

**Instructions:** *Describe in writing a situation when something **very** unfortunate happened to you. Please begin your description prior to the unfortunate event. Share in detail what happened, what you felt and did, and what happened after, including how you responded and what came of this event in your life.*

## Written Description

I'm afraid that the time "just prior to the event" is a little long, but I'll do my best to be brief, for what it's worth. About two weeks before my unfortunate event, I was a vocal performance major on the verge of beginning my junior year. I had recently been cast in my first main-stage opera role, was finishing up a one-act opera for which I'd landed the lead, had just finished preparations for my junior recital, and was in rehearsal for a musical. I had even lined up a couple of sizable auditions which, despite my age, were looking very promising. I was nineteen, and it was early July.

I was in my car and stopped at a red light on my way to musical rehearsal one afternoon. I dropped my visor to look in the mirror and put on some lipstick, when I noticed a large, two-or-so-inch long bump along the front left side of my neck.

It wasn't there the day before, I was positive of that. I touched it, and it didn't hurt. I poked it, even thumped it . . . it was hard as a rock, and I didn't feel a thing. I got to rehearsal and noticed during the course of the evening that I was finding it a little difficult to sing, as though I was singing against something that was causing pressure on my vocal apparatus. Naturally, I was concerned, so I visited a local doctor the next day. He told me it was a goiter, though he found it strange that I should have one. Not satisfied, I went to another doctor two days later, this time back in my home town, for a second opinion. The second doctor gave me the same diagnosis . . . a goiter. He referred me to a throat specialist, reportedly one of the best in the business, a favorite of superstars who came from all over the world to see him. I got an appointment with him three days later, and, once again, received the same diagnosis, along with the advice to visit an endocrinologist who could address my odd thyroid goiter situation. When I met with the endocrinologist, he ordered a scan of my neck, the results of which he said came back as a "cold scan." He didn't seem bothered; "Come back tomorrow," he told me, "and we'll do a quick biopsy to have a better look at this thing." The biopsy was scary . . . the syringe they used was the big metal sort you might expect to see in a horror movie (I can see why now), and the needle itself was certainly impressive. Of course, the worst part of the experience was that this massive contraption was going to be in my neck, so I kept calm by taking nice, deep breaths and reminding myself that local anesthesia can do wonders. And, as it so happens, it can.

The next day, I received a phone call from my endocrinologist; the results of my biopsy were “inconclusive.” Still, I was going to have to go into surgery to get “the mass” removed, no matter what it was, and, by the way, to pack a bag because this would be taking place in two days. The day after that phone call, I was in a surgeon’s office, ready to go over the next day’s surgical game plan. I’d never had surgery of any kind before; heck, I’d never even broken a bone or gotten stitches. However, I was sure this was no big deal. After all, this was just a thyroidectomy, and only affecting one lobe . . . people have their thyroids taken out all the time. I was actually just taken up in the whole strangeness of suddenly being on the verge of surgery. “Wow,” I thought. “My first surgery . . . weird.”

The surgeon asked me who had found “the mass,” at which point I almost laughed, as I moved my hair aside to show him the rather sizable lump on my neck. “Oh . . . I guess you found it, then,” he said, matter-of-factly. Then he asked me what the endocrinologist had told me, and I gave him as accurate a report as I could . . . that the scan came back cold, that the biopsy was inconclusive, that it had to come out. At this point, the surgeon seemed to have gotten very angry with something I’d said. “Damn it,” he grumbled. “I hate when they do this. I hate when they make it so that I’m the one that’s saying this right before surgery.” For the first time, I was stunned, confused. There wasn’t anything that made sense for me to say, so I couldn’t say anything. Then, the surgeon sat down across from me at his desk. “Do you want your mother to come in?” Instantly, I declined. He asked me again, looking a bit puzzled. Again, I said no. Then he shifted a little in his seat and leaned in, resting his elbows on the desk and looking intently at me. “I don’t know why your endo didn’t tell you this. Your biopsy wasn’t inconclusive. You have anaplastic carcinoma. That’s thyroid cancer. We’ve got to get that thing out of there right now.”

Then there was silence, and he just sat there, staring at me, waiting for who knows what. I sat back in my chair a little, let out a big breath, and stared back at him. “Okay,” I said. “What’re we going to do about it?” In an instant, he was fumbling around on his desk, grabbing a pen and notepad, clearing a space in the midst of the odd clutter. He drew a picture of what seemed to be the two lobes of the thyroid gland (which looked rather like a weird kind of bow tie), then drew out the incisions and various possible mishaps that could occur. I took it all in very methodically, as though we were talking about someone else entirely that he’d be cutting into the next morning. After that was done, he leaned back in his chair and asked me if I had any questions, and I didn’t. Then, perhaps in an effort to make small talk, he asked, “So, you’re a college student . . . what’s your major?” I told him it was vocal performance, and his face went white. He looked grimmer now than he had at any point in our conversation. “Look,” he said very gently, “because of where this thing is and what we’re going to have to do, there’s a chance you won’t be able to even speak the same way again. You may not be singing anymore after this.”

I froze. I couldn't breathe, couldn't move, couldn't even blink. I felt like I had just been shot. My gut had locked up like I'd been punched in it. My mouth went dry and my fingers, which had been fumbling with a pen, were suddenly cold and numb. Apparently picking up on my shock, the surgeon smiled a little. "We're going to save your life, though. That's what counts. And you know what? The other surgeon working with me is a voice guy. We're going to do everything we can not to be too intrusive." I started to breathe a little, very little, and I felt myself trembling. I tried to say something meaningful, expressive . . . all that I could manage was, "Man . . . I was actually pretty good."

Then, all of me let loose. I was sobbing, but there was no sound; just a torrent of tears, and the hiss of crying from my open mouth, pushing through the pressure from the accursed mass. The surgeon hastened to my side, armed with a tissue and a firm, reassuring hand on my shoulder. I heard him speaking softly from beside me as I heaved in my silent wailing. "You're going to beat this. You're young, and you're going to beat this thing. And you'll get your voice back, and you'll be singing at the Met. And I want tickets, so don't forget me." Slowly, I came back to myself, began to breathe again, and listened to the surgeon as he told me that he was going to use the smallest breathing tubes possible, even make the cleanest possible work of the incision. By the end of the visit, I was completely drained, like a ghost of my former self. I felt as though the biggest and best part of me had died in that office. Cancer wasn't as frightening to me as never being able to sing again. Singing had been my life for as long as I could remember; the one thing I could excel at, the only thing I knew. It had been my solace in all my times of distress, through every hardship . . . this would be the most grueling hardship of all, and I wouldn't be able to sing my way out of it. Literally. Worst of all, I still had to tell my mother.

That meeting in the surgeon's office is what, for me, qualifies as my most unfortunate event to date. The next day, I went into surgery, and it went very well. It took a bit longer than expected, since the mass, a large and exponentially growing tumor, had already begun spreading to my lymphnodic tract and the muscle tissue on the left side of my neck. When I woke up from surgery, I no longer had any thyroid at all, and had also lost some muscle tissue in my neck and two parathyroids. My voice was indeed changed, and it was very hard to speak for a few weeks. Later, my speaking voice returned, but my singing voice wasn't as quick to reemerge; I was left with no choice but to leave the music school at my university and give up all of my singing projects. I had been a cantor at three area churches, and found that I could no longer bring myself to go to church at all . . . it was too painful to go if I couldn't sing. All my friends had been fellow singers, and I knew that they couldn't bear the discomfort of being around me under the circumstances; my voice teacher, who was like another father to me, greeted me in tears each time he saw me afterwards . . . he was there for my surgery, and was the last person I saw before my anesthesia kicked in. Seeing the dreams we

had built together go to pieces the way they did was just too much for either of us, and we spoke very little after that.

Many suggested that I take a break from school, that no one would think any less of me, but I was determined to move on as if nothing had happened. When I met new people, I no longer introduced myself as a singer, which was strange for me. Now, I was a psychology major, and I told people this as though I had always been. I suddenly had nonmusician friends, which was also odd, yet strangely refreshing. I was having conversations that I never had the opportunity for in my previous life; my friends now were philosophers, scientists, poets, and historians, and I was learning of a life beyond the hallowed catacombs of practice rooms, voice studios, and recital halls. On top of that, I took up fencing, motorcycling, rock climbing, and theater acting, and seemed to do pretty well. Frankly, I just wanted to live as much as I possibly could, and do everything imaginable while I was at it. Meanwhile, I had also become acquainted with the intricacies of cancer treatment, undergoing a series of radiation bouts and long days alone in clean isolation rooms so I wouldn't contaminate anyone while eradiating. Just when I could fool myself into thinking I was normal again, I'd be back in the hospital.

It took an extra year to get through my undergrad work due to the change of major, during which I met and married my very nonmusical, very academically inclined husband. I began contemplating what to do with my bachelor's degree in psychology when, three years after my surgery, my singing voice began to come back. Ridiculous timing. While holding down my nine-to-five job, I began working slowly toward getting my voice back in shape, and eventually maintained my own voice studio of around sixty students, serving as my own poster child for the miracles of good voice technique. I sang with two opera choruses, got back into singing at weddings and church services a bit, even visited my old voice teacher a few times for a few lessons. Still, I loved my newfound intellectual life, and I didn't want to give it all up and go back to the grind of full-time classical singing. Besides, I had discovered that, while my voice was still misbehaving (and often does, to this day), I could sing other kinds of music pretty well, particularly rock and blues. I began tinkering with writing my own music, and eventually acquired my own regular gigs at night clubs and live music venues. I continued in my psychology work, as I do now, for I love it dearly, particularly in that it brought forth in me a part of myself I never knew I had, one that seems to hold its own well enough with the more intellectual crowd. The intensive opera chorus work still makes me an opera singer, but that doesn't seem so important to me anymore. I can sing my own music now, so I'm a singer in an entirely new way. I've officially been in remission for over a year now, and, since my type of cancer is an angry sort, I have to go in for scans twice a year. As I see it, though, if I could get through that day in the office with that surgeon (who, by the way, I fully intend to invite to my first breakthrough gig, whatever style of music I'm singing at the time), I suppose I can get through just about anything.