

Selections from

The St. Martin's Guide to Writing

by

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Chapter 3 Remembering People

Maya Angelou, a poet and an autobiographer, has also been an actress, a singer, an editor, a professor, and an administrator of the Southern Christian Leadership Conference. She has said of her writing: "I speak to the black experience, but I am always talking about the human condition."

Angelou grew up during the 1930s in the small Arkansas town of Stamps, where she lived with her brother Bailey; her grandmother, the "Momma" mentioned in this selection; and her Uncle Willie. Momma and Willie operated a small grocery store. In this selection, from I Know Why the Caged Bird Sings (1970), Angelou writes about her childhood memories of her uncle, from her perspective as an adult of forty. As you read, notice how she describes him and tells brief stories about him to reveal their relationship.

Uncle Willie

Maya Angelou

When Bailey was six and I a year younger, we used to rattle off the times tables with the speed I was later to see Chinese children in San Francisco employ on their abacuses. Our summer-gray pot-bellied stove bloomed

rosy red during winter, and became a severe disciplinarian threat if we were so foolish as to indulge in making mistakes.

Uncle Willie used to sit, like a giant black Z (he had been crippled as a child), and hear us testify to the Lafayette County Training Schools' abilities. His face pulled down on the left side, as if a pulley had been attached to his lower teeth, and his left hand was only a mite bigger than Bailey's, but on the second mistake or on the third hesitation his big overgrown right hand would catch one of us behind the collar, and in the same moment would thrust the culprit toward the dull red heater, which throbbed like a devil's toothache. We were never burned, although once I might have been when I was so terrified I tried to jump onto the stove to remove the possibility of its remaining a threat. Like most children, I thought if I could face the worst danger voluntarily, and *triumph*, I would forever have power over it. But in my case of sacrificial effort I was thwarted. Uncle Willie held tight to my dress and I only got close enough to smell the clean dry scent of hot iron. We learned the times tables without understanding their grand principle, simply because we had the capacity and no alternative.

The tragedy of lameness seems so unfair to children that they are embarrassed in its presence. And they, most recently off nature's mold, sense that they have only narrowly missed being another of her jokes. In relief at the narrow escape, they vent their emotions in impatience and criticism of the unlucky cripple.

Momma related times without end, and without any show of emotion, how Uncle Willie had been dropped when he was three years old by a woman who was minding him. She seemed to hold no rancor against the baby-sitter, nor for her just God who allowed the accident. She felt it necessary to explain over and over again to those who knew the story by heart that he wasn't "born that way."

In our society, where two-legged, two-armed strong Black men were able at best to eke out only the necessities of life, Uncle Willie, with his starched shirts, shined shoes and shelves full of food, was the whipping boy and butt of jokes of the underemployed and underpaid. Fate not only disabled him but laid a double-tiered barrier in his path. He

was also proud and sensitive. Therefore he couldn't pretend that he wasn't crippled, nor could he deceive himself that people were not repelled by his defect.

Only once in all the years of trying not to watch him, I saw him pretend to himself and others that he wasn't lame.

Coming home from school one day, I saw a dark car in our front yard. I rushed in to find a strange man and woman (Uncle Willie said later they were school teachers from Little Rock) drinking Dr. Pepper in the cool of the Store. I sensed a wrongness around me, like an alarm clock that had gone off without being set.

I knew it couldn't be the strangers. Not frequently, but often enough, travelers pulled off the main road to buy tobacco or soft drinks in the only Negro store in Stamps. When I looked at Uncle Willie, I knew what was pulling my mind's coattails. He was standing erect behind the counter, not leaning forward or resting on the small shelf that had been built for him. Erect. His eyes seemed to hold me with a mixture of threats and appeal.

I dutifully greeted the strangers and roamed my eyes around for his walking stick. It was nowhere to be seen. He said, "Uh . . . this this . . . this . . . uh, my niece. She's . . . uh . . . just come from school." Then to the couple—"You know . . . how, uh, children are . . . th-th-these days . . . they play all d-d-day at school and c-c-can't wait to get home and pl-play some more."

The people smiled, very friendly.

He added, "Go on out and pl-play, Sister."

The lady laughed in a soft Arkansas voice and said, "Well, you know, Mr. Johnson, they say, you're only a child once. Have you children of your own?"

Uncle Willie looked at me with an impatience I hadn't seen in his face even when he took thirty minutes to loop the laces over his high-topped shoes. "I . . . I thought I told you to go . . . go outside and play."

Before I left I saw him lean back on the shelves of Garret Snuff, Prince Albert and Spark Plug chewing tobacco.

"No, ma'am . . . no ch-children and no wife." He tried a laugh. "I have an old m-m-mother and my brother's t-two children to l-look after."

I didn't mind his using us to make himself look good. In fact, I would have pretended to be his daughter if he wanted me to. Not only did I not feel any loyalty to my own father, I figured that if I had been Uncle Willie's child I would have received much better treatment.

The couple left after a few minutes, and from the back of the house I watched the red car scare chickens, raise dust and disappear toward Magnolia.

Uncle Willie was making his own way down the long shadowed aisle between the shelves and the counter—hand over hand, like a man climbing out of a dream. I stayed quiet and watched him lurch from one side, bumping to the other, until he reached the coal-oil tank. He put his hand behind that dark recess and took his cane in the strong fist and shifted his weight on the wooden support. He thought he had pulled it off.

I'll never know why it was important to him that the couple (he said later that he'd never seen them before) would take a picture of a whole Mr. Johnson back to Little Rock.

He must have tired of being crippled, as prisoners tire of penitentiary bars and the guilty tire of blame. The high-topped shoes and the cane, his uncontrollable muscles and thick tongue, and the looks he suffered of either contempt or pity had simply worn him out, and for one afternoon, one part of an afternoon, he wanted no part of them.

I understood and felt closer to him at that moment than ever before or since.

Jan Gray was a first-year college student when she wrote the following essay about her father, a man toward whom she has ambivalent but mostly angry feelings. As you read, notice how Gray uses description to convey these feelings.

Father

Jan Gray

My father's hands are grotesque. He suffers from psoriasis, a chronic skin disease that covers his massive, thick hands with scaly, reddish patches that periodically flake off, sending tiny pieces of dead skin sailing to the

ground. In addition, his fingers are permanently stained a dull yellow from years of chain smoking. The thought of those swollen, discolored, scaly hands touching me, whether it be out of love or anger, sends chills up my spine.

By nature, he is a disorderly, unkempt person. The numerous cigarette burns, food stains, and ashes on his clothes show how little he cares about his appearance. He has a dreadful habit of running his hands through his greasy hair and scratching his scalp, causing dandruff to drift downward onto his bulky shoulders. He is grossly overweight, and his pullover shirts never quite cover his protruding paunch. When he eats, he shovels the food into his mouth as if he hasn't eaten for days, bread crumbs and food scraps settling in his untrimmed beard.

Last year, he abruptly left town. Naturally, his apartment was a shambles, and I offered to clean it so that my mother wouldn't have to pay the cleaning fee. I arrived early in the morning anticipating a couple hours of vacuuming and dusting and scrubbing. The minute I opened the door, however, I realized my task was monumental: Old yellowed newspapers and magazines were strewn throughout the living room; moldy and rotten food covered the kitchen counter; cigarette butts and ashes were everywhere. The pungent aroma of stale beer seemed to fill the entire apartment.

As I made my way through the debris toward the bedroom, I tried to deny that the man who lived here was my father. The bedroom was even worse than the front rooms, with cigarette burns in the carpet and empty bottles, dirty dishes, and smelly laundry scattered everywhere. Looking around his bedroom, I recalled an incident that had occurred only a few months before in my bedroom.

I was calling home to tell my mother I would be eating dinner at a girlfriend's house. To my surprise, my father answered the phone. I was taken aback to hear his voice because my parents had been divorced for some time and he was seldom at our house. In fact, I didn't even see him very often.

"Hello?" he answered in his deep, scratchy voice.

"Oh, umm, hi Dad. Is Mom home?"

"What can I do for you?" he asked, sounding a bit too cheerful.

"Well, I just wanted to ask Mom if I could stay for dinner here."

"I don't think that's a very good idea, dear." I could sense an abrupt change in the tone of his voice. "Your room is a mess, and if you're not home in ten minutes to straighten it up, I'll really give you something to clean." Click.

Peddaling home as fast as I could, I had a distinct image of my enraged father. I could see his face redden, his body begin to tremble slightly, and his hands gesture nervously in the air. Though he was not prone to physical violence and always appeared calm on the outside, I knew he was really seething inside. The incessant motion of those hands was all too vivid to me as I neared home.

My heart was racing as I turned the knob to the front door and headed for my bedroom. When I opened my bedroom door, I stopped in horror. The dresser drawers were pulled out, and clothes were scattered across the floor. Everything on top of the dresser—a perfume tray, a couple of baskets of hair clips and earrings, and an assortment of pictures—had been strewn about. The dresser itself was tilted on its side, supported by the bed frame. As I stepped in and closed the door behind me, tears welled up in my eyes. I hated my father so much at that moment. Who the hell did he think he was to waltz into my life every few months like this?

I was slowly piecing my room together when he knocked on the door. I choked back the tears, wanting to show as little emotion as possible, and quietly murmured, "Come in." He stood in the doorway, one hand leaning against the door jamb, a cigarette dangling from the other, flicking ashes on the carpet, very smug in his handling of the situation.

"I want you to know I did this for your own good. I think it's time you started taking a little responsibility around this house. Now, to show you there are no hard feelings, I'll help you set the dresser back up."

"No thank you," I said quietly, on the verge of tears again. "I'd rather do it myself. Please, just leave me alone!"

He gave me one last look that seemed to say, "I offered. I'm the good guy. If you refuse, that's your problem." Then he turned and walked away. I was stunned at how he could be so violent one moment and so nonchalant the next.

As I sat in his bedroom reflecting on what he had done to my room, I felt the utmost disgust for this man. There seemed to be no hope he would break his filthy habits. I could come in and clean his room, but only he could clean up the mess he had made of his life. But I felt pity for him, too. After all, he is my father—am I not supposed to feel some responsibility for him and to love and honor him?

“*Soup*” is an unsigned profile that initially appeared in the “Talk of the Town” section of the *New Yorker* magazine (January 1989). The *New Yorker* regularly features brief, anonymous profiles like this one, whose subject is the fast-talking owner/chef of a takeout restaurant specializing in soup. In 1995, Albert Yeganeh, the subject of this profile, also inspired an episode of the television series *Seinfeld*. As you read, notice the prominence given to dialogue.

Soup The New Yorker

When Albert Yeganeh says “Soup is my lifeblood,” he means it. And when he says “I am extremely hard to please,” he means that, too. Working like a demon alchemist in a tiny storefront kitchen at 259-A West Fifty-

fifth Street, Mr. Yeganeh creates anywhere from eight to seventeen soups every week-day. His concoctions are so popular that a wait of half an hour at the lunchtime peak is not uncommon, although there are strict rules for conduct in line. But more on that later.

“I am psychologically kind of a health freak,” Mr. Yeganeh said the other day, in a lisping staccato of Armenian origin. “And I know that soup is the greatest meal in the world. It’s very good for your digestive system. And I use only the best, the freshest ingredients. I am a perfectionist. When I make a clam soup, I use three different kinds of clams. Every other place uses canned clams. I’m called crazy. I am not crazy. People don’t realize why I get so upset. It’s because if the soup is not perfect and I’m still selling it, it’s a torture. It’s *my* soup, and that’s why I’m so upset. First you clean and then you cook. I don’t believe that ninety-nine per cent of the restaurants in New York know how to clean a tomato. I tell my crew to wash the parsley *eight* times. If they wash it five or six times, I scare them. I tell them they’ll go to jail if there is sand in the parsley. One time, I found a mushroom on the floor, and I fired the guy who left it there.” He spread his arms, and added, “This place is the only one like it in . . . in . . . the whole earth! One day, I hope to learn something from the other places, but so far I haven’t. For example, the other day I went to a very fancy restaurant and had borscht. I had to send it back. It was *junk*. I could see all the chemicals in it. I never use chemicals. Last weekend, I had lobster bisque in Brooklyn, a very well-known place. It was *junk*. When I make a lobster bisque, I use a whole lobster. You know, I never advertise. I don’t have to. All the big-shot chefs and the kings of the hotels come here to see what *I’m* doing.”

As you approach Mr. Yeganeh’s Soup Kitchen International from a distance, the first thing you notice about it is the awning, which proclaims “Homemade Hot, Cold, Diet Soups.” The second thing you notice is an aroma so delicious that it makes you want to take a bite out of the air. The third thing you notice, in front of the kitchen, is an electric signboard that flashes, say, “Today’s Soups . . . Chicken Vegetable . . . Mexican Beef Chili . . . Cream of Watercress . . . Italian Sausage . . . Clam Bisque . . . Beef Barley . . . Due to Cold Weather . . . For Most Efficient and Fastest Service the Line Must . . . Be

Kept Moving . . . Please . . . Have Your Money . . . Ready . . . Pick the Soup of Your Choice . . . Move to Your Extreme . . . Left After Ordering.”

“I am not prejudiced against color or religion,” Mr. Yeganeh told us, and he jabbed an index finger at the flashing sign. “Whoever follows that I treat very well. My regular customers don’t say anything. They are very intelligent and well educated. They know I’m just trying to move the line. The New York cop is very smart—he sees everything but says nothing. But the young girl who wants to stop and tell you how nice you look and hold everyone up—*yah!*” He made a guillotining motion with his hand. “I tell you, I hate to work with the public. They treat me like a slave. My philosophy is: The customer is always wrong and I’m always right. I raised my prices to try to get rid of some of these people, but it didn’t work.”

The other day, Mr. Yeganeh was dressed in chefs’ whites with orange smears across his chest, which may have been some of the carrot soup cooking in a huge pot on a little stove in one corner. A three-foot-long handheld mixer from France sat on the sink, looking like an overgrown gardening tool. Mr. Yeganeh spoke to two young helpers in a twisted Armenian-Spanish barrage, then said to us, “I have no overhead, no trained waitresses, and I have the cashier here.” He pointed to himself theatrically. Beside the doorway, a glass case with fresh green celery, red and yellow peppers, and purple eggplant was topped by five big gray soup urns. According to a piece of cardboard taped to the door, you can buy Mr. Yeganeh’s soups in three sizes, costing from four to fifteen dollars. The order of any well-behaved customer is accompanied by little waxpaper packets of bread, fresh vegetables (such as scallions and radishes), fresh fruit (such as cherries or an orange), a chocolate mint, and a plastic spoon. No coffee, tea, or other drinks are served.

“I get my recipes from books and theories and my own taste,” Mr. Yeganeh said. “At home, I have several hundreds of books. When I do research, I find that I don’t know anything. Like cabbage is a cancer fighter, and some fish is good for your heart but some is bad. Every day, I should have one sweet, one spicy, one cream, one vegetable soup—and they *must* change, they should always taste a little different.” He added that he wasn’t sure how extensive his repertoire was, but that it probably includes at least eighty soups, among them African peanut butter, Greek moussaka, hamburger, Reuben, B.L.T., asparagus and caviar, Japanese shrimp miso, chicken chili, Irish corned beef and cabbage, Swiss chocolate, French calf’s brain, Korean beef ball, Italian shrimp and eggplant Parmesan, buffalo, ham and egg, short rib, Russian beef Stroganoff, turkey cacciatore, and Indian mulligatawny. “The chicken and the seafood are an addiction, and when I have French garlic soup I let people have only one small container each,” he said. “The doctors and nurses love that one.”

A lunch line of thirty people stretched down the block from Mr. Yeganeh’s doorway. Behind a construction worker was a man in expensive leather, who was in front of a woman in a fur hat. Few people spoke. Most had their money out and their orders ready.

At the front of the line, a woman in a brown coat couldn’t decide which soup to get and started to complain about the prices.

“You talk too much, dear,” Mr. Yeganeh said, and motioned to her to move to the left. “Next!”

“Just don’t talk. Do what he says,” a man huddled in a blue parka warned.

“He’s downright rude,” said a blond woman in a blue coat. “Even abusive. But you can’t deny it, his soup is the best.”

David Noonan, author of *Neuro-: Life on the Frontlines of Brain Surgery and Neurological Medicine* (1989), wrote this essay profiling a team of brain surgeons as they perform a complicated operation. His profile, originally published in *Esquire* in 1983, provides a direct look

at something very few of us are likely ever to see—the human brain. Noonan had to handle this subject with delicacy to avoid making readers uncomfortable with overly explicit description or excessive technical terminology. Think about your own response as you read this piece: Are you made uneasy by any of the graphic detail? Are you overwhelmed by any of the terminology?

Inside the Brain

David Noonan

The patient lies naked and unconscious in the center of the cool, tiled room. His head is shaved, his eyes and nose taped shut. His mouth bulges with the respirator that is breathing for him. Clear plastic tubes carry anesthetic into him and urine out of him. Belly up under the bright lights he looks large and helpless, exposed. He is not dreaming; he is too far under for that. The depth of his obliviousness is accentuated by the urgent activity going on all around him. Nurses and technicians move in and out of the room preparing the instruments of surgery. At his head, two doctors are discussing the approach they will use in the operation. As they talk they trace possible incisions across his scalp with their fingers.

It is a Monday morning. Directed by Dr. Stein, Abe Steinberger is going after a large tumor compressing the brainstem, a case that he describes as “a textbook beauty.” It is a rare operation, a suboccipital craniectomy, supracerebellar infratentorial approach. That is, into the back of the head and over the cerebellum, under the tentorium to the brainstem and the tumor. Stein has done the operation more than fifty times, more than any other surgeon in the United States.

Many neurosurgeons consider brainstem tumors of this type inoperable because of their location and treat them instead with radiation. “It’s where you live,” says Steinberger. Breathing, heartbeat, and consciousness itself are some of the functions connected with this primary part of the brain. Literally and figuratively, it is the core of the organ, and operating on it is always very risky. . . .

The human skull was not designed for easy opening. It takes drills and saws and simple force to breach it. It is a formidable container, and its thickness testifies to the value of its contents. Opening the skull is one of the first things apprentice brain surgeons get to do on their own. It is sometimes called cabinet work, and on this case Steinberger is being assisted in the opening by Bob Solomon.

The patient has been clamped into a sitting position. Before the first incision is made he is rolled under the raised instrument table and he disappears beneath sterile green drapes and towels. The only part of him left exposed is the back of his head, which is orange from the sterilizing agent painted on it. Using a special marker, Steinberger draws the pattern of the opening on the patient’s head in blue. Then the first cut is made into the scalp, and a thin line of bright-red blood appears.

The operation takes place within what is called the sterile field, a small germfree zone created and vigilantly patrolled by the scrub nurses. The sterile field extends out and around from the surgical opening and up over the instrument table. Once robed and gloved, the doctors are considered sterile from the neck to the waist and from the hands up the arms to just below the shoulders. The time the doctors must spend scrubbing their hands has been cut from ten minutes to five, but this obsessive routine is still the most striking of the doctor’s preparations. Leaning over the trough-like stainless-steel

sink with their masks in place and their arms lathered to the elbow, the surgeons carefully attend to each finger with the brush and work their way up each arm. It is the final pause, the last thing they do before they enter the operating room and go to work. Many at NI are markedly quiet while they scrub; they spend the familiar minutes running through the operation one more time. When they finish and their hands are too clean for anything but surgery they turn off the water with knee controls and back through the OR door, their dripping hands held high before them. They dry off with sterile towels, step into long-sleeved robes, and then plunge their hands down into their thin surgical gloves, which are held for them by the scrub nurse. The gloves snap as the nurse releases them around the doctors’ wrists. Unnaturally smooth and defined, the gloved hands of the neurosurgeons are now ready; they can touch the living human brain.

“Drill the hell out of it,” Steinberger says to Solomon. The scalp has been retracted and the skull exposed. Solomon presses the large stainless-steel power drill against the bone and hits the trigger. The bit turns slowly, biting into the white skull. Shavings drop from the hole onto the drape and then to the floor. The drill stops automatically when it is through the bone. The hole is about a half inch in diameter. Solomon drills four holes in a diamond pattern. The skull at the back of the head is ridged and bumpy. There is a faint odor of burning bone.

The drilling is graphic and jarring. The drill and the head do not go together; they collide and shock the eye. The tool is too big; its scale and shape are inappropriate to the delicate idea of neurosurgery. It should be hanging on the wall of a garage. After the power drill, a hand drill is used to refine the holes in the skull. It is a sterilized stainless-steel version of a handyman’s tool. It is called a perforator, and as Solomon calmly turns it, more shavings hit the floor. Then, using powerful plierlike tools called Leksell rongeurs, the doctors proceed to bite away at the skull, snapping and crunching bone to turn the four small holes into a single opening about three inches in diameter. This is a *craniectomy*; the hole in the skull will always be there, protected by the many layers of scalp muscle at the back of the head. In a *craniotomy* a flap of bone is preserved to cover the opening in the skull.

After the scalp and the skull, the next layer protecting the brain is the dura. A thin, tough, leathery membrane that encases the brain, the dura (derived from the Latin for *hard*) is dark pink, almost red. It is rich with blood vessels and nerves (when you have a headache, it’s the dura that aches), and now it can be seen stretching across the expanse of the opening, pulsing lightly. The outline of the cerebellum bulging against the dura is clear. With a crease in the middle, the dura-sheathed cerebellum looks oddly like a tiny pair of buttocks. The resemblance prompts a moment’s joking. “Her firm young cerebellum,” somebody says. . . .

The dura is carefully opened and sewn back out of the way. An hour and fifteen minutes after the drilling began, the brain is exposed.

The brain exposed. It happens every day on the tenth floor, three, four, and five times a day, day after day, week in and week out, month after month. The brain exposed. Light falls on its gleaming surface for the first time. It beats lightly, steadily. It is pink and gray, the brain, and the cerebellar cortex is covered with tiny blood vessels, in a web. In some openings you can see the curve of the brain, its roundness. It does not look strong,

it looks very soft, soft enough to push your finger through. When you see it for the first time you almost expect sparks, tiny sparks arcing across the surface, blinking lights, the crackle of an idea. You stare down at it and it gives nothing back, reveals nothing, gives no hint of how it works. As soon as they see it the doctors begin the search for landmarks. They start talking to each other, describing what they both can see, narrating the anatomy.

In the operating room the eyes bear much of the burden of communication. With their surgical masks and caps in place, the doctors and nurses resort to exaggerated stares and squints and flying eyebrows to emphasize what they are saying. After more than two decades in the operating room, Dr. Stein has developed this talent for non-verbal punctuation to a fine art. His clear blue eyes narrow now in concentration as he listens to Abe explain what he wants to do next. They discuss how to go about retracting the cerebellum. "Okay, Abe," Stein says quietly. "Nice and easy now."

The cerebellum (the word means *little brain*) is one of the most complicated parts of the brain. It is involved in the processing of sensory information of all kinds as well as balance and motor control, but in this case it is simply in the way. With the dura gone the cerebellum bulges out of the back of the head; it can be seen from across the room, protruding into space, striated and strange-looking.

When the cerebellum is retracted, the microscope is rolled into place and the operation really begins. It is a two-man scope, with a cable running to a TV monitor and a videotape machine. Sitting side by side, looking through the scope into the head, Steinberger and Stein go looking for the tumor.

It is a long and tedious process, working your way into the center of the human brain. The joke about the slip of the scalpel that wiped out fifteen years of piano lessons is no joke. Every seen and unseen piece of tissue does something, has some function, though it may well be a mystery to the surgeon. In order to spend hour after hour at the microscope, manipulating their instruments in an area no bigger than the inside of a juice can, neurosurgeons must develop an awesome capacity for sustained concentration.

After two hours of talking their way through the glowing red geography of the inner brain, Stein and Steinberger come upon the tumor. "Holy Toledo, look at that," exclaims Steinberger. The tumor stands out from the tissue around it, purple and mean-looking. It is the end of order in a very small, orderly place. It does not belong. They pause a moment, and Abe gives a quick tour of the opening. "That's tumor, that's the brainstem, and that's the third ventricle," he says. "And that over there, that's memory."

A doctor from the pathology department shows up for a piece of the tumor. It will be analyzed quickly while the operation is under way so the surgeons will know what they are dealing with. The type of tumor plays an important part in decisions about how much to take out, what risks to take in the attempt to get it all. A more detailed tissue analysis will be made later.

It turns out to be a brainstem glioma, an invasive intrinsic tumor actually growing up out of the brainstem. It is malignant. They get a lot of it but it will grow back. With radiation the patient could live fifteen years or even longer, and he will be told so. Abe Steinberger, in fact, will tell him. More than six hours after the first incision, the operation ends.

When the operation is over it is pointed out to Steinberger that he is the same age as the patient. "Really?" he says. "It's funny, I always think of the patients as being older than me."

How they think of the patients is at the center of the residents' approach to neurosurgery. It is a sensitive subject, and they have all given it a lot of thought. They know well the classic preconceived notion of the surgeon as a cold and arrogant technician. "You think like a surgeon" is a medical-school insult. Beyond that, the residents actually know a lot of surgeons, and though they say most of them don't fit the stereotype, they also say that there are some who really do bring it to life.

In many ways the mechanics of surgery itself create a distance between the surgeon and the patient. A man with a tumor is a case, a collection of symptoms. He is transformed into a series of X rays, CAT scans, and angiograms. He becomes his tumor, is even referred to by his affliction. "We've got a beautiful meningioma coming in tomorrow," a doctor will say. Once in the operating room the patient disappears beneath the drapes and is reduced to a small red hole. Though it is truly the ultimate intimacy, neurosurgery can be starkly impersonal.

"The goal of surgery is to get as busy as you can doing good cases and making people *better* by operating on them," says Phil Cogen. "That automatically cuts down the time you spend with patients." Though this frustrates Cogen, who has dreams and nightmares about his patients "all the time," he also knows there is a high emotional price to pay for getting too close. "One of the things you learn to do as a surgeon in any field is disassociate yourself from the person you're operating on. I never looked under the drapes at the patient until my third year in neurosurgery, when it was too late to back out."

While Cogen prides himself on not having a "surgical personality," Abe Steinberger believes that his skills are best put to use in the operating room and doesn't worry too much about the problems of patient relations. "I sympathize with the patients," he says, "I feel very bad when they're sick and I feel great when they're better. But what I want to do is operate. I want to get in there and do it."

Brian Cable wrote the following selection when he was a first-year college student. Cable's profile of a mortuary combines both seriousness and humor. He lets readers know his feelings as he presents information about the mortuary and the people working there. As you read, notice in particular the way Cable uses his visit to the mortuary as an occasion to reflect on death.

The Last Stop

Brian Cable

Let us endeavor so to live that when we come to die even the undertaker will be sorry.

—MARK TWAIN

Death is a subject largely ignored by the living. We don't discuss it much, not as children (when Grandpa dies, he is said to be "going away"), not as adults, not even as senior citizens. Throughout our lives, death remains intensely private. The death of a loved one can be very painful, partly because of the sense of loss, but also because someone else's mortality reminds us all too vividly of our own.

Thus did I notice more than a few people avert their eyes as they walked past the dusty-pink building that houses the Goodbody Mortuaries. It looked a bit like a church—tall, with gothic arches and stained glass—and somewhat like an apartment complex—low, with many windows stamped out of red brick.

It wasn't at all what I had expected. I thought it would be more like Forest Lawn, serene with lush green lawns and meticulously groomed gardens, a place set apart from

the hustle of day-to-day life. Here instead was an odd pink structure set in the middle of a business district. On top of the Goodbody Mortuaries sign was a large electric clock. What the hell, I thought, mortuaries are concerned with time, too.

I was apprehensive as I climbed the stone steps to the entrance. I feared rejection or, worse, an invitation to come and stay. The door was massive, yet it swung open easily on well-oiled hinges. "Come in," said the sign. "We're always open." Inside was a cool and quiet reception room. Curtains were drawn against the outside glare, cutting the light down to a soft glow.

I found the funeral director in the main lobby, adjacent to the reception room. Like most people, I had preconceptions about what an undertaker looked like. Mr. Deaver fulfilled my expectations entirely. Tall and thin, he even had beady eyes and a bony face. A low, slanted forehead gave way to a beaked nose. His skin, scrubbed of all color, contrasted sharply with his jet black hair. He was wearing a starched white shirt, gray pants, and black shoes. Indeed, he looked like death on two legs.

He proved an amiable sort, however, and was easy to talk to. As funeral director, Mr. Deaver ("call me Howard") was responsible for a wide range of services. Goodbody Mortuaries, upon notification of someone's death, will remove the remains from the hospital or home. They then prepare the body for viewing, whereupon features distorted by illness or accident are restored to their natural condition. The body is embalmed and then placed in a casket selected by the family of the deceased. Services are held in one of three chapels at the mortuary, and afterward the casket is placed in a "visitation room," where family and friends can pay their last respects. Goodbody also makes arrangements for the purchase of a burial site and transports the body there for burial.

All this information Howard related in a well-practiced, professional manner. It was obvious he was used to explaining the specifics of his profession. We sat alone in the lobby. His desk was bone clean, no pencils or paper, nothing—just a telephone. He did all his paperwork at home; as it turned out, he and his wife lived right upstairs. The phone rang. As he listened, he bit his lips and squeezed his Adam's apple somewhat nervously.

"I think we'll be able to get him in by Friday. No, no, the family wants him cremated."

His tone was that of a broker conferring on the Dow Jones. Directly behind him was a sign announcing "Visa and Master Charge Welcome Here." It was tacked to the wall, right next to a crucifix.

"Some people have the idea that we are bereavement specialists, that we can handle the emotional problems which follow a death: Only a trained therapist can do that. We provide services for the dead, not counseling for the living."

Physical comfort was the one thing they did provide for the living. The lobby was modestly but comfortably furnished. There were several couches, in colors ranging from earth brown to pastel blue, and a coffee table in front of each one. On one table lay some magazines and a vase of flowers. Another supported an aquarium. Paintings of pastoral scenes hung on every wall. The lobby looked more or less like that of an old hotel. Nothing seemed to match, but it had a homey, lived-in look.

"The last time the Goodbodies decorated was in '59, I believe. It still makes people feel welcome."

And so “Goodbody” was not a name made up to attract customers but the owners’ family name. The Goodbody family started the business way back in 1915. Today, they do over five hundred services a year.

“We’re in *Ripley’s Believe It or Not*, along with another funeral home whose owners’ names are Baggit and Sackit,” Howard told me, without cracking a smile.

I followed him through an arched doorway into a chapel that smelled musty and old. The only illumination came from sunlight filtered through a stained glass ceiling. Ahead of us lay a casket. I could see that it contained a man dressed in a black suit. Wooden benches ran on either side of an aisle that led to the body. I got no closer. From the red roses across the dead man’s chest, it was apparent that services had already been held.

“It was a large service,” remarked Howard. “Look at that casket—a beautiful work of craftsmanship.”

I guess it was. Death may be the great leveler, but one’s coffin quickly reestablishes one’s status.

We passed into a bright, fluorescent-lit “display room.” Inside were thirty coffins, lids open, patiently awaiting inspection. Like new cars on the showroom floor, they gleamed with high-gloss finishes.

“We have models for every price range.”

Indeed, there was a wide variety. They came in all colors and various materials. Some were little more than cloth-covered cardboard boxes, others were made of wood, and a few were made of steel, copper, or bronze. Prices started at \$400 and averaged about \$1,800. Howard motioned toward the center of the room: “The top of the line.”

This was a solid bronze casket, its seams electronically welded to resist corrosion. Moisture-proof and air-tight, it could be hermetically sealed off from all outside elements. Its handles were plated with 14-karat gold. The price: a cool \$5,000.

A proper funeral remains a measure of respect for the deceased. But it is expensive. In the United States the amount spent annually on funerals is about \$2 billion. Among ceremonial expenditures, funerals are second only to weddings. As a result, practices are changing. Howard has been in this business for forty years. He remembers a time when everyone was buried. Nowadays, with burials costing \$2,000 a shot, people often opt instead for cremation—as Howard put it, “a cheap, quick, and easy means of disposal.” In some areas of the country, the cremation rate is now over 60 percent. Observing this trend, one might wonder whether burials are becoming obsolete. Do burials serve an important role in society?

For Tim, Goodbody’s licensed mortician, the answer is very definitely yes. Burials will remain in common practice, according to the slender embalmer with the disarming smile, because they allow family and friends to view the deceased. Painful as it may be, such an experience brings home the finality of death. “Something deep within us demands a confrontation with death,” Tim explained. “A last look assures us that the person we loved is, indeed, gone forever.”

Apparently, we also need to be assured that the body will be laid to rest in comfort and peace. The average casket, with its inner-spring mattress and pleated satin lining, is surprisingly roomy and luxurious. Perhaps such an air of comfort makes it easier for

the family to give up their loved one. In addition, the burial site fixes the deceased in the survivors’ memory, like a new address. Cremation provides none of these comforts.

Tim started out as a clerk in a funeral home but then studied to become a mortician. “It was a profession I could live with,” he told me with a sly grin. Mortuary science might be described as a cross between pre-med and cosmetology, with courses in anatomy and embalming as well as in restorative art.

Tim let me see the preparation, or embalming, room, a white-walled chamber about the size of an operating room. Against the wall was a large sink with elbow taps and a draining board. In the center of the room stood a table with equipment for preparing the arterial embalming fluid, which consists primarily of formaldehyde, a preservative, and phenol, a disinfectant. This mixture sanitizes and also gives better color to the skin. Facial features can then be “set” to achieve a restful expression. Missing eyes, ears, and even noses can be replaced.

I asked Tim if his job ever depressed him. He bridled at the question: “No, it doesn’t depress me at all. I do what I can for people and take satisfaction in enabling relatives to see their loved ones as they were in life.” He said that he felt people were becoming more aware of the public service his profession provides. Grade-school classes now visit funeral homes as often as they do police stations and museums. The mortician is no longer regarded as a minister of death.

Before leaving, I wanted to see a body up close. I thought I could be indifferent after all I had seen and heard, but I wasn’t sure. Cautiously, I reached out and touched the skin. It felt cold and firm, not unlike clay. As I walked out, I felt glad to have satisfied my curiosity about dead bodies, but all too happy to let someone else handle them.

Carol Potera, a freelance writer living in Great Falls, Montana, writes about topics and issues in medicine and science. She has worked as a researcher and writer in the Department of Human Oncology, University of Wisconsin, Madison, and at the Eleanor Roosevelt Institute for Cancer Research in Denver. Her awards include a 1990 Deems Taylor Award sponsored by the American Society of Composers, Authors, and Publishers for a profile of an academic chemist who studies the materials and sound qualities of the famous Stradivarius violins and a 1999 science writing fellowship at the Molecular Biological Laboratory, Woods Hole, Massachusetts. In this 1998 essay from *Psychology Today*, Potera explains a relatively new concept—Internet addiction. She identifies an addict as someone who spends around forty hours a week on the Internet, most of it in chat rooms or at interactive game sites, and who is experiencing personal, social, academic, or occupational problems as a result. Like all the authors in this chapter, Potera relies on experts for the information she needs. As you read, think about your own use of the Internet. How much of it is for academic or personal purposes and how much for diversion or entertainment?

Internet Addiction

Carol Potera

Frustration with the sluggish speed of a browser is about the most serious psychological pitfall that most of us face when surfing the World Wide Web. But for as many as five million Americans, experts say, the Internet

has become a destructive force, its remarkable benefits overshadowed by its potential to disrupt the lives of those who can't resist the lure of round-the-clock social opportunities, entertainment, and information. For such people, work, friends, family, and sleep are replaced by a virtual world of chat rooms and games.

Take Judy and Bob, a Seattle couple who were saving to buy their first house—until monthly credit card bills started arriving with \$350 charges for online services. Bob was “pissing away all our money on the Internet,” says Judy. And soon he was doing likewise to their marriage. Every evening Bob came home from work and headed straight for the computer; he stopped joining Judy for dinner or helping with household chores. At 10 P.M. each night Judy hit the sack, while Bob stumbled to bed some five hours later. Before long he was sucked into cyberspace 40 or 50 hours a week. When it became clear after six months that Bob had chosen his online world over his real one, Judy left.

Such tales became increasingly common in the early 1990s, when the growing popularity of commercial providers made the Internet affordable and accessible to anyone with a personal computer, modem, and phone. Only recently, however, have psychologists begun devising strategies to wean online addicts from their endless browsing and chatting. And while it's too soon to say how successful their efforts have been, their hope is that the extent of the problem will be recognized before it becomes even more widespread.

Cybertrouble

One of the first experts to notice that some people were spending an unhealthy amount of time on the Internet was Kimberly Young, Ph.D., an assistant professor of psychology at the University of Pittsburgh, Bradford. In 1994, Young launched the first major study of the problem, surveying nearly 500 avid Internet users about their online habits. Because there was no formal definition for the disorder—which she quickly christened “Internet addiction”—Young classified study participants as “dependent” or “nondependent” Internet users based on their answers to seven questions she adapted from those used to diagnose pathological gambling. (Sample question: Do you experience withdrawal symptoms—depression, agitation, moodiness—when not online?) Those who answered “yes” to three or more questions were classified as dependent.

On average, Young found, dependents spent an astonishing 38 hours a week online, compared with just five hours a week for nondependents. And usually they were not cruising the information highway to enrich their knowledge of El Niño or the Russian space station. Instead, dependents sought contact with other people: their favorite activities were chat rooms (35 percent) and Multi User Dungeon games (28 percent), while nondependents were most likely to use the Internet for electronic mail (30 percent) and searching the World Wide Web (25 percent). Similarly, a 1996 survey of 530 college stu-

dents by Kathy Scherer, Ph.D., a psychologist at the University of Texas at Austin, found that dependents and nondependents spent similar amounts of time exchanging email and searching the Web, but dependents spent twice as much time in chat rooms and playing games.

None of the nondependents in Young's study reported academic, personal, financial, or occupational problems caused by their Internet use. But about half of dependents reported problems in all of these areas. Yet many dependents insisted they couldn't give up the Internet; a few even tossed out their modems, but their Internet cravings led them to buy a new one to get their cyberspace fix. In fact, the smokers in the study reported that their cravings for the Internet were stronger than the urge to light up a cigarette.

Who's at Risk?

Most Internet users don't become addicted. Among people who gamble or drink alcohol, about 5 to 10 percent develop problem behaviors, and Young believes that the figures are similar for pathological Internet behavior. With an estimated 47 million people currently online, as many as two to five million could be addicted. Especially vulnerable, Young believes, are those who are lonely, bored, depressed, introverted, lack self-esteem, or have a history of addictions.

Perhaps the most surprising—and widely reported—finding in Young's original study was that the majority (60 percent) of dependent users were middle-aged women, particularly housewives, not young male computer geeks. But this has not held up in later studies, which give men a slight edge. Young suspects a bias occurred in her first study, perhaps because women are more likely to admit and talk about their problems. Still, she understands the appeal that chat rooms hold for these women and others in her sample. "You never worry about how you look or how nice a house you have, and you talk to people all over the world. It's instant gratification without having to reveal yourself." Lonely housewives or shy sophomores can feel like exciting people when online. "It's novel and unique, and they get attached to the people they meet online," Young says.

Indeed, like alcoholics with favorite drinking buddies, Internet addicts form close bonds that fuel their compulsions. Dan, a college student, earned a 3.2 grade point average his freshman year. Then he moved in with roommates who played an interactive Multi User Dungeon computer game as a team from separate computers, and soon began logging on 50 to 60 hours a week. Dan's grade point average nose-dived to 1.6. His fiancée began to complain that he spent too much time with his computer friends; they, in turn, griped when he signed off to spend time with her. Faced with the reality that he might not graduate or get married, Dan tried to cut back, a goal that grew easier after his roommates graduated. A year later, his use was down to 10 hours per week. "I still get high on the Internet," he admits, "but I'm in control."

Get high? Internet addiction? Time was when the word "addiction" referred to drug and alcohol problems—period. Today, so-called addictions are everywhere: sex, exercise, work, chocolate, TV, shopping, and now the Internet. Have we been, well, abusing the word?

An Addiction? Really?

"Addiction," notes Young, "is a layman's term, not a clinical one." In fact, the DSM-IV¹ doesn't even mention the word. Young chose the label "Internet addiction" because it's readily understandable by the public. When writing for clinical journals, however, she refers to "pathological Internet use," modeling the term after that for pathological gambling in the DSM-IV.

Other experts shun the term addiction altogether because it means too many things to too many people. "It's a sloppy word," says pharmacologist Carlton Erickson, Ph.D., head of the Addiction Science Research and Education Center at the University of Texas at Austin. In the drug abuse field, he notes, "dependence" has replaced "addiction." "In dependence, people can't stop because they have developed a brain chemistry that does not allow them to stop," explains Erickson. Excessive behavior that hasn't quite reached full-fledged dependency, meanwhile, is called "abuse." If Internet abusers cannot stop for a month, suggests Erickson, then "Internet dependence" would be the appropriate term. Others believe that the problem is best described as a compulsion, suggesting the phrase "compulsive Internet use." And many psychologists question whether excessive Internet use should be pathologized at all: John Grohol, Ph.D., who directs the Web site "Mental Health Net," says that by the same logic, bookworms should be diagnosed with "book addiction disorder."

Perhaps the controversy will be definitively resolved when researchers determine whether behaviors like pathological gambling or Internet addiction produce chemical changes in the brain similar to those found in drug abusers. In the meantime, Young believes that the often severe personal consequences of Internet addiction justify popular use of the term. "Internet addiction does not cause the same physical problems as other addictions," she says, "but the social problems parallel those of established addictions."

Treatments for Internet addiction are beginning to emerge. Trouble is, not all mental health specialists recognize the problem or know how to treat it. Internet dependents have been told by uninformed therapists to simply "turn off the computer." That's like telling a heroin addict to just say no to drugs—and just as unsuccessful. What's more, HMOs and insurance companies do not pay for Internet addiction therapy because it's not recognized by the DSM-IV.

Among those developing treatments for the problem is Maressa Hecht Orzack, Ph.D., a psychologist at Harvard University's McLean Hospital in Belmont, Massachusetts. Orzack founded Harvard's Computer Addiction Services in Fall 1996, after seeing firsthand the fallout from Internet-related problems: divorce, child neglect, job termination, debt, flunking out of school, legal trouble. One client, she says, had separated from his wife but couldn't afford to move out because he spent so much money on computer services. He moved his bed into the computer room and started an affair with an online sweetheart.

¹The *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV* used by medical professionals

A cognitive therapist, Orzack likens Internet addiction to such impulse control disorders as pathological gambling and kleptomania. However, “gamblers have a choice to gamble or not,” she notes. “People addicted to the Internet often do not have that choice, since so many activities require people to use a computer.”

Like Binge-Eating

So the best approach for excessive Internet use, Orzack believes, will be to treat it like binge eating, where the individual frequently engages in the activity to be restricted. She treats both by teaching clients how to set limits, balance activities, and schedule time, without having to go cold turkey. “People often change in six or eight sessions,” she says.

Unfortunately, the afflicted rarely admit to the problem, and it usually takes a crisis with a job, relationship, or school to spur an Internet addict to seek treatment. More often, it’s loved ones who turn to the experts. “Families notice things and call me,” says Orzack. And she receives letters like this: “We got divorced one year after we got the computer. My wife was in chat rooms all the time and ignored our young daughter. She spent hundreds of dollars on phone bills . . . [and] had an affair online that turned into a real affair. . . . Then she left. I don’t know what to do. Please help.” Now lawyers and family courts call Orzack and Young wanting them to testify about Internet addiction in divorce and custody battles. (In October, a Florida woman lost custody of her kids when her ex-husband convinced a judge that the woman was addicted to the Internet and thus incapable of properly caring for their children.)

College students are often vulnerable to Internet addiction because many universities provide free, unlimited access. At the University of Texas Counseling and Mental Health Center at Austin, Scherer and her computer scientist husband Jacob Kornerup created a workshop, called It’s 4 A.M. and I Can’t—Uh, Won’t—Log Off, to help students recognize harmful Internet habits. Scherer and Kornerup recommend keeping a chart sorting weekly Internet time into academic/professional and leisure/personal use. If a large part of your leisure time is spent on the Internet, she says, ask what you get out of it, what you’re giving up, and why you’re finding online time so much more pleasurable than other activities. Take note if your personal relationships are suffering.

Next, set a goal of how many hours a week you want to use the Internet. If your actual usage exceeds it, remind yourself to log off after a period of time. Set a kitchen timer and turn off the computer—no excuses—when it rings.

It’s particularly important to separate work and play when online, says Jane Morgan Bost, Ph.D., assistant director of the University of Texas Counseling and Mental Health Center. Stay focused, visit only sites needed to complete work, and don’t detour. Also, she says, cut back mailing list memberships and sort play e-mail from work e-mail.

None of the experts *Psychology Today* spoke with demonize the Internet; they use it extensively themselves and applaud the benefits of rapid communication and information exchange. But, they add, the Internet is here to stay, and problems with excessive use need to be addressed. . . .

Are You Addicted to the Internet?

Psychologist Kimberly Young, Ph.D., has identified several warning signs of excessive Internet use. Behaviors that signal concern include:

- Staying online longer than you intended
- Admitting that you can’t stop from signing on
- Neglecting loved ones, chores, sleep, reading, television, friends, exercise, hobbies, sex, or social events because of the Internet
- Spending 38 hours or more a week online
- Failing to cut down on time online
- Feeling anxious, bored, sad, lonely, angry, or stressed before going online, but feeling happy, excited, loved, calmed, or confident while on the Internet
- Favoring chat rooms, games, and Multi User Dungeons over other Internet activities

Richard Estrada wrote a syndicated column for the Dallas Morning News. He wrote this essay, "Sticks and Stones and Sports Team Names," in late October 1995 during the World Series in which the Atlanta Braves played the Cleveland Indians. The series, which was televised, drew attention to the practice of dressing team mascots like Native Americans on the warpath and encouraging fans to rally their team with gestures like the "tomahawk chop" and pep yells like the "Indian chant." The controversy over these practices ignited a long-standing debate over sports teams using names associated with Native Americans. Various high schools and at least one university, Stanford, have changed the names of their sports teams because of this ongoing controversy.

The title, as you may know, refers to a children's chant: "Sticks and stones will break my bones, but words will never hurt me." As you read, consider why Estrada and his newspaper editor thought this title was appropriate.

Sticks and Stones and Sports Team Names

Richard Estrada

When I was a kid living in Baltimore in the late 1950s, there was only one professional sports team worth following. Anyone who ever saw the movie *Diner* knows which one it was. Back when we liked Ike, the Colts were the gods of the gridiron and Memorial Stadium was their Mount Olympus.

Ah, yes: The Colts. The Lions. Da Bears. Back when defensive tackle Big Daddy Lipscomb was letting running backs know exactly what time it was, a young fan could easily forget that in a game where men were men, the teams they played on were not invariably named after animals. Among others, the Packers, the Steelers and the distant 49ers were cases in point. But in the roll call of pro teams, one name in particular always discomfited me: the Washington Redskins. Still, however willing I may have been to go along with the name as a kid, as an adult I have concluded that using an ethnic group essentially as a sports mascot is wrong.

The Redskins and the Kansas City Chiefs, along with baseball teams like the Atlanta Braves and the Cleveland Indians, should find other names that avoid highlighting ethnicity.

By no means were such names originally meant to disparage Native Americans. The noble symbols of the Redskins or college football's Florida Seminoles or the Illinois Illini are meant to be strong and proud. Yet, ultimately, the practice of using a people as mascots is dehumanizing. It sets them apart from the rest of society. It promotes the politics of racial aggrievement at a moment when our storehouse is running over with it.

The World Series between the Cleveland Indians and the Atlanta Braves reignited the debate. In the chill night air of October, tomahawk chops and war chants suddenly became far more familiar to millions of fans, along with the ridiculous and offensive cartoon logo of Cleveland's "Chief Wahoo."

The defenders of team names that use variations on the Indian theme argue that tradition should not be sacrificed at the altar of political correctness. In truth, the nation's No. 1 P.C. [politically correct] school, Stanford University, helped matters some when it changed its team nickname from "the Indians" to "the Cardinals." To be sure, Stanford

did the right thing, but the school's status as P.C. without peer tainted the decision for those who still need to do the right thing.

Another argument is that ethnic group leaders are too inclined to cry wolf in alleging racial insensitivity. Often, this is the case. But no one should overlook genuine cases of political insensitivity in an attempt to avoid accusations of hypersensitivity and political correctness.

The real world is different from the world of sports entertainment. I recently heard a father who happened to be a Native American complain on the radio that his child was being pressured into participating in celebrations of Braves baseball. At his kid's school, certain days are set aside on which all children are told to dress in Indian garb and celebrate with tomahawk chops and the like.

That father should be forgiven for not wanting his family to serve as somebody's mascot. The desire to avoid ridicule is legitimate and understandable. Nobody likes to be trivialized or deprived of their dignity. This has nothing to do with political correctness and the provocations of militant leaders.

Against this backdrop, the decision by newspapers in Minneapolis, Seattle and Portland to ban references to Native American nicknames is more reasonable than some might think.

What makes naming teams after ethnic groups, particularly minorities, reprehensible is that politically impotent groups continue to be targeted, while politically powerful ones who bite back are left alone. How long does anyone think the name "Washington Blackskins" would last? Or how about "the New York Jews"?

With no fewer than 10 Latino ballplayers on the Cleveland Indians' roster, the team could change its name to "the Banditos." The trouble is, they would be missing the point: Latinos would correctly object to that stereotype, just as they rightly protested against Frito-Lay's use of the "Frito Bandito" character years ago.

It seems to me that what Native Americans are saying is that what would be intolerable for Jews, blacks, Latinos and others is no less offensive to them. Theirs is a request not only for dignified treatment, but for fair treatment as well. For America to ignore the complaints of a numerically small segment of the population because it is small is neither dignified nor fair.

Jessica Statsky wrote the following essay about children's competitive sports for her college composition course. Before reading, recall your own experiences as an elementary student playing competitive sports, either in or out of school. If you were not actively involved yourself, did you know anyone who was? Looking back, do you think that winning was unduly emphasized? What value was placed on having a good time? On learning to get along with others? On developing athletic skills and confidence?

Children Need to Play, Not Compete

Jessica Statsky

Over the past three decades, organized sports for children have increased dramatically in the United States. And though many adults regard Little League Baseball and Peewee Football as a basic part of childhood, the games are not always joyous ones. When overzealous parents and coaches impose adult standards on children's sports, the result can be activities that are neither satisfying nor beneficial to children.

I am concerned about all organized sports activities for children between the ages of six and twelve. The damage I see results from noncontact as well as contact sports, from sports organized locally as well as those organized nationally. Highly organized competitive sports such as Peewee Football and Little League Baseball are too often played to adult standards, which are developmentally inappropriate for children and can be both physically and psychologically harmful. Furthermore, because they eliminate many children from organized sports before they are ready to compete, they are actually counterproductive for developing either future players or fans. Finally, because they emphasize competition and winning, they unfortunately provide occasions for some parents and coaches to place their own fantasies and needs ahead of children's welfare.

One readily understandable danger of overly competitive sports is that they entice children into physical actions that are bad for growing bodies. Although the official Little League Web site acknowledges that children do risk injury playing baseball, they insist that severe injuries are infrequent, "far less than the risk of riding a skateboard, a bicycle, or even the school bus" ("What about My Child"). Nevertheless, Leonard Koppett in *Sports Illusion, Sports Reality* claims that a twelve-year-old trying to throw a curve ball, for example, may put abnormal strain on developing arm and shoulder muscles, sometimes resulting in lifelong injuries (294). Contact sports like football can be even more hazardous. Thomas Tutko, a psychology professor at San Jose State University and coauthor of the book *Winning is Everything and Other American Myths*, writes:

I am strongly opposed to young kids playing tackle football. It is not the right stage of development for them to be taught to crash into other kids. Kids under the age of fourteen are not by nature physical. Their main concern is self-preservation. They don't want to meet head on and slam into each other. But tackle football absolutely requires that they try to hit each other as hard as they can. And it is too traumatic for young kids. (qtd. in Tosches A1)

As Tutko indicates, even when children are not injured, fear of being hurt detracts from their enjoyment of the sport. Little League Online ranks fear of injury as the seventh of seven reasons children quit ("What about My Child"). One mother of an eight-year-old

Peewee Football player explained, "The kids get so scared. They get hit once and they don't want anything to do with football anymore. They'll sit on the bench and pretend their leg hurts . . ." (qtd. in Tosches A1). Some children are driven to even more desperate measures. For example, in one Peewee Football game, a reporter watched the following scene as a player took himself out of the game:

"Coach, my tummy hurts. I can't play," he said. The coach told the player to get back onto the field. "There's nothing wrong with your stomach," he said. When the coach turned his head the seven-year-old stuck a finger down his throat and made himself vomit. When the coach turned back, the boy pointed to the ground and told him, "Yes there is, coach. See?" (Tosches A33)

Besides physical hazards and anxieties, competitive sports pose psychological dangers for children. Martin Rablovsky, a former sports editor for the *New York Times*, says that in all his years of watching young children play organized sports, he has noticed very few of them smiling. "I've seen children enjoying a spontaneous pre-practice scrimmage become somber and serious when the coach's whistle blows," Rablovsky says. "The spirit of play suddenly disappears, and sport becomes joblike" (qtd. in Coakley 94). The primary goal of a professional athlete—winning—is not appropriate for children. Their goals should be having fun, learning, and being with friends. Although winning does add to the fun, too many adults lose sight of what matters and make winning the most important goal. Several studies have shown that when children are asked whether they would rather be warming the bench on a winning team or playing regularly on a losing team, about 90 percent choose the latter (Smith, Smith, and Smoll 11).

Winning and losing may be an inevitable part of adult life, but they should not be part of childhood. Too much competition too early in life can affect a child's development. Children are easily influenced, and when they sense that their competence and worth are based on their ability to live up to their parents' and coaches' high expectations—and on their ability to win—they can become discouraged and depressed. Little League advises parents to "keep winning in perspective" (Little League Online, "Your Role"), noting that the most common reasons children give for quitting, aside from change in interest, are lack of playing time, failure and fear of failure, disapproval by significant others, and psychological stress (Little League Online, "What about My Child"). According to Dr. Glyn C. Roberts, a professor of kinesiology at the Institute of Child Behavior and Development at the University of Illinois, 80 to 90 percent of children who play competitive sports at a young age drop out by sixteen (Kutner C8).

This statistic illustrates another reason I oppose competitive sports for children: because they are so highly selective, very few children get to participate. Far too soon, a few children are singled out for their athletic promise, while many others, who may be on the verge of developing the necessary strength and ability, are screened out and discouraged from trying out again. Like adults, children fear failure, and so even those with good physical skills may stay away because they lack self-confidence. Consequently, teams lose many promising players who with some encouragement and experience might have become stars. The problem is that many parent-sponsored, out-of-school

programs give more importance to having a winning team than to developing children's physical skills and self-esteem.

Indeed, it is no secret that too often scorekeeping, league standings, and the drive to win bring out the worst in adults who are more absorbed in living out their own fantasies than in enhancing the quality of the experience for children (Smith, Smith, and Smoll 9). Recent newspaper articles on children's sports contain plenty of horror stories. *Los Angeles Times* reporter Rich Tosches, for example, tells the story of a brawl among seventy-five parents following a Peewee Football game (A33). As a result of the brawl, which began when a parent from one team confronted a player from the other team, the teams are now thinking of hiring security guards for future games. Another example is provided by an *L.A. Times* editorial about a Little League manager who intimidated the opposing team by setting fire to one of their team's jerseys on the pitching mound before the game began. As the editorial writer commented, the manager showed his young team that "intimidation could substitute for playing well" ("The Bad News" B6).

Although not all parents or coaches behave so inappropriately, the seriousness of the problem is illustrated by the fact that Adelphi University in Garden City, New York, offers a sports psychology workshop for Little League coaches, designed to balance their "animal instincts" with "educational theory" in hopes of reducing the "screaming and hollering," in the words of Harold Weisman, manager of sixteen Little Leagues in New York City (Schmitt B2). In a three-and-one-half-hour Sunday morning workshop, coaches learn how to make practices more fun, treat injuries, deal with irate parents, and be "more sensitive to their young players' fears, emotional frailties, and need for recognition." Little League is to be credited with recognizing the need for such workshops.

Some parents would no doubt argue that children cannot start too soon preparing to live in a competitive free-market economy. After all, secondary schools and colleges require students to compete for grades, and college admission is extremely competitive. And it is perfectly obvious how important competitive skills are in finding a job. Yet the ability to cooperate is also important for success in life. Before children are psychologically ready for competition, maybe we should emphasize cooperation and individual performance in team sports rather than winning.

Many people are ready for such an emphasis. In 1988, one New York Little League official who had attended the Adelphi workshop tried to ban scoring from six- to eight-year-olds' games—but parents wouldn't support him (Schmitt B2). An innovative children's sports program in New York City, City Sports for Kids, emphasizes fitness, self-esteem, and sportsmanship. In this program's basketball games, every member on a team plays at least two of six eight-minute periods. The basket is seven feet from the floor, rather than ten feet, and a player can score a point just by hitting the rim (Bloch C12). I believe this kind of local program should replace overly competitive programs like Peewee Football and Little League Baseball. As one coach explains, significant improvements can result from a few simple rule changes, such as including every player in the batting order and giving every player, regardless of age or ability, the opportunity to play at least four innings a game (Frank).

Authorities have clearly documented the excesses and dangers of many competitive sports programs for children. It would seem that few children benefit from these programs and that those who do would benefit even more from programs emphasizing fitness, cooperation, sportsmanship, and individual performance. Thirteen- and fourteen-year-olds may be eager for competition, but few younger children are. These younger children deserve sports programs designed specifically for their needs and abilities.

Works Cited

- Bloch, Gordon B. "Thrill of Victory Is Secondary to Fun." *New York Times* 2 Apr. 1990, late ed.: C12.
- "The Bad News Pyromaniacs?" Editorial. *Los Angeles Times* 16 June 1990: B6.
- Coakley, Jay J. *Sport in Society: Issues and Controversies*. St. Louis: Mosby, 1982.
- Frank, L. "Contributions from Parents and Coaches." CYB Message Board 8 July 1997, 14 May 1999 <<http://members.aol.com/JohnHoelter/b-parent.html>>.
- Koppett, Leonard. *Sports Illusion, Sports Reality*. Boston: Houghton, 1981.
- Kutner, Lawrence. "Athletics, through a Child's Eyes." *New York Times* 23 Mar. 1989, late ed.: C8.
- Little League Online. "Your Role As a Little League Parent." Little League Baseball, Incorporated 1999. 30 June 1999 <<http://www.littleleague.org/about/parents/yourrole.htm>>.
- . "What about My Child." Little League Baseball, Incorporated 1999. 30 June 1999 <<http://www.littleleague.org/about/parents/yourchild.htm>>.
- Schmitt, Eric. "Psychologists Take Seat on Little League Bench." *New York Times* 14 Mar. 1988, late ed.: B2.
- Smith, Nathan, Ronald Smith, and Frank Smoll. *Kidsports: A Survival Guide for Parents*. Reading: Addison, 1983.
- Tosches, Rich. "Peewee Football: Is It Time to Blow the Whistle?" *Los Angeles Times* 3 Dec. 1988: A1+.

Adam Paul Weisman wrote this article in 1987 for the *New Republic*, a national news and opinion magazine. It proposes a solution to the problem of teenage pregnancy. As you read the proposal, ask yourself how Weisman's admission that his solution is not original—that it has already been tried—affects your reaction to it.

Birth Control in the Schools

Adam Paul Weisman

Should contraceptives be distributed to teenagers in public schools? A research panel of the National Academy of Sciences spent two years studying adolescent pregnancy in America, and decided they should. Its

1986 report, *Risking the Future*, prompted a new wave of angry debate about how to reduce the high rate of teenage pregnancy in the United States.

No one disputes the severity of the problem. Teen pregnancy ruins young lives and perpetuates a tragic cycle of poverty. According to the Alan Guttmacher Institute, the rate of pregnancy among American women aged 15 to 19 was almost ten percent in 1981. That far outstrips the next closest industrialized nation, England, where the rate is less than 5 percent. Guttmacher estimates that more than 80 percent of teenage pregnancies in the United States are unintended and unwanted. Every year about four in 100 women aged 15 to 19 have an abortion. But those looking for ways to reduce these statistics have divided into two distinct camps: one favoring contraception, the other, sexual abstinence.

The contraception advocates point out that a majority of teenagers have already rejected abstinence. In 1986, 57 percent of 17-year-olds [said] they have had sex. This camp believes that schools, as a central location in young people's lives, are a good place to make contraceptives available. Three recent studies (by the National Academy of Sciences, the Guttmacher Institute, and the Children's Defense Fund) have taken this view, while also calling for programs geared toward postponing adolescent sexual involvement and including parents in school sex education classes.

The abstinence advocates believe the answer lies in inculcating values based on a clear understanding that sex is simply wrong for teenagers. They say that moral lessons are best taught by parents in the home, but that schools should continue the job by teaching a chaste morality. Secretary of Education William Bennett¹ has been the most outspoken proponent of this view. Exposing students to "mechanical" means of pregnancy prevention, he says, encourages "children who do not have sexual intimacy on their minds to . . . be mindful of it."

Bennett concedes that "birth control clinics in schools may prevent some births." And indeed, whatever the drawbacks, the contraception advocates have one strong advantage in this debate: their approach works. The only rigorous study of a pregnancy prevention program for urban teenagers was conducted in Baltimore from 1982 to 1983 by researchers from Johns Hopkins Medical School. The Hopkins-run birth-control clinic, located across the street from one school and nearby another, reduced the pregnancy rate in the schools it served by 30 percent while pregnancy rates in control schools soared 58 percent.

"Why did this program work?" asks Dr. Laurie Zabin, the program's director, in her report on the experiment. "Access to high-quality, free services was probably crucial to its success. Professional counseling, education, and open communications were, no doubt, also important. All these factors appear to have created an atmosphere that allowed teenagers to translate their attitude into constructive preventive behavior." And what of those students who were virgins? According to Zabin, that group of girls (not very large) delayed initiation of sexual activity an average of seven months longer than those in the control groups, strong evidence that awareness of contraception is not directly linked to promiscuity.

¹William Bennett was Secretary of Education during the Reagan administration.

But the existing school-based clinics that distribute or arrange for birth control are not just rooms plastered with Planned Parenthood posters where contraceptives are handed out. They are full-service health clinics that came into existence to provide young people with comprehensive health care. Public health officials, including many who have doubts about distributing contraceptives in schools, agree that in many places, particularly the inner city, health care for adolescents is inadequate. The school-based clinic, like the school lunch program, seeks to make all students healthy enough to get the most out of education.

This is not to say that school-based clinics don't do a lot in the way of contraception. According to Douglas Kirby, director of research for the Center for Population Options, a group that advocates and monitors school-based clinics, 15 percent to 20 percent of visits to clinics are for family planning. The majority are for general health care. Twenty-eight percent of the clinics actually dispense contraceptives or other prescription drugs. About half of the clinics write prescriptions that are filled off-campus; the rest diagnose and counsel teens before making referrals to outside health agencies.

The clinics also seem to help reduce unintended pregnancies. In St. Paul 33 percent of girls made use of the clinic's contraceptive services, and birth rates dropped by 50 percent. Thanks to the clinic's counseling, four out of five of the girls who did have children stayed in school, and only 1.4 percent of them had another pregnancy before graduation. Nationally, about 17 percent of teenage mothers become pregnant again within a year.

Bennett argues that distributing birth control is "not what school is for," and that doing so represents "an abdication of moral authority." Many educators have similar concerns. They fear that communities and government are trying to dump another social problem—like drug counseling and AIDS education—on the schools when they could better be handled in the home. Diane Ravitch, an adjunct professor of history and education at Teachers College in New York, says, "Schools are increasingly being pushed to be social service centers, and they don't do that well."

Yet clearly schools do more than teach students the three R's. Schools are where many teenagers learn to drive, weld, and cook. And numerous surveys reveal that over 80 percent of parents think it is a proper place for their children to learn about sex. Dr. Stephen Joseph, health commissioner for New York City, explains that if it weren't for the involvement of schools, the United States never could have achieved 100 percent immunization rates, a worthy goal that "wasn't perceived as the role of the school either at that time."

If the pressing health crisis were non-sexual in nature—tuberculosis, for example—it's hard to believe that educators such as Bennett wouldn't be the first to volunteer schools as a locus for a solution. And of course, if the problem of teen pregnancy is one that the schools shouldn't be expected to deal with, that would exclude any program of anti-sex indoctrination as well as the distribution of contraceptives. Putting such indoctrination into the curriculum is, arguably, more intrusive on the schools' basic function than the existence of a birth control or general health clinic. Bennett's speeches rule out

the very real possibility that schools could prosecute a moral agenda and also support a clinic.

Despite the success of Zabin's off-campus model, there is a good reason school-based clinics receive such wide support in the health services community: teenagers are notoriously lazy. As Cheryl Hayes, director of the NAS study, explains, "If teenagers have to wait in the rain for a bus to take them to a clinic, there is a good chance they will never make it to the clinic." If the goal is providing health care and family planning services to teenagers, it is unlikely that anything will work as well as locating those services where most teenagers are: at school.

Of course the real question that excites people isn't whether teenagers should get birth control at school, but whether they should get it at all. There is no hard evidence linking exposure to contraception with promiscuity, and it is unlikely any teenager who watches prime-time television is less than "mindful" (as Bennett puts it) of sexual intimacy. Although Bennett has dismissed the recommendations of *Risking the Future* as "stupid," the opponents of making contraception available to teenagers have yet to offer an effective alternative. As for the "parental authority" that birth control availability is said to undermine, a 1986 Planned Parenthood survey of 1,000 teenagers revealed that 31 percent of parents discuss neither sex nor birth control with their children. The failure of parental authority is manifest in the almost 900,000 unintended teenage pregnancies in 1983. *Risking the Future* only makes that failure painfully clear.

Stephen King is America's best-known writer of horror fiction. In the following essay, excerpted from Playboy, King speculates about the popular appeal of horror movies. Before you begin reading, think about your own attitude toward horror films. Do you enjoy them? "Crave" them? Dislike them? Or are you indifferent?

As you read, notice how assertively King presents his assumptions about people, such as the ones in the opening sentence. How does he try to get you to accept these assumptions? Is he successful?

Why We Crave Horror Movies

Stephen King

I think that we're all mentally ill; those of us outside the asylums only hide it a little better—and maybe not all that much better, after all. We've all known people who talk to themselves, people who sometimes squinch their faces into horrible grimaces when they believe no one is

watching, people who have some hysterical fear—of snakes, the dark, the tight place, the long drop . . . and, of course, those final worms and grubs that are waiting so patiently underground.

When we pay our four or five bucks and seat ourselves at tenth-row center in a theater showing a horror movie, we are daring the nightmare.

Why? Some of the reasons are simple and obvious. To show that we can, that we are not afraid, that we can ride this roller coaster. Which is not to say that a really good horror movie may not surprise a scream out of us at some point, the way we may scream

when the roller coaster twists through a complete 360 or plows through a lake at the bottom of the drop. And horror movies, like roller coasters, have always been the special province of the young; by the time one turns 40 or 50, one's appetite for double twists or 360-degree loops may be considerably depleted.

We also go to re-establish our feelings of essential normality; the horror movie is innately conservative, even reactionary. Freda Jackson as the horrible melting woman in *Die, Monster, Die!* confirms for us that no matter how far we may be removed from the beauty of a Robert Redford or a Diana Ross, we are still light-years from true ugliness.

And we go to have fun.

Ah, but this is where the ground starts to slope away, isn't it? Because this is a very peculiar sort of fun, indeed. The fun comes from seeing others menaced—sometimes killed. One critic has suggested that if pro football has become the voyeur's version of combat, then the horror film has become the modern version of the public lynching.

It is true that the mythic, "fairy tale" horror film intends to take away the shades of gray. . . . It urges us to put away our more civilized and adult penchant for analysis and to become children again, seeing things in pure blacks and whites. It may be that horror movies provide psychic relief on this level because this invitation to lapse into simplicity, irrationality, and even outright madness is extended so rarely. We are told we may allow our emotions a free rein . . . or no rein at all.

If we are all insane, then sanity becomes a matter of degree. If your insanity leads you to carve up women like Jack the Ripper or the Cleveland Torso Murderer, we clap you away in the funny farm (but neither of those two amateur-night surgeons was ever caught, heh-heh-heh); if, on the other hand, your insanity leads you only to talk to yourself when you're under stress or to pick your nose on your morning bus, then you are left alone to go about your business . . . though it is doubtful that you will ever be invited to the best parties.

The potential lyncher is in almost all of us (excluding saints, past and present; but then, most saints have been crazy in their own ways), and every now and then, he has to be let loose to scream and roll around in the grass. Our emotions and our fears form their own body, and we recognize that it demands its own exercise to maintain proper muscle tone. Certain of these emotional muscles are accepted—even exalted—in civilized society; they are, of course, the emotions that tend to maintain the status quo of civilization itself. Love, friendship, loyalty, kindness—these are all the emotions that we applaud, emotions that have been immortalized in the couplets of Hallmark cards and in the verses (I don't dare call it poetry) of Leonard Nimoy.

When we exhibit these emotions, society showers us with positive reinforcement; we learn this even before we get out of diapers. When, as children, we hug our rotten little puke of a sister and give her a kiss, all the aunts and uncles smile and twit and cry, "Isn't he the sweetest little thing?" Such coveted treats as chocolate-covered graham crackers often follow. But if we deliberately slam the rotten little puke of a sister's fingers in the door, sanctions follow—angry remonstrance from parents, aunts, and uncles; instead of a chocolate-covered graham cracker, a spanking.

But anticivilization emotions don't go away, and they demand periodic exercise. We have such "sick" jokes as "What's the difference between a truckload of bowling balls and a truckload of dead babies?" (You can't unload a truckload of bowling balls with a pitchfork . . . a joke, by the way, that I heard originally from a ten-year-old.) Such a joke may surprise a laugh or a grin out of us even as we recoil, a possibility that confirms the thesis: If we share a brotherhood of man, then we also share an insanity of man. None of which is intended as a defense of either the sick joke or insanity but merely as an explanation of why the best horror films, like the best fairy tales, manage to be reactionary, anarchistic, and revolutionary all at the same time.

The mythic horror movie, like the sick joke, has a dirty job to do. It deliberately appeals to all that is worst in us. It is morbidity unchained, our most base instincts let free, our nastiest fantasies realized . . . and it all happens, fittingly enough, in the dark. For those reasons, good liberals often shy away from horror films. For myself, I like to see the most aggressive of them—*Dawn of the Dead*, for instance—as lifting a trap door in the civilized forebrain and throwing a basket of raw meat to the hungry alligators swimming around in that subterranean river beneath.

Why bother? Because it keeps them from getting out, man. It keeps them down there and me up here. It was Lennon and McCartney who said that all you need is love, and I would agree with that.

As long as you keep the gators fed.