional labour, break this glass.

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Do not use this treatment: If you are currently experiencing spiking professional paranoia. In case of the latter, contact your physician, herbalist, therapist, sisters, partner, and best friends. You need all hands on deck.

Additional possible side effects: Ability to identify birdsong. Ability to nickname neighbourhood kids. Expanding definitions of public art. Burrs. Scratches. Blisters.

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My doctor was unavailable for two weeks. This was in the early weeks of pandemic restrictions, and doctors had their hands full. But when I heard from her, she prescribed for me—along with an SSRI—a daily walk, speaking as though anti-anxiety drugs were a good idea, but the walk was essential. She stressed that the walk did not need to be especially athletic or goal-focussed, beyond leaving the house under my own power. Some people have been checking which routes through their neighbourhoods will earn them 10,000 steps, but my mental health was precarious and my standards were blessedly low.

Like taking medication at the same time every day, walking the same route every day suggests calm, routine, maintenance. It allows me to notice changes, small and large, in the neighbourhood and myself. I venture into green spaces like stormwater ponds, creekbanks, woodlots, and cemeteries. In these spaces where human presence is allowed though not encouraged, I take my reptile brain walking with a leash around its scaly neck. It goes almost willingly now, and sniffs at the edges of the grass. It opens its wide mouth and pants up at me. It can't smile but it does not roar.

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Warning: Many days you will walk and walk and see nothing new. Many days you will do nothing but leave a trail of your own skin cells like breadcrumbs for dust mites.

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All June in those green spaces, I felt like a big walking bag of chemicals. Science-minded friends reminded me that we are all big bags of chemicals, but so much time and effort had gone into balancing my chemicals that I felt the swish of them keeping my heart beating, keeping my brain working, the words scrolling past my eyes and making sense. And I walked every day. I rested every day. In July, I had a cup of coffee and didn't break out in a cold sweat. Emboldened, I wrote an article. I held my breath when it went to press. In August, I told a col-

league that I had cracked up over the summer. She couldn't have been more understanding, because as it turned out, so had she. In September, I Zoom-taught my regular course load. Much was not perfect, including me.

In the end, I lost eight weeks of 2020 to the Attack of Reptile Brain and I count myself lucky. Pandemic restrictions didn't cause my season of panic attacks, but they aligned with my trauma history and the sense of careening doom many people felt that spring. Walking helps to balance the unbearable, and this balance is delicate. Trauma survivors who are required to perform intense emotional labour in the academy and elsewhere need the ground beneath our feet. We need time alone where we don't have to explain anything to the creek or the fallen tree; we need to see that birds and rabbits fly and run from us because they know about self-preservation. Neither en garde or subject to grade, this kind of walking is not about fitness or even that elusive scholarly work/life balance; it's about the hard daily work of being present in the body I have now. It's the long work of giving space to what endures and is not inferno.