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I learn about myself through the stories of others; this account is both a recounting of my friend Stephanie's story, a conversation we had after she contracted Covid19, and my own introspection about the different impact that written and spoken stories have.

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I was on a Facebook call with my friend Stephanie [REDACTED] on Tuesday, January 19th. She is one of the friends I left behind in NC when I moved to AZ, and we keep in regular contact because she is one of my best friends. Her life has been rough, as she grew up surrounded by drug addicts in a poor, primarily white, neighborhood in Lincolnton, NC. The biggest difference between a primarily poor white neighborhood and a primarily poor Black neighborhood is that poor white neighborhoods tend to be suburban-esque trailer parks on the outskirts of cities, while poor Black neighborhoods tend to be located in the inner heart of cities. That is true of most BIPOC neighborhoods except in the case of Indigenous reservations, which tend to resemble poor white neighborhoods along vast stretches of reservation land.

In any case, Steph's background is one I want to share here because hers is a story that really reflects the social realities of present-day U.S. society. As a historian, one of the things that bothers me the most is that we have so few archival sources about everyday people. Steph's story, even told slightly second-hand, is one that deserves remembrance, as her experience reflects the reality that a lot of impoverished people have faced during this pandemic.

When I first met Stephanie, it was in the LGBTQ center at Appalachian State. I often went there to destress after classes, as I identify as agender/pansexual, so the queer community is quite familiar to me. It is also one of the most supportive communities I've ever been part of, second only to the Pagan community. Stephanie was a whirlwind of activity, and I ended up

convincing her to come with me to the Pagan Student Association club meeting (of which I was President) the night that I met her. She was a very outspoken, hyperactive and enthusiastic out-and-proud about it lesbian woman with no qualms about her sexual preferences either about women or the fact that she identified as a sadistic Domme within the BDSM community. Very secure in her sexual orientation, she was much less secure about her intellectual prowess or ability to accomplish the goal she had of becoming a genetics counselor. A biology major, she stressed about every hard science she took, spending hours every day studying. Even when she came to club meetings because she needed the social support, she was usually wearing headphones and studying her books.

Her dedication to her studies was the most intense dedication I'd ever seen, and that was part of what drew me to her. I respect passion in people because passionate people are vibrant and alive with a type of energy that people who consign themselves to trudging through life never exhibit. When I learned about Stephanie's background, my respect for her only grew because she had an incredibly difficult and traumatic childhood, one that she was still living through. I connected with her immediately because I knew what it was like to grow up in a family with an addict, as my mother was an alcoholic. Steph and I understood each other on a level the rest of our friends couldn't quite match because we knew what it was like to face the hell of drug addiction. Going through that kind of trauma changes a person; it makes us more aware of the horrors people are capable of inflicting. It also, in an ironic and perhaps perverse twist of the universe, tends to make trauma survivors far more empathetic.

Stephanie never failed – and never fails – to tell me on a regular basis how much she loves and respects me. I do the same for her. Those are things that are families never really gave us. We both have had to deal with the harsh reality that our mothers never really loved us or

provided for us in the way we deserved as children. Stephanie still deals with that horror every day; my mother died when I was 15, around 18 years ago. It makes me uncomfortable when people tell me that they are sorry for the loss because while losing my mother was, in its own way, a type of trauma (parental loss while young often is), the trauma she inflicted on me through her alcoholism was far worse. Dealing with the conflicting grief and relief at my mother's passing has been – and probably will be – something that I struggle with reconciling.

Steph's experience, however, was more complex. Her father and one of her brothers are both schizophrenic. Her father left when she was young, and the only family she really had to support her was her older brother (already grown when she was born), her schizophrenic brother, her mother, and her grandmother. She also had her best friend, Destany, and Destany's family, that lived down the street in a house that held 10-12 people in 3 rooms in a very crowded environment. There was also Steph's uncle, but he was (and is) in-and-out of prison constantly due to his heroin addiction.

When I first really got to know Steph's background, she told me that the most supportive people in her life were her grandmother and mom. Her mother worked as a nurse in a nursing home, and Steph followed that path and began working in the same nursing home around the time she was 16. Steph continued down that path – today, she works in an assisted living facility in ██████, NC. She told me once that the reason she works in nursing homes and facilities like the one she is at now is because she absolutely adores old people. I told her once that I was going to take her to meet my 98-year-old grandmother, and her response was to warn me that she might steal my grandmother because she loves the elderly. The most stressed out I ever saw her prior to the Covid19 pandemic was when she lost a patient due to her shift relief being negligent about the patient's care (even after she gave specific instructions to follow). With the pandemic, I've

seen her constantly stressed out with the fear of accidentally giving her patients the virus. She cares for people very intensely; she does everything intensely.

Part of that intensity is because she has ADHD and is not medicated for it. That's a condition we share, but I have medication to manage mine. The main reason Steph isn't medicated is because she has an intense fear that if she was to get a prescription for stimulants, the people in her neighborhood – most of them addicts – would steal the medication from her. It's a legitimate fear, so she has no real recourse to manage her ADHD or her anxiety, which unfortunately has led – and continues to lead – her into depressive spirals where she has been on/off suicidal. Once she gets that way, however, she's responsible enough to put herself around people who care about her because she doesn't really want to hurt herself, even though she jokes about it a lot. It's bleak humor, but it's a humor I understand. Trauma does weird things to people.

Since I've met Steph, her life has been nothing but a series of cascading traumatic events. One of her ex-girlfriends cheated on her, then stalked Steph after the breakup to the point Steph almost needed to take out a restraining order. The girl was following Steph around campus, showing up at parties Steph was at, and sending pictures of Steph to Steph. It was incredibly creepy. In addition to that, her schizophrenic brother decided to start doing LSD, which is known to make schizophrenic symptoms worse. He refused to listen to her altogether, and their relationship started to fray. Then her uncle, who was released from prison, violated his parole and tried to run from the cops; he ended up in prison again due to possession of heroin.

One of the most horrifying conversations I've ever had with Steph was the day she called me via Facebook and told me that she was having to wear shoes around her house because she was afraid of stepping on used heroin needles because they were everywhere. On counters,

behind furniture – she even found a few in the couch cushions. She made a lot of jokes about it, but that’s pretty normal for someone trying to find some semblance of order in an insane world. The world of drug addicts is chaotic. The unexpected happens all the time.

In her junior year – which was the 2018-2019 school year, Stephanie’s grandmother passed away. That devastated Stephanie, as her grandmother was her closest and most supportive family member. The death also destroyed Stephanie’s mother, which began another cascade of trauma. Stephanie’s mother lost her job, then she turned to heroin use and finally to meth use. Due to the meth addiction, she lost her home, and Stephanie suddenly found herself confronting the reality of her grandmother’s death, her mother’s dive into addiction, and being homeless. Steph no longer has a permanent address; she stays with Destany’s family because they have always been supportive of her. Even there, though, she has been subject to trauma, as Destany’s brother tried to sexually assault her the summer prior to her grandmother’s passing. Steph no longer sleeps in public areas, and she makes sure that no men are around her when she sleeps (except for her boyfriend, after she discovered that she likes women and Sam who may or may not identify as nonbinary/female in some ways).

Because I know all of this about Stephanie, I do the best I can to provide her with the love and support she deserves. In the pre-pandemic world, I constantly had her over at my apartment where she often spent the night. Providing a place for her to feel safe is super important to me because I understand the devastation of having limited safe spaces. My grandmother’s apartment was always my safe space growing up, and even as an adult I often went over to her apartment to spend the weekend or the summer just to get away from the stress of life. For Stephanie, that safe space was Destany’s house before the incident with Destany’s brother. Having a safe space is incredibly important for people who grow up in traumatic homes;

the undergrad class I took on personality disorders informed me that children who grow up with no space safes and/or no safe adults have a higher chance of developing an extreme personality disorder. Steph and I were both really lucky that we had our grandmothers; they may be the only reason we managed to avoid developing personality disorders.

Because of everything Steph had been going through, she was homeless when the Covid19 pandemic hit. She also worked – and works – in healthcare. Because Destany’s family lives in [REDACTED], and Steph works in [REDACTED], she has had to constantly couch hop within [REDACTED]. Steph managed to get housing accommodations for Fall 2020, but with the stress she has been under, she decided to withdraw for Spring 2021 and finish her final semester over the summer. Working full-time in health care while also trying to take online courses in biochemistry proved too difficult to manage. However, her advisor told her to continue coming into the lab to work on her honor’s thesis even while taking a semester break, which Steph plans to do. Because of no housing in [REDACTED], however, Steph has been couch-surfing between a few friends in [REDACTED] and driving back/forth to [REDACTED] to stay with Destany’s family.

The last time she stayed with Destany’s family, however, one of the individuals in the house was admitted to the hospital and was confirmed Covid19 positive three days after admittance. Prior to learning this, Stephanie had already traveled back to [REDACTED] to work a shift, and her temperature registered as normal with the forehead thermometers. However, she felt slightly unwell and an ear thermometer registered a higher temperature. She had also just had the vaccine, so she assumed that what she was experiencing was simply a side effect of the vaccine. Still, since she works in healthcare, she insisted on getting a Covid19 test – she also made them do the non-rapid test, as she explained to me that the way the vaccine works will cause the rapid-tests used in NC will yield positive results for the virus due to the way antigens work (I don’t

really remember the explanation, but I trusted it was a correct one since she is a biology major). In any case, the second test also yielded a positive result, and she called me that night freaking out because she didn't know where it had come from or where she was going to go to isolate. She obviously couldn't go to any of the homes of the people in [REDACTED], especially since one of them has a BiPap machine for sleep apnea, is diabetic, and at high risk. So, Stephanie went back to [REDACTED], to Destany's home, where she learned that the virus had come from there – Destany has the virus as well, contracted from the person who was admitted to the hospital.



This is where we come to the story that explains the picture – Stephanie with a mask over her eyes, a candle lit in the dark (Destany is off to the side, unpictured), and me on a Facebook call with her, pictured in the bottom right. We talked for about three hours that night. She was drinking a bit, frustrated and depressed because she had learned her mother's kidneys were failing while her dad is in the hospital dealing with heart problems. I don't really know how Steph's relationship with her dad works, but she is definitely depressed at having both of her parents in bad health. We had talked a couple days prior to her positive Covid19 test, and I had determined that I was going to fly her out here to AZ for a week just so she could have some space to get her head together. The virus obviously disrupted those plans.

In any case, the phone call turned from us talking about her slow spiral into the fact that she has no sense of taste or smell. She told me the worst thing of all was the inability to smell because she couldn't even smell strong cleaning products. When Destany arrived in the middle of the conversation, Steph decided that a fun thing to do (remember she had been drinking) would be to test her ability to taste *anything*. So, Stephanie blindfolded herself with the mask in the picture, and Destany started pouring different liquids into Steph's wine glass and helping her with the straw so she could take a sip.

Destany tested Steph's ability to taste with sweet tea, coffee creamer, worcestershire sauce, jalapeno juice (drained from the jar), and cranberry juice. There may have been a couple others, but those are the ones I remember. To Steph, all she could taste was water that was either "sweet" or "hot." She said the sweet tea had no flavor whatsoever, so it tasted like water (at the time, she did not know what the liquid was). She did not guess any of the liquids correctly. She kept insisting that Destany was going to give her soy sauce – which never happened – or toilet water to which Destany responded, "Do you really think I'm that mean?" That was obviously one that never happened.

Steph could tell that the coffee creamer was thick in consistency, and that the jalapeno juice was "hot." That was all she said "Hot. Hot water." To which Destany gave her milk to wash the spice out of her mouth. The cranberry juice Stephanie responded to by saying it was "Sweet. Nasty." When she found out it was cranberry juice, she was very surprised because she apparently really likes cranberry juice (which I think makes her a weirdo, but I still love her). Then Steph wanted to try spices, but Destany was done being a researcher because she was doing all of this with a migraine after having not slept in 48 hours. Destany has very bad insomnia to the point she needs incredibly strong sleeping pills (on the level of tranquilizers) to be able to



sleep. Since Destany was no longer willing to play the game, Steph stood up and moved around the kitchen, picking up random spices and cleaning supplies to see what she could and could not smell. The answer? Absolutely nothing. Not even the strongest cleaning supplies. Which, as I told her, is incredibly dangerous. That could easily lead to the mixing of chemicals that should *never* be mixed, like bleach and ammonia.

That was about when the phone call ended, but I think that conversation really captured a moment of humor in the midst of the chaos of the global trauma that is the Covid19 pandemic. Stephanie, worried of course about keeping people as safe from the virus as possible, isolated in a home with a friend who also has the virus, drinking a bit of wine to stave off boredom and testing the limitations the virus has inflicted on her ability to taste and smell the world. Sharing that moment with her, even virtually, was a very powerful reminder that there is always a way to make order out of chaos, to create a light in the dark, and that human connection, regardless of distance, is a vital component of healing from trauma.

For me, Stephanie's story is important not just because she is one of my best friends but because of what she has taught me about my own path through life. Although our traumatic life experiences are vastly different, she has taught me, over and over again, how to see the beauty in life even when the world seems mired in darkness. Her love and support has helped me in ways I can't put into words because the impact she has had on me reaches down into the core of who I am. It reminds me, yet again, that who we are – who anyone is – is built from a complex web of the relationships and interactions we have with other people. Relationships matter. Who are friends are, what communities we belong to – all of those things matter in tiny, invisible ways that form the crux of a single human life.

No history, no historian, can ever capture the true intricacies of a life or the real vibrancies and nuances of any event. That is both the beauty and the pain of being a historian. Lives and events can never be as vibrant on the page as they were when they were lived. All I can do, as a historian, is try to capture a snapshot of a moment in time. I can never tell Stephanie's story with the vibrancy of the person Stephanie is; I cannot capture her energy in my words. No one who reads this will ever know either me or Stephanie on the level we know each other, as our lives intersect in a million different ways that cannot be captured by words on a page. The more I learn about the limitations of writing, the more I become enthralled with oral cultures, where nuances live and breathe in the words that are spoken by the descendants of the people who knew their ancestors best. Oral culture, oral history, has a vibrancy that I'm not sure written history will ever be able to capture. There's too much distance between the writer and the reader, a distance that doesn't exist between speaker and listener. Writing turns even the most personal stories into impersonal accounts, as the reader never has to meet the author, never has to learn the nuance of the person penning the words. Something vital is lost in writing, and I say that as someone enamored with the craft of it. Writing fills a gap, a societal need, creates archives – but it loses the human dimension that brings people together, reflects but does not capture the relationship between people, and it erases the complex web of nuanced interaction found between speakers and listeners.

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