

“Letter from America”

Kathy Flann

My job has broken me. Not in the I-am-a-broken-shell-of-who-I-used-to-be sort of way, but literally. And I mean *literally* in the pure sense, not in the “super a lot” sense in which some of my students now use it. I have been in physical therapy for months to deal with issues in my entire sitting region – lower back, pelvic floor, piriformis, hips, you name it. “You sit too much, for too long,” my therapist told me. My life’s work, it seems, is the perfect-sitting-storm – I write and I teach others to write. Neither involves a rugged khaki uniform with matching hat, nor any special vehicle license. The more time indoors, holed away, the better.

There is more and more data to suggest that sitting is one of the more dangerous acts we commit. According to a *Washington Post* article, “The Hazards of Sitting” (Jan 20, 2014), prolonged sitting increases the risks of heart disease, diabetes, colon cancer, osteoporosis, and muscle degeneration. We ruin our backs and we starve our brains of fresh blood and oxygen.

“Even worse, too much sitting could shorten your life,” says an article in the *Huffington Post* (“How Sitting is Making us Sick and Fat,” March 18, 2013). “Studies in the [U.S.](#), [Canada](#), [Australia](#) and [Asia](#) have all found an association between increased sedentary time and the risk of early death. These associations were independent of traditional risk factors such as smoking, blood pressure, cholesterol levels, waist circumference and diet.”

For me, the saga started when my bladder went crazy. There was abdominal pain, a burning urge to go, and leakage. I hadn’t been on any kind of wild junket in Atlantic City (sadly). And several specialists confirmed I had no infection. One tried to put me on a drug called *oxybutynin*, which sounds like something from *Breaking Bad*. However, it too, was less

than exciting. The drug is prescribed for an “overactive bladder,” which is an umbrella diagnosis, it seems, for anything bladder-related that doctors don’t quite understand. Common side effects include dry mouth, dry eyes, constipation, dizziness, and drowsiness. But a person might also experience extreme thirst, heavy sweating, severe stomach pain, tunnel vision, and (the topper) “pain when you urinate and/or little urination.”

“I’ll be on these the rest of my life?” I said, studying the piece of paper, the prescription he’d written.

“Afraid so,” he said.

I am in my mid forties and fit, so the hope is that “the rest of my life” is still quite a bit of time. This tendency to throw pharmaceuticals at the problem seemed so frustratingly American. I railed to my fiancé, who’s a doctor, about our broken medical system. “Well,” he told me, “you might be surprised at how many people *want* to be given a pill. They want a quick fix.”

But I wasn’t one of those people. So I went to a different specialist, who suspected there could be more to the story and sent me for physical therapy, something that our American insurance only allows us if a doctor writes a prescription for it.

“Dear God,” my physical therapist would say when she examined my spine and my myofascial tissue. “This is rigid.” She’d watch me walk and would point out that my left hip was “up-slipped.” I knew that one hip was higher than the other, but I didn’t know it was something I’d caused or something that could be fixed. It started to dawn on me, though, that I was in pain a lot of the time, in both my legs and back, something I hadn’t noticed because it had happened so gradually. An unhappy bladder can be caused by a lot of things, she told me, but in my case, it seemed reasonable to assume that my lower back was the real culprit, that it had gone into permanent spasm and exerted pressure on everything else.

After four months of twice-weekly therapy, acupuncture, daily stretching, and the purchase of a \$1000 ergonomic chair, I have slowly returned to the point where I can sleep through the night. My problems aren't totally gone, but the progress has been remarkable. My massage therapist, who I hadn't seen for a while, said, "You're like a different person."

The truth is – I *need* to be a different person. My survival depends on it. Is there a way to teach writing without spending so much time on my arse? Can I give my sitting time, which must now be rationed, to my own writing instead of my students' writing? And if so, how? It seems like if there were a way to make the teaching of writing less work-intensive, someone would have figured it out by now. It can't be a coincidence that, in this sprawling East Coast city where I live, I ran into one of my colleagues at the physical therapist's office. We pointed at each other and laughed. Because aren't we all doing the same thing – crouching over student drafts and scribbling or typing for hours?

As more data emerges about sitting, though, I wonder if it will become the workplace health issue of our time. It will be like the second-hand smoke in *Mad Men*. We'll look back and see how it was taking years off of people's lives – although we'd be wise not to use TV as the medium for this information. According to that *Post* article, "[p]eople who watched the most TV in an 8.5-year study had a 61 percent greater risk of dying than those who watched less than one hour per day."

TMS.

Too Much Sitting.

What can writers like me, who teach, do in the short term? There are a number of things I've decided to try this semester. I intend to do less line-editing and focus on the big picture, questions of plot and character. What are the sources of tension and how can these be

heightened? Since everyone makes the same sorts of blunders on a line-by-line level, maybe I'll make handouts about these. Or maybe I'll write a sample sentence on the board from time to time to address an underlying principle. Sometimes, I think my line edits, while intended to be helpful, actually overwhelm students anyway. I also plan to make more use of teaching assistants, advanced students I can recruit to help teach the beginners. First-year students benefit from individual attention, but maybe I don't always have to be the individual who *sits* with them.

One of the things that I realized over the winter break this year is that several people in my family might be workaholics or something close. We focus on our work to the point of distraction, obsession, or, in my case, self-destruction.

The puns are too easy – I've hit rock *bottom*. I need a twelve-*step* program.

But I know I can't be alone with my problem, even if I'm at an extreme *end* of it. Sorry. I'll stop. My point is that we are all sitting too much, and we are killing ourselves. It's actually not so much like second-hand smoke, as it is like first-hand. We're chain smoking pack after pack. And is it actually effective? Are the students learning so much from these efforts that it's worth injuring ourselves? That it's worth our lives?

Maybe it's time for us to *rise up*, to *take a stand*.

Literally and also super a lot. Let's set our clocks and do it on the hour.