

MOMENT BY MOMENT: THE HEALING JOURNEY OF MOLLY HALE

Time Code	Speaker	Dialog
0:00:03	MOLLY	<p>What I was hearing from the medical people was, "You will never have any movement past your shoulders. This is something you need to get used to."</p> <p>[0:00:14] And they said it to me lightly, but with Jeramy, I mean, they took him aside and was hammering this into him, "She will never be the same, she will never walk, she will never, she will never."</p> <p>[0:00:29] And so having this internal sense of myself made it possible for me when I was hearing these thing to look at my husband and say, "Don't believe it."</p>
0:00:41	TITLE	<p>MOMENT by MOMENT The Healing Journey of Molly Hale</p>
0:00:50	JERAMY	<p>I remember it... [0:00:58] so vividly. [0:01:04] Kyrie called and she was all choked up, and, "We got in this accident and Molly's still in the car. They had to cut the roof off, and they put her in the ambulance." [0:01:15] One doctor after another comes in and they take x-rays and finally, they come out and they say "She's, she's paralyzed. She cannot move her legs right now." And then it was, you know...and then kind of the shock started...the, a certain kind of a numbness started to set in as I did not know what to do with this information.</p>
0:01:37	NARRATOR	<p>Seven years ago, Molly Hale fell asleep at the wheel of her car. [0:01:39] The car crashed into the center divider and rolled over. [0:01:41] Molly was trapped inside for 2 hours before the rescue team freed her. [0:01:43]The impact caused a severe spinal cord injury. [0:01:45] The 5th cervical vertebra was fractured with a dislocation between 6 and 7.</p>
0:01:47	JERAMY	<p>And based on the x-rays and what they saw in her neck that's basically what they said this is going to be it. We'll be able to take the pressure off the cord, but people don't come back from these kinds of things.</p>
0:01:56	NARRATOR	<p>Molly Hale was an athletic woman who practiced the martial art of aikido.</p>

		[0:01:58] She'd been an architectural designer and after that worked with her husband Jeramy in the music production business.
0:02:05	JERAMY	Well, Molly was my dream, and is my dream. [0:02:16] It took me 40 years, or so, to find a woman that I could marry. [0:02:23] And never had marriage ever crossed my mind...until I met Molly.
0:02:30	MOLLY	I met Jeramy and just from afar there was clearly an affinity. [0:02:35] And one day I bumped into Jeramy and I sort of looked at him and I went, "Uh-oh". [0:02:41] What was so startling, in coming together with Jeramy, is that he had all the...he filled...ya know...I had on the list that he had to be playful, like hiking and backpacking and...
0:02:50	JERAMY	We raced down the mountain together on skis, we mountain climbed together...so, umm, [0:02:53] the more that I, the more time that I spent with Molly the more that I truly fell in love with Molly for I think the right reasons that the things that I was really looking for in a woman. [0:03:07] So, when she was hurt, of course, that had a huge impact.
0:03:19	NARRATOR	Molly was in the hospital for two months. [0:03:21]While she was there, friends and family gathered to help her adjust to her condition.
0:03:26	RUTH KEDAR FRIEND	Somebody told me that Molly had been in an accident, and when I realized the...severity of it...my first thought was, "You know, I want to go see her." And my second thought was, "I can't. What do I have to bring to her?" [0:03:44] And so, it was very difficult but my daughter and I went to the hospital the next day. And the awesome thing was: we entered the room and there was Molly laying on the bed with the whole big..halo...attached to her, and she was laying on the bed and the pleasure, the smile that she bestowed on me and my daughter coming in; and the fact I had...I came to make her feel better and here she is comforting me. "
0:04:27	NARRATOR	Even with the prognosis of partial paralysis, Molly was determined to make progress. [0:04:29] But at night, when she was alone, she sometimes wept. [0:04:32] She was frightened by the thought that she might remain immobile and dependent for the rest of her life.

		[0:04:35] Meanwhile, the Doctors worked to stabilize her spine.
0:04:37	MOLLY	They put this contraption on my head called a "halo," which is something that they screw into your skull, in four places in my case, and then these guide lines, metal pieces, come down and I ended up totally still...I mean, there was no movement. There was none of this, there was none of this. It was just absolutely frozen.
0:05:00	CYNDY HAYASHI 6TH DEGREE AIKIDO BLACK BELT	I know that a lot of the doctors, they wanted her to be okay with just learning how to be in a wheelchair, and umm, [0:05:05] many of us went with her to the hospital and just went, "You don't understand. She is not going to be okay with just being in a wheelchair ..umm, [0:05:15] she's going to want to walk." [0:05:18] And they're like, "Well, you have to realize that she's paralyzed" and [0:05:24] we're like, "Oh we know that, but we also know her."
0:05:31	NARRATOR	Molly's plan was to combine accepted therapeutic practices with alternative complimentary approaches. [0:05:41] She began by focusing on subtle movements.
0:05:46	MOLLY	One of the studies that I had done was a study called Continuum. And one of the aspects of continuum, it's called micro movement and it's being able to engage the body as close to the bone as possible, getting right in to there, where to muscles are attached, where the ligaments are attached and coming to a place to be intimate with tiny movement. [0:06:10] Whereas someone might look at me moving and say, "Well, you're being perfectly still." [0:06:16] Inside of me I can feel the natural fluid movement in my body. [0:06:24] I mean, I would spend hours, just lightly moving my fingers, not calisthnic not big fist kind of things, but just the sense of the natural movement and I would seed that natural movement with my mind and then my body would just take over. [0:06:45] So when the doctors were saying to me, "You're paralyzed", my mind was going, "Where?...I don't...I don't see it." [0:06:54] Well right, calisthenically, no I cannot lift my leg up, but I have a sense of vitality and life in my whole body so where's the paralysis?
0:07:09	NARRATOR	One of Molly's first decisions was to explore ways to enhance the recovery

		<p>of her body's natural abilities.</p> <p>[0:07:18] She trusted that she had enough cellular memory in her body for it to recall activities it once knew.</p>
0:07:25	MOLLY	<p>In spinal cord injuries, there's a standard way of behaving.</p> <p>[0:07:30] There's a standard way that we all kind of get lumped into this group and so this is what happens.</p> <p>[0:07:40] In my case, I, my entire autonomic system was completely compromised. I didn't sweat, I didn't pee.</p> <p>[0:07:53] Initially, they had a, what's called an in-dwelling catheter. And that's, the catheter's there, the bladders constantly just eliminating. And I wanted this thing out of my body because in my mind, I said, "You know, if this part of my body's going to be retrained, it needs to open and close, open and close. And if there's an in-dwelling catheter, no way is this going to happen."</p>
0:08:25	JERAMY	<p>In the hospital, I, they taught me...and this is kind of standard procedure there, if there's a mate whose willing...so I actually did my first catheterization in the hospital..umm, under the guidance of the hospital staff there, umm, I wasn't, I wasn't prepared for that, umm, I mean, and that was really just the beginning, I mean, that was nothing. From after she got home really, was when it really started. They figured this was going to be a lifetime of this.</p> <p>[0:09:14] Umm, you know, this was like about the farthest thing from romantic as you could possible get...umm.</p> <p>[0:09:22] umm, along with it, also came, I think, my first feelings of resentment,</p> <p>[0:09:30] So it was really this huge journey of having everything that I thought was going to be my life, our life together completely shattered.</p> <p>[0:09:49] And another thing taking its place but what took its place, I really couldn't see yet.</p>
0:09:58	NARRATOR	<p>Molly's goal for herself included regaining normal bladder control.</p> <p>[0:10:05] She chose not to live with an in-dwelling catheter, nor to have surgery to reroute her urine.</p> <p>[0:10:14] Molly's choice has been to retrain her body.</p>
0:10:21	MOLLY	<p>For 6 months, I needed to be catheterized 5, 6 times a day.</p> <p>[0:10:27] And then, one day, I passed urine on my own. And this was awesome. I mean, I, I'm thankful for diapers, for anything of that nature, because it allowed me to practice...without being concerned about you know having to change my clothes all the time, which is one of the things I</p>

		<p>hear in talking with other people that move through this territory, that they feel funny about putting diapers on because they're adults. And I'm like no way man, this is like the greatest thing that's been invented! Cause this allows me freedom.</p> <p>[0:11:14] And so, on an aside, as of maybe..it's been about 8 weeks ago now, I am like OUT of diapers.</p> <p>[0:11:25] And it went from, you know, daily wearing them, all day long to the great big huge ones and you know then getting down to these little shishi ones, little thong-type thing...and then it moved to, umm, one a night instead of three a night and then it stopped.</p>
0:11:57	TITLE	<p>INDER PERKASH, MD, FACS Prof. Spinal cord Injury Medicine Stanford Univ. Medical School Chief, SCI Service VA Palo Alto Health Care System</p>
0:11:52	NARRATOR	<p>One of the first physicians to see Molly in the hospital and advise her on her recovery was Doctor Inder Perkash, an internationally recognized Spinal cord injury specialist.</p> <p>[0:12:08] Dr. Perkash recently examined Molly and observed how much her practices have helped her to heal.</p> <p>[0:12:18] He is interested in the complex interaction between the nervous system, muscular function and intention.</p>
0:12:28	DR. INDER PERKASH	<p>The mind actually perceives not just one muscle, the mind perceives an activity that the neurotransmitters from brain and nervous system they move down those nerves.</p> <p>[0:12:43] This neurotransmitter activity is going to activate those muscles.</p> <p>[0:12:48] Now if you want to concentrate and if you have a little activity and you really focus in and use all your concentration, then you might move the neurotransmitter from brain and nervous system down those nerves.</p> <p>[0:13:06] Of course, we don't have real scientific data, but it might help early regeneration.</p>
0:13:16	NARRATOR	<p>Long before Molly could move voluntarily, she did have involuntary spasms.</p> <p>[0:13:22] By paying attention to what happens in her body, and its natural reactions, Molly is able to treat this spasticity as a useful sensation.</p>

0:13:33	MOLLY	Information about the medical consequences of illegal abortions began to reach more legislators, and a second California Assemblyman considered proposing reform.
0:14:12	PATRICK MCKENNA REHABILITATION VOLUNTEER	<p>Molly had basically two modes. It was either she was relaxed and no movement or she would spasm.</p> <p>[0:14:20] And so, given that that's where her modalities were I ah, started working on that.</p> <p>[0:14:27] She had no control over either one so we, we worked with the spasms and then we would work on her just relaxing...and try to stretch out that relaxed time in between.</p> <p>[0:14:37] At that point her, whole body was basically just a neural knot. Any place you touched her would try to spasm. So, I would, I'd get down on her feet, and I'd shake her legs and just give her this little bouncing motion in her feet. And she'd be locked up and then I'd stop.</p> <p>[0:14:54] and I'd say, "OK, go into that relaxation spot and try to extend it."</p> <p>[0:14:57] What we did is we shortened the amount of spasm time and increased the amount of relaxation time.</p> <p>[0:15:04] For about the first year and a half, I was here every day.</p>
0:15:11	JENNIFER DURHAM FRIEND	In 1963, Congressman Anthony Beilenson took a political risk by introducing a bill that would make abortion legal in cases of rape, incest, and danger to a woman's life. The proposal failed, but interest was beginning to grow. Meanwhile Pat Maginnis' grass roots efforts continued. She was distributing flyers to attendees of a California medical conference when Lana Phelan passed by.
0:15:47	MOLLY	<p>There's a conversation that they have in...umm, psychiatric medicine where they say, "You know, it's about denial, and it's about..." It was very different for me. It didn't seem like denial, it seemed like real that they didn't have the answers because inside of me, because of my history of different...hmm...modalities...different healing modalities that I had studied prior to rolling the car, I had some information that they just didn't have.</p> <p>[0:16:23] And so the staff decided that I needed to see a neural psychiatrist.</p> <p>[0:16:31] Um, I said, "I'm a realist."</p> <p>[0:16:33] I said, "If I suddenly discover that my body is not responding in any way shape or form." I said, "Well, I will adjust my perceptions."</p>

		[0:16:43] I said, "Meanwhile, we could talk about well, what if this doesn't happen and what if that doesn't happen?" And I'm not willing to talk about the "what if" because the what if isn't here yet.
0:16:55	DR.CAROL HUTNER WINOGRAD ASSOC, PROF. OF MEDICINE EMERITA STANFORD SCHOOL OF MEDICINE	Physicians are trained in a statistical model. So, if you take a hundred people, umm, you want to know what's going to happen statistically to the majority. [0:17:10] So, if you've got people who don't meet the expectations, they are somehow what are called statistical outliers and you throw them out of the big pot because they don't fit the mold. [0:17:29] I've always been interested in those outliers. [0:17:34] What is it about those people that helps them to get better? [0:17:40] I think they we can learn from that. [0:17:44] That's where we should be looking
0:17:46	NARRATOR	One of the reasons Molly has made steady progress, is the constant support she's received from her family and friends. [0:17:54] This ongoing responsibility can be demanding, especially for the primary partner.
0:18:01	JERAMY	This was the hardest work I ever had to do, both emotionally, physically and spiritually. [0:18:05] It was just way over the top for me. I had no training for this.
0:18:11	MOLLY	Well, when you're used to having your mate and moving around the countryside and with ease and then all of a sudden your whole partnership reality shifts. [0:18:24] And the things that we were familiar with, all of a sudden, were completely different. [0:18:32] And he was in a capacity with me that most partners never get into with each other.
0:18:40	JERAMY	There were moments when I had a lot of anger towards Molly. [0:18:47] I didn't really feel those things, yet because this has impacted my life and I have to go through things that are more uncomfortable... [0:18:57] umm, I felt resentment.
0:19:02	NARRATOR	Assistance from their community has helped ease the burden on Jeramy and provided Molly with additional physical care.

0:19:12	JENNIFER DURHAN	And so I came once a week. [0:19:15] I continue to come once a week, and on those days that I was there, I would take over from her husband or her family who were taking care of her when she was there. [0:19:25] It's wonderful if you can have people who are part of your community provide a lot of that contact.
0:19:32	NARRATOR	Friends and skilled practitioners donate their time, taking turns helping Molly expand her range of movement
0:19:39	DR. CAROL HUTNER WINOGRAD	Molly recognized that all tissues needed oxygen to heal. [0:19:46] And that when there is a buildup of lactic acid that the tissues just don't function very well. [0:19:51] What happens with someone who doesn't use their muscles is that there's not a lot of blood flow. [0:19:56] So she had a lot of body work to help to bring circulation to the area so that the tissues might be able to heal, might be able to function.
0:20:08	ROBIN PHILLIPS MASSAGE THERAPIST	At the beginning, it was just a matter of helping her, giving her more feedback as opposed to really trying to manipulate the muscles or anything like that. [0:20:19] The challenge for her, was to connect with to the muscles and tell them when to stop firing [0:20:28] because they would involuntarily contract.
0:20:32	NARRATOR	Each part of her body receives attention, especially those areas that have been slow to heal. [0:20:38] Early on, Molly regained some use of her arms. [0:20:43] However, there was no voluntary movement in her legs or her hands. [0:20:48] Prior to the accident, Molly's hands had been essential to her work.
0:20:52	MOLLY	[0:21:00] And after a few weeks, my hands started to develop a claw-like nature. [0:21:08] And by the time I left the hospital, my hands looked like eagle talons. [0:21:18] And so I said, "You know, this cannot be the right information." [0:21:23] If I'm going to recover movement in my hands, then I need to have fluid muscles.

		[0:21:35] So I just...started...working with my hands and that was to bring elasticity, to soften the spastic tightness in the muscles and to give input.
0:21:54	NARRATOR	People in the community who worked on Molly's body developed innovative approaches to relaxing and stretching her limbs.
0:22:05	LEE HENRIKSON REHABILITATION VOLUNTEER	Every week I'd think I'm going to get all those cells this week, all of them worked out, and I'd come back next week and they'd still be there. [0:22:14] The first time I did traction on her fingers, because I sit there on the bed, we usually did it on her bed, and I'd put her foot in my armpit and stretch her fingers out (0:22:29) and pull on each one with her whole arm being traction. [0:22:29] Um, and it was hard to see, week to week, changes that happened, you know? [0:22:35] but if she was away for a while or something I'd come back and there'd be more life and more suppleness and less hookiness in her fingers.
0:22:47	MOLLY	As my mobility changed, I was able to be on the floor more because I could actually wiggle around, [0:22:53] rolling around, doing things that you might imagine a baby doing if they were left in a crib or a playpen or something like that, [0:23:01] having the possibility to move whatever moved.
0:23:09	NARRATOR	For the next phase of her rehabilitation program, Molly decided to begin water therapy. [0:23:17] She wanted an activity in which she could move her whole body.
0:23:24	MOLLY	If I am this immature, neurological little baby, and I'm trying to reconnect my brain to my body and my body to my brain, what a wonderful medium to be in. [0:23:39] So I started, I got my little prescription that said, "Yes, (you know) she can be in the water." [0:23:45] At first, I needed somebody to get me into the water, I needed somebody to get me out, to get me dressed, to get me showered-all those things. [0:23:51] But it was interesting for me, as a grown-up adult woman, who swam, ya know I was a competitive swimmer. [0:23:59] And so I had to move through territory with myself about well, what is this?

0:24:07	DR. CAROL HUTNER WINOGRAD	The natural buoyancy of the water helped her limbs move without her having to voluntarily be able to move them. [0:24:22] And it moved them in a more extended position than a flex position because that's what water does.
0:24:31	MOLLY	Over the years, I have had the opportunity to work with a variety of different therapists in the water. [0:24:38] About two years ago, this...ah, man shows up who came to work at this pool. [0:24:48] His name is Vladimir, and his major gift to me ah, is breath.
0:24:57	NARRATOR	Molly added Vladimir's suggestions to the breathing exercises she was already doing in her daily routine.
0:25:07	MOLLY	Vladimir worked with me in one, a new movement...where.... [0:25:15] I would first come in to his body bending the knees and then I would push back and once I got on the back movement then I would stand. [0:25:25] And this triggers the body's parts...appropriately. [0:25:31] My body has a lot of memory in it and it responded and all of a sudden.. pffff.... [0:25:36] I'd be standing up. [0:25:38] and by the third or the fourth movement that I'm doing, my body started to click in.
0:25:47	NARRATOR	Once Molly realized that she could stand, she found the courage to take the first steps toward her dream of being able to walk again.
0:25:56	DR. INDER PERKASH	The way Molly has helped herself and the strength that she has accomplished so that she has recovered almost all the muscles in the lower extremity
0:26:20	MOLLY	I've been standing in water for quite some time. But most of my standing has all been on spastic muscle [0:26:33] I'm not going anywhere, I'm just up. [0:26:25] But to be able to relax the muscles that need to be relaxed in order to move forward just like regular walking, that's what's being

		<p>retrained.</p> <p>[0:26:46] That's what I'm teaching my body.</p> <p>[0:26:53] Sometimes it seems like it's not me. It is almost as though I am outside of myself, observing the walking.</p> <p>[0:27:04] And part of my process is connecting with the fact that, "No, no, wait! This is me. These are my feet on the bottom of the pool. This is my body responding to the idea of lifting the knee."</p> <p>[0:27:21] All kind of...interconnects and</p> <p>[0:27:27] it's thrilling.</p>
0:27:31	NARRATOR	<p>When Dr. Perakash examined Molly, he could see how her deep breathing practice helped her expand her lung capacity.</p> <p>[0:28:41] He observed that she was getting plenty of oxygen.</p>
0:27:52	NARRATOR	<p>As Molly gained confidence, she contemplated returning to the martial art of Aikido</p>
0:27:53	TITLE	<p>MOLLY and her teacher FRANK DORAN before the accident.</p>
0:27:58	<p>FRANK DORAN 7TH DEGREE BLACK BELT HEAD INSTRUCTOR AKIDO WEST</p>	<p>I really had no expectation that Molly would be back in the dojo.</p> <p>[0:28:04] It was so obvious that this injury was extremely traumatic and that she was in a wheelchair and I had absolutely no thoughts that she might return.</p> <p>[0:28:22] And she returned.</p> <p>[0:28:26] None of us, including Molly, had any idea at that time as to just how much she would be able to participate.</p> <p>[0:28:35] But we did know Molly's spirit, and we did know she would give it her best shot.</p> <p>[0:28:48] One of the basic principles of Aikido is that of yielding, of not fighting against the force but going with it.</p> <p>[0:28:56] For example sailing seems to be a far easier way to negotiate life than rowing, which implies the use of force.</p> <p>[0:29:05] So this yielding and blending is essential to the understanding of Aikido.</p> <p>[0:29:11] How does one get out of the way of an oncoming force when you're sitting in a wheelchair?</p>

0:29:19	MOLLY	<p>Through the Aikido, I have learned to choose centering rather than being on the defensive.</p> <p>[0:29:30] And I feel really fortunate that I've had training that allows me to shift and go, "Oh yeah.</p> <p>[0:29:47] There's lack of movement here but I can scratch my nose now."</p>
0:29:52	MOLLY	<p>I have a ritual of...in the morning I drink tea. Now, this may seem like I'm just hydrating my body and things like that but there's a ritual for me in drinking this tea.</p> <p>[0:30:00] And I drink this tea in a tea bowl. It is a, um, representation of warmth;</p> <p>[0:30:14] It gives me an opportunity to hold a warm vessel in both hands.</p> <p>[0:30:21] And there's a meditation in this for me because for me to even pick up the bowl requires concentrated attention</p> <p>[0:30:32] and the bowl is warming my joints in my hands.</p> <p>[0:30:34] There's a whole process here. And it reminds me everyday of, umm that I'm alive.</p>
0:30:47	NARRATOR	<p>Ten years ago, Molly received the rank of first degree black belt in Aikido.</p> <p>[0:30:54] Two years later she earned her second degree.</p> <p>[0:30:58] In the year before her accident, she was preparing a demonstration for her third degree belt, but because of the accident was not able to proceed.</p> <p>[0:31:12] Last year she was ready to go forward with the exam she had scheduled seven years before</p>
0:30:50	TITLE	AIKIDO demonstration before the accident
0:31:25	FRANK DORAN	<p>There are certain requirements that are set down by world Aikido headquarters, but basically it's the teacher's call.</p> <p>[0:31:34] In Molly's case, she had way more time than was necessary to meet the minimum requirements. That was not an issue.</p> <p>[0:31:46] The issue was how did she want to accept that next rank.</p> <p>[0:31:53] And there is a policy where one can be awarded a rank by recommendation. In a sense, it's an honorary rank. and certainly, Molly had deserved to receive a rank in that manner.</p> <p>[0:32:07] But that's not Molly.</p> <p>[0:32:08] Molly wanted the test.</p>

		<p>[0:32:11] On all black belt tests, the examination board is observing, and they're looking for many things.</p> <p>[0:32:18] We're looking at the person's spirit. We're looking at the person's heart so all of those were things that we were looking for.</p> <p>[0:32:25] and, of course, the heart, of course, the spirit, the courage. There's no question.</p> <p>[0:32:33] But what's going to happen on the technical level?</p> <p>[0:32:36] Now what was really amazing is that all the skills that she had, from her prior experience and since her accident, she was able to clearly demonstrate in her technique.</p> <p>[0:32:47] What we were seeing is that within the limitations of her, her body, that she was able to manifest and create all these techniques that she had experienced in the past and to show them in such a beautiful, clear way to us.</p> <p>[0:33:04] There was absolutely no question that she had obtained that rank.</p>
0:33:21	JERAMY	<p>Seeing Molly meet her challenges, and the way that she does things, it's like, man, her level of integrity, her level of, you know, her level of focus [0:33:32] and this thing has provided an opportunity for, you know, Molly, in her own world, in her own way, to practice something which few people...get to practice in that way.</p>
0:33:47	DR. CAROL HUTNER WINOGRAD	<p>Many people who have spinal cord injuries tend to assume they will be in a wheelchair for the rest of their life and gain wheelchair mobility.</p> <p>[0:33:58] She had a vision that she'd be able to walk and so she wanted to create legs that would be in a position to walk.</p>
0:34:10	NARRATOR	<p>Three years after her accident, Molly looked for a facility that offered therapeutic horseback riding to strengthen her lower body.</p>
0:34:22	MOLLY	<p>Places that do riding, they work mostly with children.</p> <p>[0:34:27] And they have cerebral palsy, or they have some kind of a brain dysfunction or a neurological dysfunction, something going on.</p> <p>[0:34:35] But I was like knocking on the door saying, "I wanna ride."</p>
0:34:41	NARRATOR	<p>One of the questions people ask is, m ""How do Molly and Jeramy cover the costs of her care.""</p> <p>[0:34:49] Horseback riding, for example, is a costly therapy. She gets a discount at the stables because she promotes their work locally.</p> <p>[0:35:00] Insurance has paid a small portion of her expenses, and social</p>

		<p>security benefits have paid for some of her treatments.</p> <p>[0:35:10] She does use City sponsored free van transportation.</p> <p>[0:35:15] But the bulk of her needs are still met by the unpaid time and care of family and friends.</p> <p>[0:35:24] Because she is now considered beyond physical therapy, insurance no longer covers rehabilitation.</p>
0:35:34	MOLLY	<p>The horse that I'm on now, he bring his body right up underneath me in a very rounded way. And it catches my pelvis perfectly. And when he moves, it actually moves my pelvic body and this is what I'm needing right now is to get the pelvis to swing.</p> <p>[0:35:58] It also gives me the possibility of going backpacking again. Because I can take a pony out into the woods.</p> <p>[0:36:08] And so those things that my husband and I used to do together that got pretty severely curtailed, this gives us another possibility of engaging each other.</p>
0:36:24	NARRATOR	<p>Molly and Jeramy face the same problems that most couples do when one partner is injured or suffers from a chronic condition.</p> <p>[0:36:34] There's often confusion about how to handle their sexual relationship</p>
0:36:39	MOLLY	<p>What do we do with this?</p> <p>[0:36:42] I'm trouble now, right, cause I am no longer umm, fluid in my movements, I'm spastic.</p> <p>[0:36:54] How do we relate?</p>
0:36:57	JERAMY	<p>We had done a session with the psychologist umm, because they thought that we were too optimistic about our future and about Molly's future in term of what was possible.</p> <p>[0:37:07] And Molly had said her biggest fear was that we wouldn't have sex anymore. Or that I would...that there would be no interest in sex.</p>
0:37:18	MOLLY	<p>Well, Wednesday night in the hospital, well how do you make love to your wife in this cage?</p> <p>[0:37:27] And..ah...how, how do you do that?</p> <p>[0:37:30] And it was, at moments I think, overwhelming.</p>
0:37:37	JERAMY	<p>Well, when I would go and spend those overnight stays at the hospital, you know I mean, she had the halo on, and we were there. And, you know, it</p>

		<p>was just kind of a very surreal experience.</p> <p>[0:37:49] But we were intimate in the way that we could be, and it was just that that act that was really, really important for both of us.</p>
0:37:58	NARRATOR	<p>After Molly left the hospital, she and Jeramy worked to build a life that was relatively normal, despite the added demands of her daily care.</p>
0:38:05	MOLLY	<p>You get involved with caretaker and mate and partner and all those kind of things.</p> <p>[0:38:09] Well, when you're...catheterizing your wife, it's got to be really challenging to then consider, "Well how on earth do I become sexually intimate when I-."</p> <p>[0:38:25] Because...yes, doing those things is intimate, but its not in the same...category.</p> <p>[0:38:35] And umm, how do you shift from one to the other, and</p> <p>[0:38:45] uh, it was very difficult.</p>
0:38:47	JERAMY	<p>It was just so different from anything that I'd experienced</p> <p>[0:38:51] It was just having to deal with a completely different situation,</p> <p>[0:39:53] and it was not, "Jeeze," you know, "how do I get through this?"</p> <p>[0:39:57] I mean, again it just pushed me way beyond my boundaries to be open-minded, to be open-hearted, to be in the moment umm to reach those things that were important,</p> <p>[0:39:13] you know, that connection that Molly and I had, having nothing to do with what we knew before. You know?</p>
0:39:22	MOLLY	<p>To be intimate requires more time, more energy, more focus, uh...</p> <p>[0:39:33] just the pure mechanics of when you've got, you know, a body that's spastic and the legs are all like this...</p> <p>[0:39:42] He's had to really kind of take a deep breath and go...</p> <p>[0:39:47] Ahhh, you know?</p> <p>[0:39:50] For me too, you know?</p>
0:39:52	JERAMY	<p>Now I just remember the first time that, you know, I was able to put my leg in between her, her two legs, just to lie, just to lie close to each other with our arms around each other with, you know, in that man-woman thing where you're sort of like together like this.</p> <p>[0:40:06] It was..our, our ability to be able to come together and recapture and rekindle that kind of intimacy and that kind of closeness.</p> <p>[0:40:16].it...for me, was just huge. I mean, I had forgotten how much I</p>

		had missed it.
0:40:19	MOLLY	<p>In terms of the intimate sexual aspect of our life has umm, in certain ways in moments wreaked havoc with it.</p> <p>[0:40:26] Because there's the desire, and then there's this okay, "How, how do we do this?"</p> <p>[0:40:37] Umm, orgasms? Yes, they come.</p> <p>[0:40:40] And that's...umm</p> <p>[0:40:45] tied in with all the other spasticity and things like that.</p> <p>[0:40:48] It's a, the first time its a pretty, pretty unique experience.</p> <p>[0:40:52] It's like, "So what IS going on?"</p> <p>[0:40:55] And umm, the more I've become relaxed, in my body, of course, the more that um,</p> <p>[0:41:06] the orgasms have a...a...familiar, a familiar uh, feel to them.</p> <p>[0:41:15] But they still get all tied up in, you know, in the chaoticness of my body.</p> <p>[0:41:21] My, all of a sudden the sensations will come through my, through the body and my brain will be going like, "What? Whoa! What? What's that? What? Whoa! We've got to pssst.""</p> <p>[0:41:31] You know? And then there will come the fetal position kind of thing. And um,</p> <p>[0:41:39] my brain is starting to identify, "Oooh, okay, well, we can stay relaxed here now."</p> <p>[0:41:42] This is stuff, they don't tell you, they don't talk about this in the hos-. I mean no-.</p> <p>[0:41:46] They don't even even brush on this in the hospital.</p> <p>[0:41:49] They go, "Oh, sex?" They go, "Oh, okay that." You know? "You'll work it out."</p> <p>[0:41:55] Well, okay, what does that mean?</p> <p>[0:41:58] I don't think we're through it, yet. We're still working out aspects of...how are we together, in this?</p>
0:42:23	NARRATOR	Jeramy continues to be with her on her journey, but the primary responsibility for her healing still rests with her
0:42:35	MOLLY	<p>Have I mourned the loss of movement?</p> <p>[0:42:40] Yeah.</p> <p>[0:42:43] I tend to bring a beginner's mind.</p> <p>[0:42:46] Every morning, it's like I reminded myself, "Today is a new day, and let's take a look at what's going to happen."</p> <p>[0:42:53] And so I look for just the smallest incremental changes, you</p>

		<p>know?</p> <p>[0:43:02] And, and they pretty much, every day I get one.</p> <p>[0:43:10] And today has been just a magical day because I've had multiple, multiple things happen to me.</p> <p>[0:43:19] Big thing today, was being able to stand up in my own feet, bearing my own weight, standing on parallel bars with both hands and being able to take one hand away, and pull my shirt down.</p> <p>[0:43:36] This is like today is the first time I have been able to do that since I was injured.</p> <p>[0:43:43] To stand in my feet and pull my shirt down.</p> <p>[0:43:46] And so, I'm like, "Well, this is really cool. Now, if I can do it with one hand, let me see if I can do it with the other."</p> <p>[0:43:52] So I moved to doing it with my left hand. Not only could I pull my shirt down., but I could pull my pants up.</p> <p>[0:44:02] Also, because I have a lot of movement and history with this, I also know that tomorrow, I might not be able to to that.</p>
0:44:13	NARRATOR	<p>Molly never knows for sure whether or not her progress will be stable.</p> <p>[0:44:20] That kind of uncertainty, following an injury, can be discouraging.</p>
0:44:14	TITLE	MOLLY with a Neighbors son
0:44:27	MOLLY	<p>In terms of depression and things like that, I just don't dwell there.</p> <p>[0:44:32] It's not that it never comes up.</p> <p>[0:44:36] It's that, I know, again, from training, that this too shall pass, and it can pass very quickly.</p> <p>[0:44:50] It's not a denial that depression never comes in.</p> <p>[0:44:55] It's just being so aware of my emotional state moment by moment that when it does pop in I just through training have ways of acknowledging it and then doing something about it.</p> <p>[0:45:16] ya know, which is to move, or to breathe.</p>
		<p>In the meantime, we worked non-stop to change the law. And to change the law, we had to challenge it. We did challenge it openly. Our list was available to the police. Every time I gave a lecture on how to do your own abortion, a flyer was sent to the police. They were invited to come.</p>
0:45:21	CYNDY HAYASHI	<p>She always seems like, "Sit for a while," and she'll grieve about stuff. But then she'll, she'll turn it around and then she'll go, "Okay, but how can I</p>

		work with this?"
0:45:32	MOLLY	"Okay, pull with your big strong arms. [0:45:37] there you go. Now, come over here...whoa.."
0:45:45	CYNDY HAYASHI	I can't walk yet but what can I do? [0:45:49] If I really try hard, what can I do? [0:45:52] And she always takes it right in stride and goes, "Okay, I can do that." [0:45:57] She's never said, "I can't."
0:46:03	DR. CAROL HUTNER WINOGRAD	The other classic teaching is that most gains, of course, are made in the early period. [0:46:13] But it's considered unusual to say the least, that there would be significant gains that would occur during years 4, 5, and 6. [0:46:26] What to me is striking about that as a physician, is that she has clearly gained major neurologic, umm, improvement umm, that supposedly, is at least unlikely if not almost unheard of.
0:46:52	NARRATOR	Molly's friends nominated her to be an Olympic torch bearer. [0:46:58] The community that's been with her since those first days in the hospital continues to share in this journey.
0:47:08	DR. CAROL HUTNER WINOGRAD	There's no question that people who have better social support systems, do better. [0:47:14] And it's that sense of vitality that is critical for people to live. But it's even more critical for somebody to take on a very difficult rehabilitation process. [0:47:31] Because that's one of the things that happens with illness is it, there is- and in particularly an acute injury, umm, like a spinal cord injury- is there's an absolute divide between the former life and the next life. [0:47:498] And in Molly's case, there wasn't that sharp divide.
0:48:04	MOLLY	There are moments in our, in our journey when it was, you know, real clear to me that he could have bolted.
0:48:16	JERAMY	It hit the point on several occasions where I just thought to myself, "I don't know if I can do this."

		[0:48:30] So I was having, moments that I would have difficulty, you know, being who I am in this new situation and finding a comfortable place and just letting, letting it go and not resisting.
0:48:45	MOLLY	<p>Jeramy, you know, I mean, there was a time when he wasn't quite sure what he wanted to do.</p> <p>[0:48:50] And I was in a position to go, "Well, you know, if this is what it's going to be, I don't want to do this either.</p> <p>[0:48:57] Because the word that comes up is burden.</p> <p>[0:49:02] And yet, I have, you know, recovered more and more and more. So the issue of burden still runs around. It still runs around...umm,</p> <p>[0:49:19] Dealing with my wheelchair, you know, whenever Jeramy and I go some place, and he needs to move this chair and help me put on my underwear and help me dress.</p> <p>[0:49:29] all that stuff would go on.</p>
0:49:32	JERAMY	<p>I was profoundly sad, umm, that my life changed, and that Molly's, you know, physicality had changed...this, you know..this was...</p> <p>[0:49:48] This was huge.</p> <p>[0:49:50] Molly and I would actually have conversations about that, and umm...</p> <p>[0:49:53] Basically what they did was....it just, it sent me on a, on a deep inner search of what really was important to me and, "What? Wait a minute, what is it? I-. Okay. So this one can't walk so, what? I go find somebody, one that can walk? Is that the issue?"</p> <p>[0:50:13] Well, no, that wasn't quite the answer.</p> <p>[0:50:17] So then what was it? You know.</p> <p>[0:50:19] It's like, well, you know, is it like somebody that I don't have to take care of this way?</p> <p>[0:50:24] Well, yeah, okay, but then it's back to, "Well, then, you know, gee, I just spent over 40 years of my life finding this person."</p> <p>[0:50:39] So what's changed? You know.</p> <p>[0:50:40] Now that, "Oh, she got munched by a car so she can't walk and she can't do these things here. So that's what changed. Is that really the most important thing to me?"</p>
0:50:53	MOLLY	<p>You know, you do support meetings and things like that, that you hear everybody's story.</p> <p>[0:50:59] And most of the people that I have met, through this, their partnerships dissolve.</p> <p>[0:51:07] That's very sobering when the partnership, prior to injury was so full.</p>

		<p>[0:51:15] And then to realize...</p> <p>[0:51:17] and then when you get into statistics, you know, 75 percent of relationships dissolve when there is a major catastrophic injury.</p> <p>[0:51:32] I said to him, "You know, if you need to go, you do not have to stay to do this." And umm,...</p> <p>[0:51:40] That's always been there. This still brings, you know, it's a... tears in my...it's...</p> <p>[0:51:51] That he stayed, consistently, day after day, in such a chaotic space...</p> <p>[0:52:00] Talk about receiving without being knocked over by it and really understanding, trusting, that all this has to come out. It has to have its way.</p> <p>[0:52:10] What can I say about the heart that I share with this man?</p>
0:52:19	JERAMY	<p>And it really was a very profound and has been a profound journey for me to be very honest with myself and go, "What is it that, that,that I'm really looking for in my life?" and you know</p> <p>[0:52:32] Come to find out after processing through it that it was really Molly that I was looking for whether she was like crunched or not.</p> <p>[0:52:39] The quality of what Molly and I had in our relationship was more important to me than whether or not she could walk.</p>
0:52:51	DR. CAROL HUTNER WINOGRAD	<p>She has a very broad view of the world. So she actively used the medical establishment in the ways that it was helpful.</p> <p>[0:53:01] She actively used the alternative practitioners, she actively used community.</p> <p>[0:53:06] And I think that's a very important concept for anyone who's facing a serious challenge.</p> <p>[0:53:16] Because there is no unidimensional way of approaching complicated problems.</p>
0:53:27	JERAMY	<p>Here's a real opportunity, not, does this change you?</p> <p>[0:53:35] I don't see it so much anymore as loss...</p> <p>[0:53:40] So the loss has really turned into a huge gain.</p>
0:53:50	MOLLY	<p>In my nighttime dreaming, I'm dancing...</p> <p>[0:53:53] If the chair shows up in the dream, it's just a place where I'm sitting, and</p> <p>[0:53:57] I get up and move around from there, walk around and do things and go back over and sit down.</p> <p>[0:54:01] But the nighttime dreaming it's like having the daytime match what I experience in my nighttime, my seemingly sleeping, to me it's</p>

		real...and it's just matching the pictures.
0:54:21	JERAMY	And I, that's one of the main reasons why I fell in love with Molly and we came together, is that very spirit and how she lives in her life.
0:54:42	MOLLY	<p>There isn't a roadmap.</p> <p>[0:54:47] There's not a particular way to do this.</p> <p>[0:54:49] There's not a particular timing that something's going to happen.</p> <p>[0:54:55] Something will happen in one part of my body, one day, and it will happen in the opposite, the next day.</p> <p>[0:55:05] Building one little piece up on the next one,</p> <p>[0:55:09] and to not trap my mind in how long something is supposed to take.</p>
		END