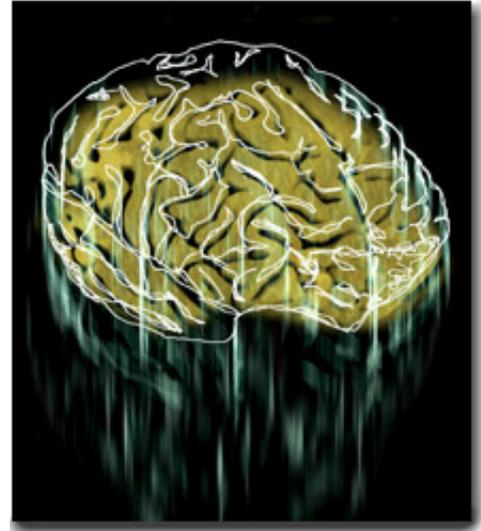


# LOST Magazine - Gray Area: Thinking With a Damaged Brain

by Floyd Skloot

My entire brain, the organ by which my very consciousness is controlled, was reorganized one day ten years ago. I went to sleep here and woke up there; the place looked the same but nothing in it worked the way it used to.

I used to be able to think. My brain's circuits were all connected and I had spark, a quickness of mind that let me function well in the world. There were no problems with numbers or abstract reasoning; I could find the right word, could hold a thought in mind, match faces with names, converse coherently in crowded hallways, learn new tasks. I had a memory and an intuition that I could trust.



All that changed on December 7, 1988, when I contracted a virus that targeted my brain. A decade later, my cane and odd gait are the most visible evidence of damage. But most of the damage is hidden. My cerebral cortex, the gray matter that M.I.T. neuroscientist Steven Pinker likens to "a large sheet of two-dimensional tissue that has been wadded up to fit inside the spherical skull," has been riddled with tiny perforations. This sheet and the thinking it governs are now porous. Invisible to the naked eye, but readily seen through brain imaging technology, are areas of scar tissue that constrict blood flow. Anatomic holes, the lesions in my gray matter, appear as a scatter of white spots like bubbles or a ghostly pattern of potshots. Their effect is dramatic; I am like the brain-damaged patient described by neuroscientist V.S. Ramachandran in his book *Phantoms in the Brain*: "parts of her had forever vanished, lost in patches of permanently atrophied brain tissue." More hidden still are lesions in my Self, fissures in the thought process that result from this damage to my brain. When the brain changes, the mind changes — these lesions have altered who I am.

"When a disease process hits the brain," writes Dartmouth psychiatry professor Michael Gazzaniga in *Mind Matters*, "the loss of nerve cells is easy to detect." Neurologists have a host of clinical tests that let them observe what a brain-damaged patient can and cannot do. They stroke his sole to test for a spinal reflex known as Babinski's sign or have a him stand with feet together and eyes closed to see if the ability to maintain posture is compromised. They ask him to repeat a set of seven random digits forward and four in reverse order, to spell "world" backwards, to remember three specific words such as "barn" and "handsome" and "job" after a spell of unrelated conversation. A new laboratory technique, positron emission tomography, uses radioactively labeled oxygen or glucose that essentially lights up specific and different areas of the brain being used when a person speaks words or sees words or hears words, revealing the organic location for areas of behavioral malfunction. Another new technique, functional magnetic resonance imaging, allows increases in brain blood flow generated by certain actions to be measured. The resulting computer-generated pictures, eerily colorful relief maps of the brain's lunar topology, pinpoint hidden damage zones.

But I do not need a sophisticated and expensive high-tech test to know what my damaged brain looks like. People living with such injuries know intimately that things are awry. They see it in activities of daily living, in the way simple tasks become unmanageable. This morning, preparing oatmeal for my wife Beverly, I carefully measured out one-third cup of oats and poured them onto the pan's lid rather than into the bowl. In its absence, a reliably functioning brain is something I can almost feel viscerally. The zip of connection, the shock of axon-to-axon information flow across a synapse, is not simply a textbook affair for me. Sometimes I see my brain as a scalded pudding, with fluky dark spots here and there through its dense layers and small scoops missing. Sometimes I see it as an eviscerated old TV console, wires all disconnected and misconnected, tubes blown, dust in the crevices.

Some of this personal, low-tech evidence is apparent in basic functions like walking, which for me requires intense concentration, as does maintaining balance and even breathing if I am tired. It is apparent in activities requiring the processing of certain fundamental information. For example, no matter how many times I have been shown how to do it, I cannot assemble our vacuum cleaner or our poultry shears or the attachments for our hand-cranked pasta maker. At my writing desk, I finish a note and place the pen in my half-full mug of tea rather than in its holder, which quite obviously teems with other pens. I struggle to figure out how a pillow goes into a pillowcase. I cannot properly adjust Beverly's stereo receiver in order to listen to the radio; it has been and remains useful to me only in its present setting as a CD player. These are all public, easily discernible malfunctions.

However, it is in the utterly private sphere that I most acutely experience how changed I am. Ramachandran compares this to harboring a zombie, playing host to a completely nonconscious being somewhere inside yourself. For me, being brain damaged also has a physical, conscious component. Alone with my ideas and dreams and feelings, turned inward by the isolation and timelessness of chronic illness, I face a kind of ongoing mental vertigo in which thoughts teeter and topple into those fissures of cognition I mentioned earlier. I lose my way. I spend a lot of time staring into space, probably with my jaw drooping, as my concentration fragments and my focus dissolves. Thought itself has become a gray area, a matter of blurred edges and lost distinctions, with little that is sharp about it. This is not the way I used to be.

In their fascinating study, *Brain Repair*, an international trio of neuroscientists — Donald G. Stein from America, Simon Brailowsky from Mexico, and Bruno Will from France — report that after injury "both cortical and subcortical structures undergo dramatic changes in the pattern of blood flow and neural activity, even those structures that do not appear to be directly or primarily connected with the zone of injury." From this observation, they conclude that "the entire brain — not just the region around the area of damage — reorganizes in response to brain injury." The implications of this are staggering; my entire brain, the organ by which my very consciousness is controlled, was reorganized one day ten years ago. I went to sleep *here* and woke up *there*; the place looked the same but nothing in it worked the way it used to.

If Descartes was correct, and to Think is to Be, then what happens when I cannot think, or at least cannot think as I did, cannot think well enough to function in a job or in the world? Who am I?

You should hear me talk. I often come to a complete stop in mid-sentence, unable to find a word I need, and this silence is an apt reflection of the impulse blockage occurring in my brain. Sitting next to Beverly as she drives our pickup truck through Portland traffic at 6:00 p.m., I say "We should have gone for pizza to avoid this blood ... " and cannot go on. I hear myself; I know I was about to say "blood tower traffic" instead of "rush hour traffic." Or I manifest staggered speech patterns — which feels like speaking with a limp — as I attempt to locate an elusive word. "I went to the ... *hospital* yesterday for some ... *tests*

because my head ... *hurt*." Or I blunder on, consumed by a feeling that something is going wrong, as when I put fresh grounds into the empty carafe instead of the filter basket on my coffee maker, put eye drops in my nose, or spray the cleaning mist into my face instead of onto the shower walls. So at the dinner table I might say "Pass the sawdust" instead of "pass the rice," knowing even as it happens that I am saying something inappropriate. I might start a conversation about "Winston Salem's new CD" instead of Wynton Marsalis's or announce that "the shore is breaking" when I mean to say "the shower is leaking." There is nothing smooth or unified any more about the process by which I communicate; it is dis-integrated and unpredictably awkward. My brain has suddenly become like an old man's. Neurologist David Goldblatt has developed a table that correlates cognitive decline in age-associated memory impairment and traumatic brain injury, and the parallels are remarkable. Not gradually, the way such changes occur naturally, but overnight, I was geezered.

It is not just about words. I am also "dyscalculic," struggling with the math required to halve a recipe or to figure out how many more pages are left in a book I'm reading. If we are on E. 82nd and Third in Manhattan, staying with my childhood friend Larry Salander for the week, it is very difficult for me to compute how far away The Gotham Book Mart is over on W. 47th between Fifth and Sixth, though I spent much of my childhood in the city.

Because it is a place where I still try to operate normally, the kitchen is an ideal neurological observatory. After putting the leftover chicken in a plastic bag, I stick it back in the oven instead of the refrigerator. I put the freshly cleaned pan in the refrigerator, which is how I figure out that I must have put the chicken someplace else because it's missing. I pick up a chef's knife by its blade. I cut off an eighth of a giant white onion and then try to stuff the remainder into a recycled 16-ounce yogurt container that might just hold the small portion I set aside. I assemble ingredients for a vinaigrette dressing, pouring the oil into an old olive jar, adding balsamic vinegar, mustard, a touch of fresh lemon juice, and spices. Then I screw the lid on upside-down and shake vigorously, spewing the contents everywhere. I stack the newspaper in the wood stove for recycling. I walk the garbage up our 200-yard long driveway and try to put it in the mailbox instead of the trash container.

At home is one thing; when I perform these gaffes in public, the effect is often humiliating. I can be a spectacle. In a music store last fall, I was seeking an instruction book for Beverly, who wanted to relearn how to play her old recorder. She informed me that there were several kinds of recorders; it was important to buy exactly the right category of book since instructions for a soprano recorder would do her no good while learning on an alto. I made my way up to the counter and nodded when the saleswoman asked what I wanted. Nothing came out of my mouth, but I did manage to gesture over my right shoulder like an umpire signaling an out. I knew I was in trouble, but forged ahead anyway, saying "Where are the books for sombrero reporters?" Last summer in Manhattan, I routinely exited the subway stations and led Beverly in the wrong direction, no matter which way we intended to go. She kept saying things like "I think west is *that* way, sweetie," while I confidently and mistakenly headed east, into the glare of the morning sun, or "Isn't that the river?" as I led her away from our riverside destination. Recently, in downtown Portland on a warm November morning, I stopped at the corner of 10th and Burnside, one of the busiest crossings in the city, carefully checked the traffic light (red) and the traffic lanes (bus coming), and started to walk into the street. A muttering transient standing beside me on his way to Powell's Books, where he was going to trade in his overnight haul of tomes for cash, grabbed my shoulder just in time.

At home or not at home, it ultimately makes no difference. The sensation of "dysfunctional mentation" is like being caught in a spiral of lostness. Outside the house, I operate with sporadic success, often not knowing where I am or where I'm going or what I'm doing. Inside the house, the same feelings often apply and I find myself standing on the top of the staircase wondering why I am going down. Even inside my

head there is a feeling of being lost, thoughts that go nowhere, emptiness where I expect to find words or ideas, dreams I never remember.

Back in the fall, when it was Beverly's birthday, at least I did remember to go to the music store. More often, I forget what I am after within seconds of beginning the search. As she gets dressed for work, Beverly will tell me what she wants packed for lunch and I will forget her menu by the time I get up the 14 stairs. Now I write her order down like a waiter. Sometimes I think I should carry a pen and paper at all times. In the midst of preparing a salad, I stop to walk the four paces over to the little desk where we keep our shopping list and forget "tomatoes" by the time I get there. So I should also have paper handy everywhere. Between looking up a phone number and dialing it, I forget the sequence. I need the whole phone book on my speed dial system.

Though they appear without warning, these snafus are no longer strange to me. I know where they come from. As Dr. Richard M. Restak notes in *The Modular Brain*, "a common error frequently resulting from brain damage involves producing a semantically related word instead of the correct response." But these paraphasias and neologisms, my "expressive aphasias," and my dyscalculas and my failures to process — the rapids of confusion through which I feel myself flailing — though common for me and others with brain damage, are more than Symptoms to me. They are also more than what neurologists like to call "Deficits," the word of choice when describing impairment or incapacity of neurological function, as Oliver Sacks explains in his introduction to *The Man Who Mistook His Wife for a Hat*. These "deficits" have been incorporated into my very being, my consciousness. They are now part of my repertoire. Deficits imply losses; I have to know how to see them as gains.

\*

Practitioners of neuroscience call the damage caused by trauma, stroke, or disease an "insult to the brain." So pervasive is this language that the states of Georgia, Kentucky, Minnesota and others incorporate the phrase "insult to the brain" in their statutory definitions of traumatic brain injury for disability determinations. Such *insults*, according to the Brain Injury Association of Utah, "may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning." The death of one Miles Dethmuffen, frontman and founding member of the Boston rock band Dethmuffen, was attributed in news reports to "an alcoholic insult to the brain." The language used is so cool. There is this sentence from the website NeuroAdvance.com: "When there is an insult to the brain, some of the cells die." Yes.

*Insult* is an exquisitely zany word for the catastrophic neurological event it is meant to describe. In current usage, of course, "insult" generally refers to an offensive remark or action, an affront, a violation of mannerly conduct. To insult is to treat with gross insensitivity, insolence, or contemptuous rudeness. The medical meaning, however, as with so many other medical words and phrases, is different, older, linked to a sense of the word that is some two or three centuries out of date. "Insult" comes from the Latin compound verb *insultare*, which means "to jump on" and is also the root word for "assault" and "assail." It's a word that connotes aggressive physical abuse, an attack. Originally, it suggested leaping upon the prostrate body of a foe, which may be how its link to contemptuous action was forged.

Though "an insult to the brain" (a blow to the head, a metal shard through the skull, a stroke, a viral "attack") is a kind of assault, I am curious about the way *contempt* has found its way into the matter. Contempt was always part of the meaning of "insult" and now it is primary to the meaning. Certainly a virus is not acting contemptuously when it targets the brain; neither is the pavement nor steering wheel nor falling wrench nor clot of blood nor most other agents of "insult." But I think society at large, medical

scientists, insurers, legislators, and the person-on-the-street do feel a kind of contempt for the brain damaged with their comical way of walking, their odd patterns of speech or ways in which neurological damage is expressed, their apparent stupidity, their abnormality. The damage done to a brain seems to evoke disdain in those who observe it and shame or disgrace in those who experience it — I know I refer to a feeling of humiliation when I expose my neurologically induced aberrant behaviors in public.

Poet Peter Davison has noticed the resonant irony of the phrase "an insult to the brain" and made use of it in his poem, "The Obituary Writer." Thinking about the suicide of John Berryman, the heavily-addicted poet whose long-expected death in 1972 followed years of public behavior symptomatic of brain damage, Davison writes that "his hullabaloo/of falling-down drunkenness were an insult to the brain." In this poem, toying with the meaning of the phrase, Davison suggests that Berryman's drinking may have been an insult to his brain, technically speaking, but that watching him was, for a friend, another kind of brain insult. He has grasped the fatuousness of the phrase as a medical term, its inherent judgment of contempt, and made use of it for its poetic ambiguity.

But I have become enamored of the idea that my brain has been insulted by a virus. I used it as motivation. There is a long tradition of avenging insults through duels or counter-insults, through litigation, through the public humiliation of the original insult. So I write. I avenge myself on an insult that was meant, it feels, to silence me by compromising my word-finding capacity, my ability to concentrate and remember, to spell or conceptualize, to express myself, to think.

The duel is fought over and over. I have developed certain habits that enable me to work — a team of seconds, to elaborate this metaphor of a duel. I must be willing to write slowly, to skip or leave blank spaces where I cannot find words that I seek, compose in fragments and without an overall ordering principle or imposed form. I explore and make discoveries in my writing now, never quite sure where I am going but willing to let things ride and discover later how they all fit together. Every time I finish an essay or poem or piece of fiction, it feels as though I have faced down the insult.

\*

In his book *Creating Mind*, Harvard neurobiologist John E. Dowling says "the cerebral cortex of the human brain, the seat of higher neural function — perception, memory, language, and intelligence — is far more developed than is the cerebral cortex of any other vertebrate." Our gray matter is what makes us human. Dowling goes on to say that "because of the added neural cells and cortical development in the human brain, new facets of mind emerge." Like the fractured facet of a gemstone or crystal, like a crack in the facet of a bone, a chipped facet of mind corrupts the whole, and this is what an insult to the brain does.

Though people long believed, with Aristotle, that the mind was located within the heart, the link between brain and mind is by now a basic fact of cognitive science. Like countless others, I am living proof of it. Indeed, it is by studying the behavior of brain-damaged patients like me that medical science first learned, for example, that the brain is modular, with specific areas responsible for specific functions, or that functions on one side of the body are controlled by areas on the opposite side of the brain. "The odd behavior of these patients," says V.S. Ramachandran, speaking of the brain-damaged, "can help us solve the mystery of how various parts of the brain create a useful representation of the external world and generate the illusion of 'self' that endures in space and time." Unfortunately, there is ample opportunity for observation since, according to the Brain Injury Association, more than two million Americans suffer traumatic brain injury every year, a total that does not include damage by disease.

"Change the brain, change the person," says Richard Restak in *The Modular Brain*. But how, exactly? No one has yet explained the way a brain produces what we think of as consciousness. How does the firing of electrical impulse across a synapse produce love, math, nightmare, theology, appetite? Stated more traditionally, how do brain and mind interact? Bookstore shelves are now filled with books, like Steven Pinker's brilliant 1997 study *How the Mind Works*, which attempt to explain how a three and a half pound organ that is the consistency of Jell-O makes us see, think, feel, choose, and act. "The mind is not the brain," Pinker says, "but what the brain does."

And what the brain does, according to Pinker, "is information processing, or computation." We think we think with our brain. But in doing its job of creating consciousness, the brain actually relies upon a vast network of systems and is connected to everything — eyes, ears, skin, limbs, nerves. As Dowling so dourly puts it, our mental function, our mind — memory, feelings, emotions, awareness, understanding, creativity — "is an emergent property of brain function." In other words, "what we refer to as mind is a natural consequence of complex and higher neural processing."

The key word is "processing." We actually think with our whole body. The brain, however, takes what is shipped to it, crunches the data, and sends back instructions. It converts, it generates results. Or, when damaged, does not. There is nothing wrong with my sensory receptors, for instance. I see quite well. I can hear and smell, my speech mechanisms (tongue, lips, nerves) are intact. My skin remains sensitive. But it's in putting things together that I fail. Messages get garbled, blocked, missed. There is, it sometimes seems, a lot of static when I try to think, and this is the gray area where nothing is clear any longer.

Neurons, the brain's nerve cells, are designed to process information. They "receive, integrate and transmit," as Dowling says, receiving input from dendrites and transmitting output along axons, sending messages to one another across chemical passages called synapses. When there are lesions like the ones that riddle my gray matter, processing is compromised. Not only that: certain cells have simply died and with them the receiving, integrating, and transmitting functions they performed.

My mind does not make connections because, in essence, some of my brain's connectors have been broken or frayed. I simply have less to work with and it is no surprise that my IQ dropped measurably in the aftermath of my illness. Failing to make connections, on both the physical and metaphysical levels, is distressing. It is very difficult for me to "free-associate;" my stream of consciousness does not absorb runoff or feeder streams well, but rushes headlong instead. Mental activity that should follow a distinct pattern does not, and, indeed, I experience my thought process as subject to random misfirings. I do not feel in control of my intelligence. Saying "pass me the tracks" when I intended to say "pass me the gravy" is a nifty example. Was it because gravy sounds like grooves which led to tracks, or because my tendency to spill gravy leaves tracks on my clothes? A misfire, a glitch in the gray area that thought has become for me, and as a result my ability to express myself is compromised. My very nature seems to have altered.

I am also easily overloaded. I cannot read the menu or converse in a crowded, noisy restaurant. I get exhausted at Portland Trailblazers basketball games, with all the visual and aural imagery, all the manufactured commotion, so I stopped going nine years ago. My hands are scarred from burns and cuts that occurred when I tried to cook and converse at the same time. I cannot drive in traffic, especially in our standard transmission pickup truck. I cannot talk about, say, the fiction of Thomas Hardy while I drive; I need to be given directions in small doses rather than all at once, and need those directions to be given precisely at the time I must make the required turn. This is, as Richard Restak explains, because driving and talking about Hardy, or driving and processing information about where to turn, are handled by different parts of the brain and my brain's parts have trouble working together.

I used to write accompanied by soft jazz, but now the least pattern of noises distracts me and shatters concentration. My entire writing process, in fact, has been transformed as I learned to work with my newly configured brain and its strange snags. I have become an avid note taker, a jotter of random thoughts that might or might not find their way together or amount to anything, a writer of bursts instead of steady work. A slight interruption — the movement of my cat across my window view, the call of a hawk, a spell of coughing — will not just make me lose my train of thought, it will leave me at the station for the rest of the day.

I have just finished reading a new book about Muhammad Ali, *King of the World*, written by David Remnick. I anticipated identifying a bit with Ali, now suffering from Parkinson's Disease, who shows so strikingly what brain damage can do, stripped as he is of so many of the functions — speech, movement, spontaneity — that once characterized him. But it was reading about Floyd Patterson that got me.

Patterson was a childhood hero of mine. Not only did we share a rare first name, we lived in neighboring towns — he was in Rockville Center, on Long Island, while I was five minutes away in Long Beach, just across the bridge. I was nine when he beat Archie Moore to take the heavyweight championship belt, almost 12 when he lost it to Ingemar Johansson, and almost 13 when he so memorably won it back. The image of Johansson's left leg quivering as he lay unconscious on the mat is one of those vivid memories that endures (because, apparently, it is stored in a different part of the brain than other, less momentous memories). Floyd, like me, was small of stature in his world, was shy and vulnerable, and I was powerfully drawn to him.

During his 64 professional fights, his long amateur career, his many rounds of sparring to prepare for fights, Patterson absorbed a tremendous amount of damage to his brain. Now in his sixties, his ability to think is devastated. Testifying in court earlier this year in his capacity as head of the New York State Athletic Commission, Patterson "generally seemed lost." He could not remember the names of his fellow commissioners, his phone number or secretary's name or lawyer's name. He could not remember the year of his greatest fight, against Archie Moore, or "the most basic rules of boxing (the size of the ring, the number of rounds in a championship fight)." He kept responding to questions by saying "it's hard to think when I'm tired."

Finally, admitting "I'm lost," he said "sometimes I can't even remember my wife's name, and I've been married 32, 33 years." He added again that it was hard for him to think when he was tired. "Sometimes, I can't even remember my own name."

\*

People often ask if I will ever "get better." In part, I think what they wonder about is whether the brain can heal itself. Will I be able, either suddenly or gradually, to think as I once did? Will I toss aside the cane, be free of symptoms, have all the functions governed by my brain restored to smooth service, rejoin the world of work and long-distance running? The question tends to catch me by surprise because I believe I have stopped asking it myself.

The conventional wisdom has long been that brains do not repair themselves. Other body tissue, other kinds of cells, are replaced after damage, but "when brain cells are lost because of injury or disease," John Dowling wrote as recently as 1998, "they are not replaced." We have, he says, as many brain cells at age one as we will ever have. This has been a fundamental tenet of neuroscience, yet it has also long been clear that people do recover — fully or in part — from brain injury. Some stroke victims relearn to walk and talk, feeling returns in once-numbed limbs. Children, especially children, recover and show no lasting

ill effects from catastrophic injuries or coma-inducing bouts of meningitis.

So brain cells do not get replaced or repaired, but brain-damaged people occasionally do regain function. In a sense, then, the brain heals, but its cells do not.

In *Confronting Traumatic Brain Injury*, Texas bioethicist William J. Winslade says "Scientists still don't understand how the brain heals itself." He adds that although "until recently, neuroscientists thought that much of the loss of capabilities due to brain damage was irreversible," patients recover spontaneously and rehabilitation programs "can restore cognitive and functional skills and emotional and experiential capacity, at least in part."

There are in general five theories about the way people might recover function lost to brain damage. One suggests that we do not need all our brain because we only use a small part of it to function. Another is that some brain tissue can be made to take over functions lost to damage elsewhere. Connected is the idea that the brain has a backup mechanism in place allowing cells to take over like understudies. Rehabilitation can teach people new ways to perform some old tasks, bypassing the whole damaged area altogether. And finally, there is the theory that in time, and after the chemical shock of the original injury, things return to normal and we just get better.

It is probably true that, for me, a few of these healing phenomena have taken place. I have, for instance, gotten more adept at tying my shoes, taking a shower, driving for short periods. With careful preparation, I can appear in public to read from my work or attend a party. I have developed techniques to slow my interactions with people down or to incorporate my mistakes into a longer-term process of communications or composition. I may not be very good in spontaneous situations, but given time to craft my responses I can sometimes do well. But I still can't think.

A recent development promises to up the ante in the game of recovery from brain damage. *The New York Times* reported in October of 1998 that "adult humans can generate new brain cells." A team at the Salk Institute for Biological Studies in La Jolla, California, observed new growth in cells of the hippocampus, which controls learning and memory in the brain. The team's leader, Dr. Fred Gage, expressed the usual cautions; more time is needed to "learn whether new cell creation can be put to work" and under what conditions. But the findings were deemed both "interesting" and "important."

There is only one sensible response to news like this. It has no personal meaning to me. Clinical use of the finding lies so far in the future as to be useless, even if regenerating cells could restore my lost functions. Best not to think about this sort of thing.

Because, in fact, the question of whether I will ever get better is meaningless. To continue looking outside for a cure, a "magic bullet," some combination of therapies and treatments and chemicals to restore what I have lost is to miss the point altogether. Certainly if a safe, effective way existed to resurrect dead cells, or generate replacements, and if this somehow guaranteed that I would flash back or flash forward to "be the person I was," it would be tempting to try.

But how would that be? Would the memories that have vanished reappear? Not likely. Would I be like the man, blind for decades, who had sight restored and could not handle the experience of vision, could not make sense of a world he could see? I am, in fact, who I am now. I have changed. I have learned to live and live richly as I am now. Slowed down, softer, more heedful of all that I see and hear and feel, more removed from the hubbub, more internal. I have made certain decisions, such as moving from the city to a remote rural hilltop in the middle of acres of forest, that have turned out to be good for my health and even

my soul. I have gained the love of a woman who knew me before I got sick and likes me much better now. Certainly I want to be well. I miss being able to think clearly and sharply, to function in the world, to move with grace. I miss the feeling of coherence or integrity that comes with a functional brain. I feel old before my time.

In many important respects, then, I have already gotten better. I continue to learn new ways of living with a damaged brain. I continue to make progress, to avenge the insult, to see my way around the gray area. But no, I am not going to be the man I was. In this, I am hardly alone.

Reprinted from *In the Shadow of Memory* (University of Nebraska Press, 2003)

Original art courtesy [Rob Grom](#).

[Back to Top](#)

#### AUTHOR BIO:

[Floyd Skloot](#)'s essays have appeared in *The American Scholar*, *Boulevard*, *Southwest Review*, *Antioch Review*, *Gettysburg Review*, *Commonweal*, *Threepenny Review*, *Witness*, and many other magazines. Two were included in *The Best American Essays* (1993, 2000), three others have been cited for Distinguished Essay Writing (1994, 1996, 1998), and his work has also been published in *The Best American Science Writing* (2000 and 2003) and in the Pushcart Prize anthology (2004). His first collection of essays, *The Night-Side*, was published by Story Line Press and named one of the best books of the season by *New Age Journal*. Skloot has also published three novels and five books of poetry, and his work has appeared in *The Atlantic Monthly*, *Harper's*, *Poetry*, *Southern Review*, *Sewanee Review*, *Hudson Review*, and elsewhere. *In the Shadow of Memory* won the PEN Center USA Literary Award in Creative Nonfiction and was a finalist for both the PEN Award for the Art of the Essay and The Barnes & Noble Discover Award. Its sequel, *A World of Light*, has just appeared.

[Buy Floyd Skloot's books through Amazon at the LOST Store.](#)

READABILITY

An arc90 laboratory experiment

Readability version 0.5.1



[Follow us on Twitter »](#)