Dreams of Summer

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Even when we are asleep, our minds are active. Scientists surmise that our brains process and sort the events of the day at this time. Spiritual people believe God sometimes uses these moments to communicate with us through dreams, delivering messages to guide and prepare us for the future. I think they are both right. But I sleep too soundly to remember most of my dreams.

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A clicking noise awakens me from a deep sleep. With my eyes still closed, I pull my mind from the dense fog, remember where I am and why. I am lying on a hard sofa in a hospital room. The sound is Daniel, my twenty-four-year-old son, clicking his tongue to get my attention.

"I'm awake," I assure him so the annoying clicks will stop. The only sound now is the rhythmic whoosh of the machine forcing air into his lungs.

I pull a blanket around my shoulders and put on my glasses as I step to his bedside. Daniel is flat on his back. Tubes snake from both sides of the bed—an IV tube, a gastric tube, a catheter tube, and a ventilator tube connected to a man-made hole in the hollow of his throat.

He can't move his head, so I lean over the bed. Now Daniel can see me, and I can see to read his lips. His brow is furrowed, and his eyes are wide open, searching for mine.

"Dream," he mouths silently, not moving on to the next word until he is sure I understand. His mouth moves again. "Scared."

When I ask him what happened in his dream, he strings together a whole thought. "Dreamed people treated me differently."

What am I supposed to say?

Two weeks ago, he was the classic LDS young adult, a returned missionary attending BYU. He scheduled his classes around snowboarding in the winter and trips to the lake in the summer—always on the go, the life of the party.

Then he dove into a pool. One small bone jumped the track and bruised the sensitive spinal cord, interrupting the messages between the brain and the body, leaving Daniel instantly paralyzed and unable to feel below his shoulders.

"Daniel, maybe some people will treat you differently. I don't know. But your friends will see beyond this. They'll still see *you*."

Once he has calmed down, I return to the sofa, processing the conversation. Considering that he can't move or breathe or make a sound, the many friends who have come up from Provo to Salt Lake in these weeks act amazingly normal when they visit with him, as if they don't notice that machines are breathing for him, feeding him, keeping him alive.

Medical miracles have become routine. The appendectomies, caesarean deliveries, gall bladder removals, and blood transfusions that members of my family have received were just brief interruptions in our lives, giving us a few anxious hours. Our deaf can hear, our blind can see. Surely our lame will walk.

Daniel has received too many blessings to count and in all of them he is promised a full healing. Everyone seems to think this paralysis is just temporary.

I have faith; but from the very first phone call, I knew that this would be one of those events that divide life into "before" and "after." Neither one of us will say it, but somehow Daniel and I anticipate a future unlike the past, one where Daniel will be a different person. I can't allow myself to think about how much he has lost, how totally dependent he is.

I feel as if I am standing alone at the edge of a bottomless crevasse with the ground crumbling under my feet. If I try to turn back, the ground will just crumble faster. No matter what I do, I am going over the edge.

But I must hold on for now.

My husband had to go back to work in Colorado, so I'm a single parent. Every night Ted calls, and we have family prayer over the phone after we visit. The distance makes it both harder and easier for him. I know he wants to be here for us; but from 500 miles away, he can imagine that Daniel is getting better. He is convinced that Daniel will be healed. I don't have the luxury of avoiding reality.

My eighteen-year-old daughter, Tricia, has stayed to help. We share the duty of monitoring the alarm on the ventilator around the clock. I wonder if she comprehends how grave Daniel's injury is.

Each day it seems that Daniel's condition is getting worse. He develops pneumonia and multiple urinary-tract infections. His fevers persist in spite of all the antibiotics he is on. Ironically, he can't feel his body but is in excruciating pain. His brain is registering false messages, like phantom pain from a lost limb. His nervous system is hypersensitive to light and sound. So the shades are drawn, the lights are off, and we tiptoe around the room and whisper if we must communicate. The dark quiet drags on interminably.

One day Daniel becomes agitated and complains about hurting and being hot. We call the nurse who administers the maximum pain medication and puts ice packs around his body, then leaves to check on another patient. His pain grows unbearable as Tricia and I fan him and try to calm him. I sense Daniel slipping away into a dark, frightening place.

He looks up at me as if I should know what to do and then mouths, "So dry."

Because he can't swallow, all I can do is swab his mouth with the sponges the hospital provides, the same kind we used when my grandmother was dying.

Then he mouths, "Bounce."

Tricia and I, positioned on opposite sides of the bed, push back and forth, rocking the mattress—his boat on the sea of despair.

His face contorts and his mouth moves. Maybe a mute moaning. In response, we rock the mattress more aggressively.

As he continues to move his mouth, I think he is saying, "Kick me."

Confused by the request, I say, "Daniel, I'm not going to kick you."

He looks deep into my eyes and tries again. "No, kill me . . . kill me."

I am reliving a nightmare I had almost twenty years ago. In my dream, Daniel was in what appeared to be a crib, although he had been out of the crib for a few years. The bed was engulfed in flames. I ran to pick him up, felt the heat as he asked, “Why am I so dry?”

When I awakened in the panic that follows a nightmare, the dream seemed important, so I wrote it down and self-consciously shared it with my husband the next morning. As I wrote, I felt impressed that Satan would try to physically destroy Daniel at some point in his life. A reassurance came that he would be preserved with the help of Heavenly Father and our support.

I put the single sheet of lined notebook paper into Daniel’s baby book. In the intervening years, I read the dream occasionally, feeling a bit silly for holding on to it.

The dream echoes in my head now—the crib-like hospital bed, the heat radiating from his body, Daniel’s words. I had no idea what the dream meant at the time, or even if it meant anything. I never imagined that the dream was a literal premonition of the future.

Remembering the dream, I can name the overwhelming evil of this darkness.

My heart pounds as I fiercely attack the mattress in my alarm. I pray silently for the help I had been assured would be there. In walks Daniel’s friend, Adrian. He doesn’t even have a chance to speak before I say, “Daniel needs a blessing and you need to rebuke the evil when you bless him.”

Adrian and Daniel have been close friends for years, enjoying wakeboarding, intellectual pursuits, and spiritual conversations. He has been our most frequent visitor and has given Daniel several blessings.

Taking in the anguish on his friend’s face and the panic on mine, this faithful young man does not question my peculiar request. He just reaches for the consecrated oil, places his hands on Daniel’s head, and proceeds to bless his friend.

The words are gentle yet powerful in dispelling the darkness. While Adrian continues with assurances of divine help, Daniel’s face relaxes as he gains control over the pain and fever.

Once the blessing is over, I mutter something about a dream. Adrian and Tricia probably think I have lost my mind. But I feel lucid for the first time since this all began. We are going to survive this hell.

* * *

Just as I have been prepared for this trial, so has Daniel. When Daniel was first placed on the ventilator, the breathing tube went through his mouth, leaving him unable to move anything but his eyes. Using an alphabet chart provided by a therapist, Daniel painstakingly blinked out a request for me to read Isaiah 53 to him.

As I read, Daniel closed his eyes and mouthed each word. "He is despised and rejected of men; a man of sorrows, and acquainted with grief. . . . Surely he hath borne our griefs, and carried our sorrows . . . " He seemed to know those compelling, familiar words perfectly. I was amazed. Later I share the incident with Tricia, and she says he did the same thing with her.

Once Daniel's breathing tube is transferred from his mouth to the hollow of his throat and communication is easier, we ask him about it. Shortly before his accident, he had felt prompted to memorize the entire chapter.

Every day Daniel insists I read the scriptures to him. The first thing he wants me to read is all the accounts of the last few days of the Savior's life found in the four Gospels.

Then one morning he wakes up and mouths again, "I had a dream." He is adamant that I write it down exactly as he tells it.

In his dream, Daniel is in the Garden of Gethsemane the night before the Savior's crucifixion. After the Savior finishes His prayer, Daniel approaches and offers to help. The Savior declines and says everything will be all right.

Daniel patiently struggles to make us understand his words. His eyes have a faraway gaze, as if he is still watching a distant, compelling scene.

While Daniel gains strength from the accounts of the final hours of the Savior's mortal ministry, I find myself drawn to the stories of healing. I never noticed how many people were healed of "a palsy," the Biblical term for paralysis.

As I reread one of the stories, I distinctly remember being five years old, walking into my Sunday School class at the Methodist Church I grew up in. A big washing-machine box sits in the middle of the room. Someone has cut holes for a door and a window, and made cardboard steps on the outside. We take turns going in and out. Then the teacher lets us use big brushes to paint the box white.

When we finish, we sit on the floor in front of our house. The teacher tells us that this is the kind of house people lived in in Jesus's time. The people climbed the steps to go on the roof of the house, as if it were another room.

Then the teacher tells us a story about a man who couldn't move. He was paralyzed. His friends carried him on some blankets so he could go see Jesus. But Jesus was inside a house, and there were so many people that they couldn't get close to him. His friends decided to climb up on the roof and make a hole so they could lower him right to where Jesus was. When Jesus saw him, He told the man to pick up his blankets and walk home.

Now, sitting beside Daniel and rereading that familiar story, I feel the tears well when I think of the actions of the four friends. I imagine they are all young and strong, grieving for their companion's injury. I know the young people who have visited Daniel would do that for him.

Searching for inspiration, I stop at the Savior's words, "Son, thy sins be forgiven thee" (Mark 2:5). After the Savior perceives that the scribes think He is committing blasphemy, He tells the man to take up his bed and walk. The whole point of the healing was that Jesus could forgive sin. He could spiritually heal the man.

As a child, the only thing I could understand was the physical healing. I want Daniel to be healed physically. I ache for it. But maybe the only healing we are going to get is the spiritual kind. Am I capable of understanding more now? Do I have the faith to accept whatever healing the Lord grants Daniel?

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Daniel spends one month at the University of Utah Medical Center and is then transferred to Craig Hospital, near our home in the Denver area. After three-and-a-half months of rehab, he is strong enough to breathe on his own, swallow, speak, and sit in a wheelchair all day. He has learned to drive a sip-and-puff wheelchair, and use a mouth-stick to operate a computer and turn the pages of a book, if the book will cooperate. I have learned to do everything else for his unresponsive body.

He begins to order me around like his personal slave, and the nurses smile and say, "That's good. He's learning to direct his care."

When his new wheelchair arrives, the occupational therapist has us put him in it so she can adjust the fit. I don't even think about charging the battery at night—it's brand new, after all. So the next day when Daniel fusses at me because the battery is low, I am confused.

"I didn't know I needed to plug it in, Daniel," I say in self-defense.

"New batteries always have to be charged," he barks, with his newly regained voice. "Why didn't you do it last night? Just put me in my old chair."

I can tell he is adamant about getting back in his old chair, so I start to position the old chair closer to the electric ceiling lift. As I reach for the sling, he orders, "Just use the slide board."

"It's too hard for me to do it by myself. Why don't I just use the lift?"

"No," he interrupts. "I know you can do it. It's not that hard." He's starting to get upset.

"If I do a slide board transfer, I have to take the arms off the chairs. It's so much trouble. I'm not going to do it. I'll use the lift."

"No." His voice is quiet, but the intensity is unmistakable.

"Okay then, I'll plug the chair in while I go get your lunch."

"No. You know these batteries need to be plugged in over night."

"No, I didn't know that. Can't we just get a partial charge to make it through the day? I could plug the chair in and . . ."

"No. You will not leave me plugged in." His face contorts with rage. "How would you like it if someone tied you up in a chair and left you in a room with the door closed? That's what it's like. You wouldn't like that."

"I'll leave the door open," I say, trying to reason with him.

Just as my husband walks in, Daniel really starts to flip. "No. I decide how it's going to be. I decide what's going to happen to my body. I have my Social Security money and I decide. This is my space. Get out."

"Okay." I pause, then walk over and pick up my purse, tears welling up in my eyes. "He hasn't had lunch yet," I tell Ted as I walk out of the room.

When I return a few hours later, Daniel is distant and pointedly asks Ted to help him when he needs something.

Fine by me.

The psychologist has told us that patients need to feel they are in charge of their own lives. I don't think Daniel has the right to order me around, but he does have the right to make his own decisions.

* * *

On the first anniversary of his accident, Daniel and I are in Provo, living in married student housing, ready for the start of summer classes. He is taking only one class so he can figure out how to do his assignments with a computer and a mouth-stick.

A home health aide gets Daniel up in the morning and puts him to bed every night. Medicaid programs should provide enough care for Daniel to manage on his own with help from friends and Tricia, if I can just get everything arranged.

At first, Daniel is glad to be back at school and appreciative of the fact that I am helping. As progress drags and his surroundings remind him of his previous life, he becomes impatient with me. Except for the one hour he is in class Monday through Thursday, we spend almost every waking moment together.

I feed him his meals, spilling food on him with great regularity. Fastidious Daniel finds that annoying.

I have a hard time eating while I'm feeding him, so I usually eat after he is finished, making chewing sounds as I eat. Observant Daniel finds that annoying.

My breath stinks, I talk too near his ear, I don't scratch his head the right way, I breathe too loudly. Sensitive Daniel finds all of this annoying.

Whenever I unintentionally do one of the many things that bother Daniel, I am certain he is rolling his eyes and huffing. Before he even has time to react, I am offering disingenuous apologies, fully equipped with the same attitude I am sure he is about to give me.

He also never thanks me for anything I do. When I call this to his attention, he replies with typical Daniel logic, "All the courtesy words are just a waste of time. Most of the time people don't mean it anyway. When people say 'please' or 'thank you' or 'you're welcome,' it doesn't make any difference to me. I shouldn't have to say anything. You should already know I appreciate what you do."

"Well, not everybody feels the same way you do. Even a dog likes to hear, 'Good dog.' And I like to be told 'thank you.'"

After two months in the tiny apartment, just before I strangle Daniel and just before he rolls over me with his 525-pound wheelchair, I announce I will be leaving for the weekend. His buddies are always around on the weekends, so they can make sure he's fed. I will return Monday morning. In the event of an emergency, he may call my cell phone. I feel angry enough that I contemplate driving all the way home to Colorado and not coming back, but I decide to just spend the weekend at my sister's house, half an hour away.

By the time I return Monday morning, I have a fresh store of patience, and Daniel has decided other people are even more annoying than his mother. When I do one of the endless small things I do every day for him, he offers me a self-conscious, "Thanks." It's as sincere as an apology two squabbling siblings are required to make, but at least he is trying.

I want him to know I noticed his effort, but he hates it if I gush, so I quietly say, "You're welcome."

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Sixteen months after the accident, I drive back to Colorado, leaving Daniel in Provo. For the first time since the accident, I am more than a short drive away. With the help of the home health agency, his roommates, his classmates, his ward, and Tricia, Daniel is anxious to see if he can manage without me.

As the semester progresses, Daniel becomes more comfortable and excels in his classes. The frequency of phone calls becomes my barometer to determine when he needs me to come. A week or two at the beginning of each semester coupled with a brief visit every six weeks or so proves to be all the additional support he needs from me.

By the end of the winter session, he is placed on a Medicaid program that allows him to hire people to do his laundry, house-keeping, and meals. My visits are less frequent and less work. Daniel is happy because he likes being independent, not the ward service project. Independence for a quadriplegic means you don't have to rely on family and friends for your care—you have staff you are able to manage by yourself.

During his fourth semester back at school, Daniel loses his emergency support system when Tricia leaves for an internship in D.C. Ted and I listen to one of Daniel's frequent calls on the speaker phone.

When Ted asks how everything is going, Daniel says, "It's like death by a thousand cuts. I'm having weird electrical problems on the van, and no one can figure it out. I can't get my last textbook in the correct format, so I'm behind in my assignments. One of the guys on my team isn't doing his part. My wireless network went down. One of my roommates is weird, and I have a urinary tract infection. It's just too frustrating. I can handle everything; I just can't handle everything at once."

This is as close as he will come to telling us he needs help. Before the accident, we would have said, "I'm sure you can handle it."

Now my eyes meet Ted's, and he nods when I say, "I'll be there the day after tomorrow."

I drive over and take the van to the auto electric place, pick up the parts to fix the wireless connection, make multiple trips to the disability office to get his textbook, feed him some favorite dinners, bake cookies. While reporting all of the things I have accomplished, I massage his neck and scratch his head. He very sincerely says, "Thanks, Mom."

"You're welcome." I don't know how he figured it out, but he knows how to do it now.

I notice he now regularly says, "Thanks, buddy," when his friends and attendants help him. Thanking his friends is not surprising, but thanking his attendants is huge. His old philosophy was that it was their job to help him, so why should he thank them for doing what they are paid to do? The money should be thanks enough.

He is accomplishing so much and changing in ways that are imperceptible to everyone except immediate family. I don't know how he does it.

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This morning I dreamed about Daniel. In my dream, the old Daniel drives up in a car. As he gets out, he stoops a little, moves his head from side to side, reaches up to massage his neck. No words are spoken, but I have a vague recollection of some incident years ago when he hurt his neck. He wants me to go inside and get one of his shirts for him. That's the whole dream.

I awaken after the dream and lie in bed relishing what I have seen—the ghost of the old Daniel. Unlike when he is seated in his chair, I had to look up into his face. And he moved in that old familiar way.

I wonder if the ghost will visit me again. As years pass, will he age?

I've been right there as the new Daniel has evolved. I like who he has become, but I still miss who he was. I suppose most parents struggle with letting go of those times when their children were happy and successful. Clinging to babyhood when a toddler becomes a terrible two. Clinging to childhood when they enter their teens. Selectively remembering simpler times when trials come.

A part of me wants to make life easier, remove any negative consequences from my children's paths—capture perfect happiness and hand it to them. A snapshot would be the best I could do, for the perfect moment lasts only a moment. But even professionals must retouch photos marred by less-than-perfect lighting, a few crazy hairs, a stain on a shirt, a patch of brown grass. I don't need to airbrush the look of love as siblings hug each other or reject the gleeful faces obscured by the fast-falling snow on the mountain. Maybe the secret is to look past the flaws to see possibilities and happiness.

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Almost four years after his accident, Daniel is the first person to cross the stage at graduation, receiving his bachelor's and master's degrees in accountancy. He now attends law school at Duke.

The only people who treat Daniel differently are strangers, usually the clerks and waiters who look to the nearest able-bodied person for answers to their questions. When they ask me a question they should be asking him, I just turn to Daniel and wait for him to talk.