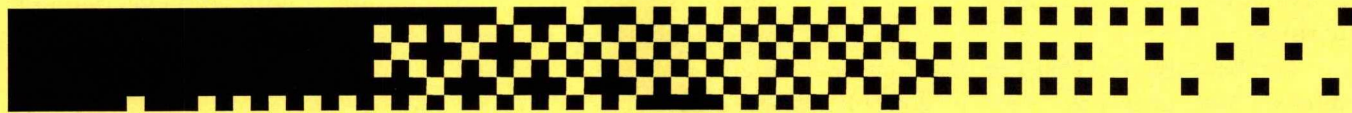


The illusion of gray created  
by an arrangement of  
alternating black and white dots

G R A Y S C A L E



This is Grayscale #14, a zine for  
*Intercourse*, and an Obsessive  
Press Publication #<sup>224</sup>~~223~~, from  
Jeanne Gomoll, 2825 Union  
Street, Madison Wisconsin  
53704-5136. 608-246-8857.  
ArtBrau@globaldialog.com

27 September 1999

---

### © It's a miracle! I'm cured!

---

**M**y crutches are resting in a corner behind a door, and will soon move up to the attic. A cane has replaced the crutches but I won't need the cane for long. I find it amazing how quickly I've recovered from hip replacement surgery.

My surgery, by the way, went very well, or at least that's what I've been told. The only glitch happened *before* surgery, when the hospital supposedly got a phone message from me telling them I was a practicing Jehovah's Witness and did not want to receive any blood transfusions during surgery. The day before I was operated on, Scott and I met with Doctor Heiner, my surgeon, who basically tried to scare me to death by telling me that unless I changed my mind, he might be forced to let me bleed to death on the operating table. All this surprised the hell out of me. Scott and I were on our feet demanding that he explain himself and a few moments passed before Heiner realized that a mistake had been made. I assured him that I was merely a Fallen Catholic with no aversion to blood transfusions, acupuncture or any other procedure he deemed necessary. To this day, no one has been able to tell us whether a *real* Jehovah's Witness failed to get their message through to their doctor, or whether someone actually did call in the message, claiming to be me. I am grateful that I got the chance to correct his misinformation before my surgery, but I do not recommend the experience of having your doctor purposely try to scare you to death mere hours before an operation.

I spent four days in the hospital, largely out of it, pushing a button for morphine infusions whenever I was awake enough to feel pain. But by the third day, they took me off the morphine and the IV, put me on codeine pills, and I began practicing step-climbing using my brand new crutches. (They would not sign me out till I could demonstrate proficiency in this task, since I would need to climb 5 steps to get into our house.) Scott drove me home on Sunday afternoon, and I stayed put for about two weeks, being careful not to bend my hip to less than a 90° angle and doing my exercises religiously. In the daytime, I mostly hung out in an easy chair in the living room, napping, reading and watching videos. The required exercises started out being excruciatingly painful. The weird thing was that for the first couple days, I needed help doing simple leg lifts, just to jump-start my muscles. Until Scott touched the back of my ankle, it was as if I couldn't *remember* how to access the muscle that would allow me to lift my leg. By the end of the week, the exercises had become easy and painless, and my body finally "remembered" where all my muscle controls were. After three weeks, I went back to the hospital where an intern removed the staples. I spent another month on crutches, and am currently relying on a cane until my leg regains its strength and balance.

I had to be careful, during the time I was using crutches to get around, not to stress my artificial hip. Apparently it's made out of metal and honeycombed with thousands of tiny holes. The bone eventually knits itself to the artificial hip, which makes the bond extremely strong. But until the bond was created, I had to be careful not to put any weight on it, not to bend my hip to an acute angle,



and to avoid several other kinds of movements that might cause the artificial hip to POP OUT. It was such a horrifying image that I had no problem obeying all the rules.

The best thing is that the pain that drove me to such a drastic surgery is simply ... gone! It's wonderful. There is a tiny bit of discomfort from the incision, but that's going away fast. I will definitely be biking again next spring, which makes me very happy. I went back to work half time during week three. I may have gone back a little early, because I spent most afternoons at home napping, but I had been going stir-crazy and it felt good to get back to work. The next week I went back full-time and I felt fine.

Scott is extremely glad that I no longer need help every time I drop something, or want to move a thing from one place to another, or want to wash below my knees, or crave new videos, or try to put on a pair of socks, or need the bandage changed, or ... Well, let's just say that my needs were extensive for a few weeks. Scott did all the cooking in August; he's still doing all the laundry. And he's been wonderful throughout. There were moments when he wished he could flee screaming out of the house, but he never showed any impatience at the time. I certainly didn't notice. He still hasn't told me *when* he was feeling like this; he just says "I'm sure you'd do the same thing for me." I just hope that when that time comes, I will be able to care for him with as much humor and compassion. Taking care of someone who can't carry much of anything because they're on crutches, and can hardly lean over to reach for anything, uses up all the free time of the caretaker. I read a stack of books that month; Scott barely finished one. But things have gotten steadily better. After the staples were removed, I graduated from sponge baths to showers, which I could do myself. My muscles gradually became more flexible so that I could pick up or reach for things without help. When I got rid of the crutches, I was able to carry things again. And lately I've been gradually reclaiming chores that used to be mine, like cooking and making the bed.

I wouldn't call it a pleasant experience. But it wasn't bad. I saw some great videos, read some wonderful books, enjoyed visits with friends, and could easily have gotten used to being waited on, hand and foot. The handicapped parking tag is a kick, too. But the best thing is that the operation was dramatically successful. I can well believe that hip replacement surgery has the highest reported "satisfaction" rating of any elective operation (according to

my doctor). Without it, I think I'd be in a wheelchair right now, or would be soon. With it, I'm looking forward to biking, camping, hiking and everything I had been looking forward to before the osteoarthritis struck.

---

© Elizabeth Fox

---

Congratulations on the wedding and the new house. I hope you are very happy with both. I've heard horrendous tales of super-expensive housing in Silicon Valley. I'm glad you were able to get such a good deal from Pat's parents. Some friends of mine are looking in the same area right now, and even with a large inheritance from one of their parents, they've just about given up on finding an affordable house.

I see what you mean, now, about your idea of a "usable" front yard. My experience with front yards is a little different from yours. It has never felt like no-man's land to me just because it faces the street. It may be a matter of different neighborhood customs, or maybe it's a regional difference or a function of city size, but I grew up thinking of my family's big front porch in Milwaukee as just about the center of summertime society. The whole family used to hang out there on hot summer evenings, chatting with neighbors as they walked by. Dad would sit below the porch light reading the newspaper. Mom would sit next to him reading a book, and us kids would run up and down the steps playing one game or another. (Like a Ray Bradbury fantasy, I suppose.) We used to play underneath the porch during the daytime or on the sidewalk with our marbles or chalk (hopscotch). It's true that my family abandoned front-yard socializing when we moved to the suburbs, but who wouldn't with two acres of park-like space behind the house, which is what our new house had? Also, the street was no longer a pedestrian thoroughfare as it had been in the city. Cars zoomed by a hundred yards away; we rarely saw people out walking. But, to this day, Scott's and my dream house includes a big, wrap-around porch. Maybe that's because we're living in a neighborhood similar to my childhood home, an urban neighborhood with relatively safe streets and lots of pedestrian traffic. For me, the sense that this is possible in the city and not in the suburbs, is one of the things that makes me prefer living in a city. And that's why I was confused when you wrote about needing to fence in your front yard in order to use it.



---

 © Jim Hudson
 

---

Wow, I knew you had a busy, stressful summer, Jim, and none of the things you mention in this zine is news to me — but until you published the list of all the things going on in your family's life, I didn't really put it all together. You write: "Everybody around me seems to be in need of extra maintenance. And it wears me down from time to time." I bet it does. And I bet it will continue to happen unless you find a way to more clearly identify your needs in a day-to-day manner (as opposed to an emergency-only, "exceeding your capacity limit," mostly suppressed manner). Most people's needs expand to absorb the amount of compassion available; that's my opinion. No matter how caring your friends and family members are, it's a lot easier for them/us to realize that we should offer rather than ask for help, if we know what the needs of our friends ARE. I've seen it happening on the WisCon committee: you often choose the care-taking role in committee meetings and in the group in general. The general assumption — from your presentations — is that everything is fine in your areas. No problem! And so people readily go to you for help in theirs — ironically, sometimes for things that you wouldn't even have identified as problems, had they been in your area of responsibility.

Take care, and let us know if there's something Scott and I can do — even if it's only to get together with you and Diane to talk. Scott and I really enjoyed your visit during my confinement. We should do it more often, maybe even regularly!

I like your comparison of Diane's quitting to a "divorce." I think you're exactly right. This is one of those big life changes that society tends to diminish with expectations of easy recoveries. (Other examples: a break-up of a couple that has been together a long time, but is not a married couple. Miscarriages.) Reframing those experiences in terms that reveal their similarity to situations acknowledged to be traumatic, makes it easier for friends and the individual to deal with the long-term repercussions. By the way, I think it's a wonderful thing that Diane's left AE, too.

I loved your story of Ariel's encounter with her complaining Seattle cousin. You already told it to us, but I laughed just as hard when I read it again. How *satisfying!*

I have nothing very connected to say about the looming discussion about weight and dieting to come for you and Ariel and Diane. But for some reason, your writing pulled up a memory I hadn't thought of for a

long time. I must have been a freshman or sophomore in high school when this happened. I believe it is the first time I ever thought of my weight as problematic, though at that point in my life I was not at all overweight. My mom and I had just gone out shopping for school clothes. It was the mid-60s and my new wardrobe included several very short skirts. I remember thinking I looked great in them. I felt good about myself. Then my mom asked me how much I weighed. She obviously shared my assessment that I looked fine; she was smiling at how I was enjoying my newly-grown-up looks. She may have been feeling a bit wistful about her own slender days. But I looked at her and suddenly knew that her question was loaded. No matter WHAT I looked like, my actual numerical weight was a potentially good or bad thing. So I lied. I subtracted 10 pounds from my actual weight. My mom smiled and said, "that's good. You should try to stay there." And I freaked inside. Suddenly I realized that I was ALREADY too heavy. If my mom knew what I REALLY weighed, she wouldn't have approved. \*sigh\* Maybe that has something to do with my number phobia, who knows?

---

 © Michael Sturza
 

---

Welcome, Michael. You left *Intercourse* right around the time I joined, so I'm glad to get the chance to get to know you in print.

Your discussion of the roots of the idea, "New York Jewish" got me to thinking a little about my own impressions of "Minnesota Nice." This slang characterization of Midwest attitudes blinks on and off for me — from complimentary to sarcastically critical. For the most part, I prefer and model my own behavior on people who tend toward stoicism. It fits my preferences. And I *like* the slower pace of conversations Midwesterners tend to have, when compared to the high-speed, in-your-face, interruption-strewn conversations favored by my East Coast friends. I can usually hold my own in high-voltage intercourse, but it takes a lot of energy and sometimes I don't feel like engaging in competitive conversation in which participants seem to make judgements about who "won" the conversation. I like it when people wait for a few seconds after someone has spoken, giving them time to finish their thought (just in case they've just paused or are searching for a word), rather than immediately jumping into the pause with their own comments, or simply speaking louder and interrupting. With his rural, Iowa background, Scott has absorbed this Midwestern style of discourse more fully than I did with



my more urban Milwaukee childhood. I sometimes notice people cut Scott off after what I know is only the very beginning of his statement or story. These folks really think he's finished talking. Scott generally gives up his place in the conversation at this point, and a person who does not know him might soon conclude that he is very shy and/or has nothing interesting to say. Sometimes I take on the role of conversational blocker for Scott when I suspect people will enjoy his story but it doesn't look like they will wait to hear it. (Talk about a competitive metaphor for talking; I couldn't have done much better than to compare it to football!) I also *like* the bit of extra physical space that Midwesterners tend to give one another when they talk. By contrast, that makes physical contact between intimates and their more personal, closer conversations all the more emotionally significant.

On the other hand, I don't like the bigotry that is sometimes disguised as "small-town family values." And, regardless of the fact that I am contradicting myself, I think that stoicism makes for a lot of problems when one is trying to be supportive of friends or vice versa. I also don't like the insularity that breeds xenophobia but is misrepresented sometimes by Midwesterners themselves as a sort of praiseworthy open-mindedness. The reason my family moved away from that neighborhood I portrayed so idyllically in my comment to Elizabeth, was that blacks were beginning to move into nearby houses. My family joined the "white flight" into the suburbs, or as we called it then: "the country." The house my parents live in was built in a subdivision in which, to this day, only whites live.

On the other hand, I think the reputation that Midwesterners have for following the guideline, "If you can't say anything nice, don't say anything at all," is a big myth. I've known some people who are good at phrasing incredibly mean and sharp criticism *as if* it were a friendly, kindly meant sentiment. I've even admired their skill at doing the Ms. Manners "kill-them-with-compliments" thing. But it seems to me that there's not much difference between Midwestern Nice and New York Jewish when it comes to the capacity for being verbally judgmental toward anyone they disapprove of or feel different from. Only the style varies.

---

© Debbie Notkin

---

I was so sorry to hear that Sheila's cancer had returned. I will send her and all of you lots of good thoughts. With my the tenth anniversary of my

brother's death coming up, I've found myself thinking some about his last year, and I've found the artwork of Robert Pope to provide incredibly real, but comforting connections to my memories. Have you heard of his work?

I've been meaning to check out an exhibit of paintings, charcoal drawings and woodcuts by Pope about his battle with cancer. He died seven years ago at age 35 from Hodgkin's disease but his work is still touring and his book is still available (*Illness and Healing: Images of Cancer*, 1995). I've seen newspaper pictures of his work, and even on newsprint the paintings have a powerful, positive feeling — incredibly observant of the dependence, fear, loneliness, pain, and even the mutilation surrounding cancer illness and therapy.

Here, I'm mostly quoting from a review I just read:

*"Pope describes on canvas and in words the course of his own illness, diagnosis, and treatment; he also relates the experiences of a few fellow patients. Most intriguing is his ready description of the behind his pictures: who posed, how he painted them, and what exactly he was trying to convey. He's got a really interesting painting style: realist, with highly angled light emerging from a single source in darkened space, like that of a latter-day Carravaggio. His softened edges make all his figures appear to glow: the bald head of a little girl who gently touches her intravenous machine seems to form a radiating halo. The overall effect suggests the menacing, time-bound overtones of a de Cbirico.*

*"Pope often takes up the theme of hospitalization and its disempowerment by depicting the patient's eye view of friends, family, or health-care providers at the bedside, complete with the patient's own feet in the foreground. Sometimes the visitors seem to crowd and suffocate; sometimes they are a simple presence, like the solitary figure of Pope's mother who sits patiently at the end of his bed—just beyond his feet. Physical examinations and medical technologies are the subjects of some images, but the angst of the sick and their waiting families dominate the collection.*

*"The title notwithstanding, few of Pope's pictures address "healing" or hope; those that do—a bed-ridden patient watching a sparrow, a woman on crutches approaching at a sunbathed geranium—lack the power of those devoted to despair. These disturbing, unhappy images are*



*difficult for medical people who are imbued with traditional optimism. We do not like to think that our patients feel so lonely and afraid, especially those who are doing well or who have supposedly curable ailments, like Hodgkin's Disease, which Pope relentlessly calls "cancer." Perhaps for that reason, Pope's family and friends created a special foundation to donate this book of his art and words to students entering medical school. Early in their training, it provides them with a stark and tangible reminder of how it feels to be a patient in the world of modern medicine."*

End of quote. I don't know if this sounds at all interesting to you. My tendency to reach for images in times of confusion and pain is not everyone's therapeutic choice. But if it so, look up Pope's work. His ideas stem from first-person experience with cancer, and strike me as on target for people going through this experience (in their own bodies or with their friends). I am especially impressed that his images and ideas are not sugarcoated or Pollyannaish.

Take care of yourself through this, Deb. I feel like I should repeat some of the stuff I wrote to Jim in this context. You know yourself to be someone who tends to bury her own needs in the activity of helping others. But peoples needs tend to expand to absorb the amount of compassion available. There's no end to the needs you may be asked to attend to; don't forget your own!

☆ ☆ ☆ ☆

I just discovered that *Dykes to Watch Out for* is published on line! In fact, it's possible to buy books directly from Alison Bechdel on this web page:  
<http://www.comicazee.com/cartoonist.asp?id=9>

---

### © Karen Summerly

---

**I**nteresting stuff about trying to reconcile sparring with your sense that this activity has a heavy base of antagonism along with its training value. I've never done any martial arts, but I'm intrigued by how you will work this out for yourself. I find that I get more upset watching a movie, for instance, about boxing than a movie about war, even if the war movie has a lot more violence. The idea of two guys walking into a ring with the intent of beating one another up, and an audience sitting around watching it for sport, just gets to me. I tend to avoid fight movies as a result. I don't think I have that visceral reaction to karate or any of the other martial arts, although I'm not a fan of Jackie Chan movies. How do YOU feel when you

watch a sparring match? How do you think you would feel as a sparring partner? Aren't the goals very different when you're working out with a sparring partner, as opposed to fighting for real?

Congratulations and best of luck for taking the great leap into freelance writing. I hope it works out spectacularly well for you.

---

### © Guy Thomas

---

**I** liked the film, *The Sixth Sense*, too. Haley Joel Osment is the name of the actor who plays the boy, and I'm planning on keeping an eye out for him in future movies. He really amazed me at how well he was able to project such complex emotions for such a young kid! But besides that, I was really impressed by this movie's script. The writing was tight; I wanted to see it again at the end when the plot turned around on itself, because it was clear that every scene, every word counted. I love movies like that. I'd heard so much about the "surprise" ending that I was looking for the twist all the way through the film. I did finally figure it out during the church scene when the kid tells Bruce Willis that the reason some dead people return is that they have things they need to accomplish. It all suddenly came clear to me, and I probably missed most of the next several minutes as I mentally reviewed earlier scenes and checked to see if they supported my guess.

---

### © Lisa Hirsch

---

**W**hile we're on the subject of movies... I saw Kubrick's *Eyes Wide Shut*. I think I enjoyed the look of the film and the composition of individual shots, more than I enjoyed the plot and theme. I would have loved to have seen Harvey Keitel in Sydney Pollack's role, since I'm a great admirer of Keitel's acting. He would have given that character more gradations than Pollack was capable of, that's for sure. Maybe Keitel would have projected a sense of menace and provided the Tom Cruise character with more motivation at the end of the film. My sense was, however, that Kubrick wasn't after a story in which people's motives are straightforward or in any way verbally explainable. On the contrary, the whole atmosphere of *Eyes Wide Shut* was dreamlike; the characters comment several times on their feeling that they are lost in a nightmare. Kidman says at the end that she feels she's just woken up. Their actions and the way they talk all reminded me of the way people act in my own dreams, with disconnection and



irrational, often passive behavior. The scene near the beginning of the movie, in which Nicole Kidman was dancing with that man who attempts to pick her up at the party seemed particularly dreamlike; she was having difficulty even speaking. And then Cruise's wandering through the city and later the orgy, was totally nightmarish. I guess I accepted the film as an examination of a real issue — jealousy in a long-term relationship. But the issue was explored almost totally upon what looked like a subconscious stage. Interesting, but it failed to grab me intellectually or emotionally.

The post-hip-surgery therapy hasn't been difficult at all. All the exercises I was given could be done at home, mostly lying on a bed, but some of them leaning on the kitchen counter. They were really painful for the first couple days, but after that, they just became a routine that results in perceivable results. Every day, it seems, I notice something I can do better than I was able to do the day before. It may be that some of the difficulty you've heard reported about this therapy came from the largely older population of folks who generally get this kind of surgery. I think the most time-consuming part of the exercises I'm doing stems from the long period of time (a year and a half) *before surgery* during which I favored my left leg. It may be that older folks with artificial hips don't find the exercises difficult so much because of their artificial hips, but because of their general lack of muscle tone.

Rubylith. It *is* a lovely word. OK: rubylith looks like two layers of plastic stuck together; one is clear, one is orange-red; both are transparent. The clear layer is very thick and substantial, difficult to cut through; the orange-red layer is flimsy and sticky on one side. So if you peel the orange-red layer away from the clear layer, you have to be careful that it doesn't cling to itself.

After choosing a piece of rubylith large enough to cover your piece of black and white artwork, with some margin to spare, you trim some of the orange-red layer beyond the printing border with an exacto-blade. You cut through the orange-red layer, but not through the clear layer. After cutting, you use the edge of the blade to pick up an edge of the orange-red layer and peel it off. Then you tape the edges of the artwork and the rubylith together at the top with a piece of masking tape, and place registration marks on at least three points of the exposed clear film, matching EXACTLY the placement of corresponding registration marks on your black and white artwork. To be safe, you securely tape the whole thing, black and

white art, and rubylith together, to your drafting table so it can't move. Then you start working. (If your final art project is going to be printed in two colors, you only need the black and white artwork and the single rubylith layer. But if your final art is going to be printed in more colors, you will eventually have to use a piece of rubylith for each additional color (other than black). Let's stick with the simple black-plus-one-color example.) After getting it all set up, you pick up your exacto-blade again to cut away all the orange-red film that is NOT going to be printed in the second color. Very tiny areas can be touched up on the clear film layer with an "opaquing pen." When you're through, you end up with two layers of camera-ready art: one layer (the black and white drawing) that will be used to make the black plate for the printer, and another layer (the rubylith) that will be used to make the second-color plate for the printer. The pattern of orange-red film on the sheet of clear film will be interpreted by the camera as solid areas; the corresponding crop marks on both layers will allow the printer to properly register the image when the black ink is printed on top of the second color.

This stuff was absolutely essential for making mechanicals before the advent of graphics computers. Within months of the availability of electronic separation, small companies that specialized in production of graphic products like these (and press-on letters, and other products), simply went out of business if they hadn't already begun to diversify. I don't know if it's even possible to buy rubylith anymore.

---

### © Doug Barbour

---

**T**hanks again for an interesting tour through a parallel universe.

---

### © Jane Hawkins

---

**W**ow! The phone call from your sister must have felt like it came out of the blue! I hope things turn out well, and that you'll be glad to know your sister again, especially if she's gone through some good changes and understands her self better. On the other hand, do be careful, be a little wary, and let us know how things turn out.

You're putting yourself through a lot of pain with Judy. Would you have abandoned your friendship with her by now if it weren't for Sam? You wonder why Judy persists in letting you care for Sam, given her harsh opinion of you. I wonder if it isn't Sam himself. I would imagine that it would be difficult to



verbally convince a child that someone doesn't love him, doesn't deserve to be loved by him or otherwise get him to ignore his own visceral knowledge. And that's all Judy has — rationalizations; she can't SHOW Sam things about you that would turn him away, except to prevent him from seeing you. And she's tried that already, by excluding you from his birthday party. Perhaps she discovered that Sam was angrier with her for not inviting you than he was at your absence.

I'm so pleased that you are staying close with Luke and I very much admire your insight into what may have motivated his leave-taking (that he was looking for a lover that shared his passion for performing).

Cleo is one strange cat. As I read your description of her behavior, it occurred to me that if I had been reading fiction instead of an apazine, I would have begun suspecting a paranormal theme. Perhaps Cleo is a much-loved one of this character, Jane, and has chosen to return as Jane's cat to be near her.

---

### © Kimberly Cline

I liked your insight that you occupy "a space in other people's landscape." It's funny, sometimes, when we get clues as to just how weirdly different we look in their landscapes compared to how we think of ourselves in our own. Like one of those maps *The New Yorker* used to publish that were drawn from the perspective of a specific city.

I'm sorry that your gestures toward friendship continue to fail with Sonia. I'm sure it must be very difficult with such close friends in common. It sounds like Shannon and Eric are demonstrating admirable maturity in keeping communications open and not feeling that they have to choose sides. Maybe when Sonia stops hurting, she will eventually be able to deal with you as an acquaintance (at least) within your web.

---

### © Donya Hazard White

I will try to remember attaching routines to timed, required medications. This is something I'm really bad at. I know a couple people who are dealing with the incredibly complex schedules that AIDS drug regimens require, and I can't imagine integrating that amount of scheduling into my life. I'm just glad that I don't have to worry about it. Apparently, however, the difficulty most people have at following a careful medication schedule is one of the main barriers for the

effectiveness of these drug cocktails. I shake my head when I hear about this; I run into problems with one or two doses of something a day. When I was still on pain meds, I kept a pad of paper on a clip board and noted down the time taken and number of pills, to avoid over doing it. Or waiting longer than I needed to wait. That worked OK, but then there were no required dosages. I like your technique; I bet attaching little routines to the pill-taking would work for me better than trying to remember "when I wake up" or "when I eat."

It's a wonderful thing that you and Debbie got away for a little vacation. I hope you'll find the time to take a few more breaks in the month ahead. I both deserve to take some time to care for yourself and each other.

What a good description of your reaction to Debbie and Elise's zine: heavy lungs. I think I've felt that on occasion: more often when I embarked on a difficult conversation and dreaded what I was about to say or hear.

---

### © Kerry Ellis

I hope you're wrong that the unexplained phone calls originate with Dean. But if not, maybe it would be a good idea to contact the police detective and mention your concern to her. It would be a good thing if someone like her knew there was a potential problem brewing. Then, if you did need to call her in a crisis, she'd be up to speed.

In the meantime, I wish you luck in finding new friends via volunteer work. Sounds like a good idea.

Your plan reminds me of a college friend of mine, Anne, who decided to look for a new lover by joining a hobby group. Actually, her plan was not very similar to yours at all in a crucial way, but that's the point. She joined the "Hoofers," a UW group that does a lot of outdoorsy things — canoeing, white-water rafting, biking, sailing, camping, etc. And she did indeed meet a few nice guys. But then she complained to me that all these guys were interested in was canoeing, white-water rafting, biking, sailing, camping, etc. Anne, you see, wasn't much of an outdoorsy kind of woman. And I had to laugh; if you're out to meet new friends, it's crucial to join groups that contain people with whom you'd like to spend time. I guess it wasn't obvious at the time.

Great picture! Thanks for publishing it.

—Jeanne Gomoll  
27 September 1999