

Waiting Rooms

It is March 31, 1993, two years since my last mammogram and the day I am scheduled for another. Because the *New York Times* has been filled with the controversy over whether mammograms are of value to women in their forties and because I am forty-three, I have been uncertain about whether to proceed with this test. In checking with my friends who are doctors, I learn that mammograms often produce false positives and sometimes cannot detect tumors that are present. Nor do they seem to improve the statistical survival rates of women in their forties, according to some studies. So why expose us to even

the low doses of radiation from mammograms or to the possibility of unnecessary biopsies? I call Dr. Balick, my gynecologist, who understands my dilemma but feels that, given my history of Hodgkin's disease, I should proceed with the screening test. I take his advice, perhaps because I tend to do what I have been told to do by someone in authority, but largely because I will never forgive myself if I choose not to have the test and then later discover that I missed a problem.

I go to the lab on Park Avenue only to learn that it has relocated several blocks farther downtown. I run there so as not to be late. The office is crowded with people waiting, looking bored or worried. When the technician calls me in, I talk with her about the controversy regarding mammograms. She's angry about the recent publicity given to studies that indicate no increase in survival rates for women in their forties who have mammograms. She has seen so many women who discovered a cancer early through a mammogram. Of course, I think, an x-ray technician would believe in the efficacy of x-rays. I feel I am having an unnecessary test for which I have no time. I undress and put on a gown. The technician places my breast between two plates and then turns the knob until the plates squeeze my breast tightly. It hurts. The machine is like a medieval instrument of torture. The technician arranges my other breast, takes more x-rays, and then tells me to wait while she checks the films.

Ten minutes later she returns. She would like to take a few more x-rays, she says. I ask if there's something wrong. She evades my question, saying only that she needs a clearer picture of my left breast. I feel my heart pound. The additional x-rays take some time because the technician is

trying to position me in just the right way to get a good picture of something. I'm screaming in my head for David.

I walk almost mechanically to the reception area and wait for the x-ray films to take to my gynecologist. The technicians and receptionists chatting together behind the desk now seem cruel and indifferent. I'm panic-stricken, and they are acting as if life is carefree. I focus all my rage on them. When the technician hands me the x-rays, she says only that the report will be sent to my doctor. I know not to ask what she's seen or show my terror, because she's not allowed to tell me anything.

I hail a cab that takes me up Park Avenue and over to the West Side. In the back seat I slip the films out of the manila envelope and examine the half spheres that represent my breasts, each comprising light and dark areas with faint, silken threads running through them, all in magnetic black and silver tones so unlike my body's colors. I have no idea how to read them, but I focus on some large, white dots and try, without success, to wrench some meaning from them. Panic rises in me. I tell myself that it may be nothing, yet I feel that something is wrong. My body is numb; it cannot be true.



When I enter our apartment on Riverside Drive, I'm relieved to hear David working at his computer. I stand next to his desk, my body rigid, and tell him that they have found something on my mammogram. I see a flash of terror in his eyes, but he quickly invites me with his arms and

lets me collapse into him. We've been at this juncture before. When I was twenty-six and a graduate student at Harvard I was told that I had Hodgkin's disease. I walked back to David's apartment from the university clinic in a state of shock. I met him outside fixing his car. We seemed to collapse into each other then, to hold each other up as we walked to his apartment. I don't remember the time immediately after that. Just the collapse. This collapse. That collapse. I cry. He struggles to pull himself together so that he can mobilize us for the days ahead. I put in a call to Dr. Balick. I try to calm myself, to remember that this is not a diagnosis of a new cancer, at least not yet. But, having had cancer once, it feels like I am back in a dark, cold place—the bottom of a deep well where the light of my daily life cannot reach me. No one can rescue me, nor can I escape. I can feel no hope in this place, only dread of an illness that may take my life, and fear of all that can happen to me against my will.

All evening I am in a stupor as I go through the motions of preparing dinner, folding clothes, and returning phone calls. Zach, who is eleven, needs me to look over his homework, and Molly, who is seven, wants me to read to her. When Dr. Balick returns my call, I leave Molly with David and go to another phone so that she will not hear. Dr. Balick had called the lab to get the mammogram report by phone. They found "suspicious calcifications" in my left breast, he explains. He's already called his colleague Dr. Cody, a breast surgeon, who says that 75 percent of the time these calcifications are benign but that it will probably be necessary to do a biopsy. Dr. Cody can fit me in tomor-

row if I call in the morning to make an appointment. Dr. Balick assures me that I will be in good hands and that, if it is breast cancer, we seem to have caught it early. I try to sound reasonable and refrain from screaming at him that he must not mention cancer. He really trusts Dr. Cody's knowledge and knows that he will not do unnecessary procedures. If he had a wife who needed a biopsy, this is the surgeon he would recommend. I wonder why this "if I had a wife" reassurance is supposed to work.

I thank him for his quick response and referral to Dr. Cody. We joke a little—he about Dr. Cody's name, Hiram Cody, III, nicknamed Chip, and about how tall Dr. Cody is, towering over him on the tennis court. I assure Dr. Balick that he has now redeemed himself for having nearly missed Molly's birth, despite his promise to be present for the labor and delivery.

Inside my head, however, I'm going crazy. This phone call makes the problem in my breast real. Whatever distance I had been able to place between myself and the possibility of breast cancer is gone. I feel flushed; my heart is pounding and my breath is short. I cannot organize myself to prepare coffee, make the kids' lunches, and check to see if they've packed their homework and brushed their teeth. My mind goes over and over what Dr. Balick said—that 75 percent of the time these calcifications are nothing. So 25 percent of the time they are cancer. My thoughts race past too fast to sort out. This could be the beginning of a nightmare. I may actually have breast cancer. My God, no. My kids. This can't be true. What do I need to do right now? Who will meet Molly after school tomorrow? Is

Dr. Cody the right doctor? How will I get through the night? What if I'm forced to give my parents bad news? What are Molly and Zach doing now?

For brief periods in the evening, I slow myself down enough to be reasonable, to say to myself that there's probably nothing wrong, that this is just a terrible scare. When I speak to my friend Bonnie, I talk as if I am most upset that I will take my worry on vacation. David and I have planned a week's trip to Washington, D.C., with Zach and Molly, and we've anticipated this time together with great enthusiasm. The impending biopsy is merely a nuisance that could have been avoided had I not scheduled the mammogram for today.

David and I settle Molly and Zach into bed and we talk. What about this breast surgeon? Should I go to him? Is he the best? We joke about who goes to the doctors who aren't the best. Should we check with our friends in the medical world for the "perfect" surgeon? Will I need a second opinion? Am I overreacting? We look up Dr. Cody's name in the phone book. He lives in our neighborhood—somehow that's comforting. He has an office near New York Hospital and Memorial Sloan-Kettering Cancer Center, so Dr. Balick must be right about his competence. I feel reassured enough to proceed with the consultation and then make a decision about the surgeon.



My appointment the next day is for 2:45 PM. Molly generally spends her afternoons with me, so I arrange for

her to go home with a friend after school. Zach plays basketball at the 92nd Street Y on Thursdays. David clears his schedule so that he can go with me. Since my work as a psychotherapist is done in an office in our apartment, I am able to see patients in the morning, almost forgetting what awaits me in the afternoon.

Because it is raining and windy, David and I take a cab to the East Sixties, arrive early, and search for a coffee shop. Finally, we discover a rather elegant place where David orders a salad, I some chamomile tea and a muffin. I am distracted and afraid. I resent the other customers, some in mink coats, leisurely drinking coffee, oblivious, and seeming so relaxed. David and I talk about my fear of having cancer again and about our concern for the kids. I try to imagine my meeting with Dr. Cody. I wonder what he is like. David reminds me of the likelihood that I will need a biopsy and that this appointment today will probably not provide me with resolution. We proceed four blocks uptown to Dr. Cody's office on East Sixty-eighth Street. A narrow path flanked by low evergreen shrubs leads to a modern building. The office is on the first floor at the left. We enter a long narrow room where no one else is waiting.

I wonder at the number of chairs. Why would so many women ever be waiting to see a breast surgeon? I check in with the receptionist and sit down next to David. He takes my hand in his. I stare straight ahead, as if by holding still I can stop time. I cannot speak, but David's hand keeps me grounded.

This appointment must be what a blind date feels like—waiting for this man I've never met, hoping we will

get along, wondering whether I will trust him. But why do I think of a date? A date would certainly hold some eager anticipation, whereas the prospect of this meeting seems thoroughly gruesome. But it is about my body, about something intimate that might happen with this stranger. I am about to meet the man I may choose to cut into my breast. Yesterday I could not have imagined this meeting. I planned only to be packing for our trip to Washington.

The receptionist calls my name and ushers David and me into the office. Dr. Cody certainly is tall. He is fair and wears a bow tie. He's younger than I and Protestant, I assume. Last cancer, I trusted my life to Dr. Rosenthal, who was of medium height, dark, Jewish, and older than I, though young himself at the time. Dr. Cody is warm and professional as he shakes our hands. It's all right now. This man may help me.

Dr. Cody asks about my family's medical history. I am relieved to focus on this concrete recitation of facts; it helps me hold on to who I am. I tell him that, though there is heart disease in my family, there has been no one with cancer except me. I mention that my sister Chris was recently diagnosed with Budd-Chiari disease, a blood-clotting disorder that causes liver damage. Dr. Cody takes my medical history, posing questions that indicate he is knowledgeable about Hodgkin's disease, a cancer of the lymph system. I tell him that my Hodgkin's disease was diagnosed from an enlarged node above my collarbone on my left side. I was treated at Peter Bent Brigham Hospital in Boston. At that time the doctors removed my spleen in order to check for cancer cells. They also performed a

laparotomy, an abdominal surgery during which they biopsied various lymph nodes and organs. Because no further cancer was found, they determined that I had first-stage Hodgkin's disease.

I answer more questions, telling him I received radiation treatments in the area surrounding the original node and in the mediastinum—part of the chest area. He nods knowingly and asks if I've had any problems since then. Not until now, I say, except the loss of hearing in my left ear. He asks about my menstrual history and takes down the history of my pregnancies. In addition to having two children, I've had one miscarriage. Have I ever taken birth control pills? Once, for a few months. Any difficulty with my breasts, any swelling, discomfort, lumps? No.

As he records this information, my eyes roam around the room. I notice his diplomas from Dartmouth College and Columbia University medical school. His credentials put me at ease, but I'm not sure about the bow tie. On his wall is a painting of a man who I imagine is his father, perhaps the other doctor named Cody whom we found in the phone book. I'm glad he has a father. Does he have children? I want him to know that what matters most about possibly having breast cancer is that I am part of a family. I have parents, a husband, and children.

He places my x-rays on a back-lit screen for us to see. He points out the calcifications in the left breast. David and I realize that we had not even seen this cluster of small dots. We thought the culprits were the three large, white dots that turn out to be of no significance. So much for our diagnostic skills. Given their size and the way the dots line

up, Dr. Cody thinks that the calcifications are small and within the duct.

He bends over his desk and draws a picture of how he imagines these calcifications. He explains that he will need to do what is called a wire localization biopsy. First, a technician will insert a wire into the area of the breast where the x-rays indicate the calcifications are located. During surgery, Dr. Cody will remove the lump and a small margin of tissue surrounding it. He will immediately send it to the lab to determine whether it is benign or cancerous, and he will be able to tell me right after the biopsy. If the tumor is cancerous, he will know from the biopsy whether it has penetrated the duct. It is likely that he will need to go in another time and do a lumpectomy—that is, cut out more breast tissue—to be sure that he's left a margin of healthy tissue surrounding the area where the lump had been. This would provide some assurance that he'd removed all of the tumor. He explains that a lumpectomy is typically followed by radiation in an attempt to rid the area of any remaining cancer cells. Because of my medical history, however, radiation might not be advisable and he might need to do a mastectomy, that is remove the entire breast; but for now we need to focus on the biopsy. Although I hear mention of a mastectomy, the thought is too monstrous for me to consider right now. Besides, I may not even have cancer.

He tells me that he would like to examine me. It's amazing how quickly I withdraw all emotional significance from my breasts so that I can let him examine them. These breasts are no longer breasts that give sexual pleasure, nor are they breasts for nursing. They've become

mere appendages, parts of my body to be examined and felt for tumors. They are suspect, perhaps guilty. He examines each breast and finds no palpable lump. He feels the lymph nodes under each of my arms and I notice myself tense up. Because of my Hodgkin's disease, lymph nodes always worry me, and so I'm relieved when he finds nothing suspicious there. Dr. Cody assures me that the biopsy can safely wait a week and suggests that David and I go ahead and enjoy our vacation.

Relaxing with my family no longer seems a possibility, but we decide to go anyway because I have canceled sessions with my patients and the children have vacation from school. I suggest that we cut our trip short and schedule surgery later the following week. We settle on Thursday, and because we plan to leave tomorrow, Dr. Cody suggests that I have the pre-operation tests done at New York Hospital this afternoon. He shakes our hands and leaves the office with us so that he can speak to the secretary about arranging the tests. As I leave, I am thinking that I like him a lot but want him to know something about me, about who I am and what I do. Maybe then I would feel less like a ghost of myself. And, because my life is on the line, I'd like him to know something about that life. But his time is precious, I realize, and he has been very generous with it.

We leave the office and I begin to cry. I keep repeating to David that this can't be happening to me. I've already had my turn with cancer. I never imagined that I could get another cancer years later. Great denial, I am thinking. I love my life, my family, my work. I don't want all this to be threatened. David's arm is around me and he stops to hug

me as we walk down the block. We agree that this is a doctor we can trust. David is clearly impressed with his knowledge and his willingness to explain procedures carefully and answer our questions. I, however, though now comfortable with Dr. Cody, work over in my mind the nightmarish possibilities—malignancy, more surgery, radiation.

We wend our way through the construction barriers outside the entrance to New York Hospital. It is already four o'clock. I find a phone to call the mother of Molly's friend to ask if Molly can stay longer. We seldom change plans like this, and Molly will be upset. I speak to her briefly on the phone and give her a sense of when we will return and what the evening will be like. David and I realize that we can pick Zach up at the Y later as planned.

We follow the signs to the waiting room for the pre-op tests. The secretaries look efficient as they walk back and forth behind the front desk, friendly with each other and perfunctory with me as they hand me some papers. I fill out the medical history form, which contains the same questions I was asked by Dr. Cody. I know this is only the beginning. Why not hand out a standard form that could be completed and taken from doctor to doctor? Perhaps they'd like to hire me to organize this place. I list my surgeries, and I note that I am allergic to cortisone taken internally, an odd allergy that medical personnel always question. Person to contact in case of death. Oh, great. It is only twenty-four hours since my mammogram and I am sitting in a hospital contemplating the possibility of my death.

David and I are a little giddy—perhaps relieved about Dr. Cody, perhaps grateful for being hustled quickly

through this process, perhaps hysterical. I am first directed to the billing office where, I assume, they will verify that I have insurance before I have any tests. A tall, well-dressed woman sitting at her computer in the small office does not look up when we enter but tells us to be seated. We sit and watch as she finishes some typing and files some papers. Eventually she looks up and formally introduces herself. She remains distant and professional as she takes down extensive information from us. Finally, when she realizes that I am adequately insured and thus will not cause her problems, her demeanor completely changes; she becomes warm and friendly and her body relaxes. We must call the insurance company to get preapproval for the surgery, she tells us. By the end of the interview she is positively talkative, chatting with David about Baruch College, where he teaches history, and with me about my psychotherapy practice. David and I laugh as we leave, amused by the radical personality change we have just witnessed.

When I return to the pre-op area, I am ushered into another waiting room and given a gown, bathrobe, and slippers to put on. It's cold here. I wait with two other women. I smile but it's obvious that neither wishes to make contact with me. An older man comes in to wait. He tells me that he is having surgery and he looks worried. He wants to be home in time to celebrate Passover with his family but is afraid that it is unlikely. His seder and my vacation are events of little consequence to this hospital, where the scheduling of medical procedures and surgeries takes precedence over anything else in our lives.

Eventually I am called for an EKG. The technician is pleasant but does not respond to my periodic attempts at

conversation. Why won't she talk to me about what's happening? I assume she would rather not hear my worries. I lie on the table and she applies cream to various spots on my torso and then little rubber suction cups connected by wires to a machine. The machine will record electrical impulses and assure me that all is well with my heart.

At least I hope it will reassure me. I look at the photos of this woman's daughter on the wall. It's the end of the day and I'm sure she wants to hurry to see her. This is her job. It's routine for her. I want to get home to my daughter, too, and to my son. But the hospital personnel don't seem to care about that really. I am just a body, at their disposal for as long as it takes them.

Next, I'm sent down the hall for a chest x-ray. This technician is an awkward, scowling, unattractive man. I don't think about his life, because I imagine he doesn't have much of one, and it's clear that he doesn't want to converse. Like that for the mammogram, this procedure seems like something out of a back ward of the 1950s. He slides large metal plates in and out of the machine, tells me where to place my arms, turns me this way and that. He leaves the room to push the remote button for the x-ray. I am alone. He goes outside to protect himself from the radiation. I have no protection. In fact, I must assume that the radiation he avoids will help me.

Now I can dress again. Keep moving. Act normal. I join David in the waiting room and we talk about plans for the evening. We will have to explain to Molly and Zach that I saw the doctor and will need more tests after vacation, just to be sure everything is okay. I find myself pushing aside the horror of what I might have to tell them. What should we do for dinner? We decide to order from

the Cuban-Chinese restaurant at our corner and have it delivered.

I'm called again, this time to the lab where I'm handed a cup for urine. I go into the bathroom and read the instructions for obtaining a sample. Such sanitized language. When I emerge, I'm ushered into a chair with a side table, reminiscent of Mrs. Miller's fourth grade classroom. I place my arm on the table so that the nurse can take my blood. She engages in animated and intelligent conversation with another nurse while she works on me. Although I mind being ignored, it's some consolation to find the conversation interesting. As my blood is drawn, I remember the irony of receiving in the mail a request that I donate blood when I had Hodgkin's disease. If only I could have donated then. If only I could now.

We take a cab to the 92nd Street Y to pick up Zach. We tell him only that I will need to have some tests next week, that the doctor saw something on the x-ray of my breast and needs to check it out. "But you'll be all right?" Zach asks. "Yes," I find myself saying. He's in a great mood and seems to accept the news in the matter-of-fact way we have presented it to him. Later, at home, Molly reacts similarly. Thank God they don't understand what this could mean. Our evening is focused on preparing for our trip. As I pack, my mind roams from thoughts of toothbrushes, shampoo, and underwear to cancer, suffering, death.



On Friday David brings home our new Toyota minivan. He's proud of the good deal he made after endless

days of bargaining with car dealers. Until yesterday I enjoyed listening to his tales, but now, by numbing myself to fear, I have managed to quell any excitement I've had about the van or the trip. We pick the kids up after school and give them a first ride through Central Park so that they can explore the van. I sit stonily in the front seat, unmoved by the bright day, the glistening park, the majestic apartment buildings at its edge. Why, when I have so much—this family, this life—do I insist on acting morose? This is only a biopsy. David puts on a compact disk of Eric Clapton singing "Tears in Heaven," the song he wrote for his toddler son who died after falling from their apartment window. How did he ever write that song?

In the evening David's brother, his sister, and her sons join us for dinner to welcome home David's parents, Alex and Sophie, who have spent the winter in Florida. We enjoy a comfortable evening together, everyone vying to talk, Alex and Sophie relating tales of their trip with periodic wrangling over details. Although they had a terrific time, they are as thrilled to be home with us as we are to have them back. We order a large container of spaghetti and meatballs from Carmine's and celebrate all the birthdays of the past month—Molly's, Zach's, David's, Alex's. Molly and Zach relish the love, attention, and presents heaped on them by their grandparents. I tell David's sister, Adrienne, about my scheduled biopsy, and she assures me I will be fine. None of us can really allow for a worse possibility.



The next morning we set off on our Washington trip. David has worked incredibly hard all year teaching and writing and I have been busy with my practice. For months we've looked forward to this time with each other and with our kids, but now I resent the pressure of having to hide my feelings, and I fear a vacation of restless nights followed by mornings when I wake to the jolting thought of what may lie ahead. Perhaps we should have canceled the trip, but how could we disappoint Molly and Zach? Besides, we would need to occupy them for a week at home anyway.

The kids each have their own row in the van, equipped with a tape player and headphones. As David and I talk in the front seat, he puts his hand on mine. We drive south through the Amish country—beautiful farmland dotted with houses that have no electricity. We stop at the visitors' center in a small town where we watch a film about Amish life. David whispers in my ear, "What do they do for medical care?" I love quilts but can't focus on the beautiful array displayed in the store down the block. Instead I am reminded of the nine-patch quilt I made during my radiation treatments, sewing small squares together by hand and feeling some small pleasure in the colors, the pattern, the productivity. I have a number of quilts, discovered in small antique shops over the years. Why do I think only of the one connected to my Hodgkin's disease? Why does my mind keep returning to memories of that experience, long tucked away before this week? It's as if the threat of a new cancer has placed me on a vast and desolate plain where spotlights illuminate only the old painful experiences and darkness blankets all good memories and all that gives me joy in my everyday life.

As we drive on to Hershey, Pennsylvania, we eat oranges and I read a brochure describing a ten-minute tour of the chocolate factory. This will not be Willy Wonka's, but we decide the kids will like it. We park in a gigantic lot and enter the "factory" with hundreds of other tourists. This is certainly not the tour that David nostalgically recalls from his childhood. Like parts on an assembly line, we are moved past displays of the production process. My thoughts go from the chocolate factory to the factory-like hospital to surgery to cancer.

At Gettysburg we check into a hotel across from the rooming house where Lincoln stayed. Molly and Zach are fascinated by the fact that the TV in our room is hidden in a cabinet with doors that close. We tour the historic houses of the town, I in a daze and unable to react. David, Zach, and Molly, interested in the information provided by the guide, are animated and seemingly oblivious to my private sadness. In the evening we order pizza for the kids and sit them happily in front of a movie. This arrangement is a first, and David and I take advantage of it to go downstairs to the restaurant. I now feel more relaxed and talkative, musing to David about how I couldn't possibly have cancer when I feel so healthy.

The next day we drive to the battlefields. I notice the pit in my stomach again and realize that the thin veil that generally keeps me from knowledge of my mortality has been torn away. I can think only about dying. An ordinary day as a tourist takes on a bittersweet quality. At the information center we hear an account of the battle. Luckily, I am annoyed enough at the presentation to concentrate

more on the Civil War than on cancer for a few minutes. Military strategy is interesting, but this was a war about slavery and there's no mention of it. Perhaps they don't want to offend visitors whose relatives were Confederate soldiers; but they're alienating us instead. We do a lot of explaining to the kids.

We visit the cemetery, probably not a good place for me right now. Zach and Molly read us the Gettysburg Address from a plaque mounted there and then run among the gravestones. We hire a guide who drives us through the battlefields for two hours. I am grateful to this man who thoroughly engages my interest in events outside myself. He shows us the huge cannons and describes the psychology of the battle formations. Soldiers marched shoulder to shoulder, insuring that those in command could easily spot men fleeing the line and shoot them. Before a battle, the infantrymen were stationed behind embankments, so they could not see the open field onto which they were about to march. Would they have charged had they known what easy targets they would become? As with surgery, it is sometimes better not to know what lies ahead.

We proceed to Washington, too early for the cherry blossoms. The gray March day reflects my mood. As we walk about the city, I am short-tempered with the kids, bothered by their running and jumping, the expression of their liveliness. Do I want them to act as frozen as I feel? I'm irritated with myself for not relaxing and enjoying their company. David manages to be involved with them, as always. Why am I angry rather than grateful to him?

Because he is not as morose as I? Because I have been robbed of my ease with my children and envy his ability to stay connected to them?

We visit the planetarium, where the show about the planets becomes a Rorschach test for me. I see only breasts with dots on them; calcifications, I imagine. The children jog on the mall. Molly beams with pride about the distance she runs, and Zach takes on the role of coach, which allows him to race about like the boy he's beginning to outgrow. At the Lincoln Memorial, David recalls the many demonstrations he participated in here; I'm preoccupied with the thought that I'll never visit this place again without recalling not the excitement of antiwar marches but this day of thinking about breast cancer and feeling estranged from my own children.



The drive home is difficult. The last time I had a biopsy the tumor was cancerous—Hodgkin's disease. I was twenty-six and coming back from my spring vacation to have Dr. McKittrick biopsy the lump on my neck. The expected twenty-minute surgery lasted two and a half hours. Because I was given only a local anesthetic, I was aware of everything—the doctor pulling at things in my neck, working hard to find the lump and remove it, sewing up tissue, fat, and skin. During the operation I kept insisting that I would faint. The nurse, who, like me, grew up in Buffalo, assured me that I could not faint while lying down. She skillfully talked me through the surgery.

We left, suspecting nothing, and we failed to grasp the import of her statement to David that I would need a lot of tender, loving care. I hope that this time is different and that in a week I am one of those women who resents mammograms for causing unnecessary biopsies. But I have never been known to look on the bright side of things.

When the Manhattan skyline comes into view, I'm seized by an unbearable sense of dread. I would do anything to stop all that is happening to me. I think of all the bargains with God that David and I have been proposing. He'll give up tenure, our house in the country, even our New York apartment in exchange for my health. I'll join the Peace Corps, adopt some homeless children. The thought of abandoned children makes me think of Molly and Zach. I cry silently in the front seat but then realize that Zach notices I'm upset. "Everything will be fine," I tell him; "I'm just a little nervous." How can he believe that I'm fine if I'm crying all the time? Why can't I hide my feelings better?



On Thursday morning David and I rise early. We've left Molly and Zach with David's parents to spend the night. I put on comfortable clothes but no make-up. I am not allowed to eat or drink anything. We go out into the early morning light and walk down the block to our car. I remember having watched Ed, our friend and neighbor, walk down this block a few years ago on his way to the exploratory surgery in which they found the rampant cancer

that soon killed him. I sit very still and silent in the front seat. David squeezes my hand. I know he cannot stand that I am in such pain.

We park the car and find our way to the outpatient surgery waiting room. Even at seven in the morning many patients are already there, dressed in bathrobes and sitting with their relatives and friends. It's like prison—the clothes signal who is being punished and who is visiting. I notice once again how little interest the staff has in the patients. We are a job to them. If they were to make contact with us, they might know that we are frightened and would have to talk to us; they could not move us through so efficiently. I see a woman my age sitting between her husband and her mother, who looks particularly distraught. The woman herself appears relaxed, certainly not how I must appear. Finally I'm given a hospital gown, a robe, and slippers and taken to a changing room. The nurse gives me a key to the locker where I can leave my clothes. There I meet a younger woman, and we exchange comments about our nervousness and wonder together whether the gown opens in the front or back.

In the waiting room David, who has written a history of nineteenth-century hospitals, launches into a critique of hospital policy. To save money patients are admitted the morning of surgery, not the night before. This giant waiting room cuts down on personnel and therefore on financial costs. But not on human costs, I think. Dr. Cody comes in to talk to the woman I have been watching, his first patient. He bends his tall frame and speaks to her warmly. I am reminded of what a kind man he seems to be. He also greets us and tells us it will be a few hours. David and I sit

and wait, trying to read and look nonchalant in this room filled with people all trying to look unconcerned. Every so often I mumble to David that I can't stand this; I can't do it.

A nurse finally calls my name and brings a wheelchair. She takes me up in the elevator, then down a hall to a room where I meet the radiology technician, the first staff member to talk to me like a real person. She tells me she knows how difficult this experience is and promises to make it as comfortable as possible. She explains that it's necessary to take some x-rays of my breast, which will guide her to the exact location of the calcifications. She will give me a local anesthetic and then insert a small needle into my breast, pointing toward the calcifications. Through the needle she will insert a wire with a hook on the end and position it where the calcifications are located. The wire will remain in place during the surgery to indicate their site to the surgeon.

She seats me in a chair and proceeds with the x-rays. After viewing them, she does the procedure, talking calmly as she works, as if this is a normal event. Soon the radiologist, a young doctor, comes in and looks at the "pictures." Why is he male and she female, he white and she black? Why will he get paid much more for this two-minute visit than she for all her time, skill, and kindness?

The radiologist casually compliments me for not fainting and describes how anxious women often are during this procedure. I'm momentarily flattered by his comments, but I remind myself not to give these performance evaluations too much weight; I may not always do so well. Dr. Cody arrives to check the x-rays, and I wait for him in the wheelchair in the hall, where I can look out over the East River. He comes and sits on the windowsill near me.

He notices that, in fact, I don't feel so brave at all. He tries to calm me by going over the possibilities and assuring me that, even if he finds something, he will be able to treat it. I listen but say little.

On the way to the elevator we joke about the absurdity of his wheeling me when I am perfectly capable of walking. As we wait for the elevator, a pretty young woman in a hospital gown approaches me, smiling. I'm startled to realize that she is one of my patients. I knew she was having a lymph node biopsied this week to see if she has Hodgkin's disease, but at this exact time, in this hospital? To calm her fears, I had shared with her my own experience, offering myself as an example of how one can be healthy seventeen years after Hodgkin's disease. So much for that, I think, as I sit in this wheelchair, feeling small and vulnerable, introducing her to Dr. Cody and to the possibility that I am not so unscathed. She thought I was on vacation, she says. I explain that I'm having a biopsy to check out something that showed up on my mammogram and I ask how she's doing. I'll speak to her later. In the elevator I laugh to myself that this is a patient's worst nightmare, and a therapist's. To think that I and my patients have been bothered by running into each other on weekends while doing errands.

Dr. Cody leaves me outside the operating room while he goes to prepare for surgery. At twenty-six I was anesthetized before being wheeled to surgery, so I've never really seen a big operating room. Where are the bright lights and the activity promised me by TV's hospital dramas? I see only a solitary woman swabbing the floor. This certainly takes the magic out of sterilization: it's just like mopping my kitchen floor. The room is full of glistening, stain-

less steel. I think of all the women I have known who have had biopsies and how little thought I have given to what was entailed. I always imagined some quick office procedure, not surgery. An anesthesiology resident asks me the usual presurgery questions. He has a lousy bedside manner. I feel exposed and foolish. I think of my children. Maybe in a few hours this will seem like a bad dream.

The resident takes me into the operating room, helps me onto the table and introduces the anesthesiologist. Dr. Cody washes his hands while the nurses set up instruments and supplies. I'm surprised at how many people this procedure requires, but at least this bustle of doctors and nurses lives up to my TV version of "real" surgery. Because the resident has failed to find my vein despite numerous jabs at my arm, the anesthesiologist takes over and inserts the IV needle. He explains that he will give me some medication to make me drowsy. I will not be completely asleep but will feel as though I am floating. I will feel no pain. People in surgical gowns begin to gather around me. Dr. Cody stands over me and says not to worry: the anesthesia will last for the length of the surgery and I will wake up in the recovery room. He will meet me there and we will talk.



During surgery I feel a pleasant sensation, definitely like floating, just as I was told. I feel like an astronaut in an enclosed space, warmer than I imagine a space capsule—womb-like, in fact, which may account for the good and safe feeling. The faces of the doctors and nurses

operating on me seem large and close, more cartoonlike than threatening. Although I am vaguely aware of their activity in my body, I feel no embarrassment or even annoyance at their intrusion, and I'm not in pain. At some point I notice the doctors and nurses putting things away, as if they're closing up shop.



I wake up in a big, bright room. Other patients, all women, sit in chairs facing the window while nurses bustle about. When David comes in, he looks very concerned. I tell him that I think Dr. Cody found something. Soon Dr. Cody himself arrives. We again sit near a window, he on the windowsill, David and I on chairs. He tells us that he found a small tumor and sent the specimen to the lab, where it was determined to be malignant. In his opinion, it is a “garden variety” breast cancer; although it has penetrated the duct, it seems to be small and localized.

Dr. Cody continues to talk, more to David, it seems, than to me. I'm in shock but still groggy from the anesthesia. I feel David's arm around me and trust that he's following what Dr. Cody is saying. I focus all my energy on holding myself together. I need to get out of here so that I can sob in private. On his surgical gown, on his knee, Dr. Cody draws a picture of a small oblong tumor and explains where it was located in my breast. For this tumor he would normally recommend a lumpectomy during which he would remove a wider area of tissue, followed by radiation

treatments of the area where the tumor was, but, as he mentioned before, it might not be advisable for me to have radiation again in that area. He needs to look at my records and consult with some radiologists. If radiation is not possible, we will have to consider a mastectomy and chemotherapy. We should go home and rest and come to his office Tuesday, when he will have the pathology report.

David tries to calm me as he leads me outside, repeating whatever hopeful information he gleaned from Dr. Cody. Although we clutch each other emotionally, we are separate, each struggling in our own private world of terror. I can't bear that it's true. I want my children. David does not want to lose me. I sense that he is torn apart himself but focuses on my pain and fear.

As I stand at the exit of the parking garage waiting for David to bring the car, I feel completely desolate. I watch the construction workers across the street and the people walking by. It's as if I am watching them from far off, as if we are not in the same universe. I feel angry that I have been robbed of ordinary life, of the world in which these people live. When David pulls up, I make myself move, get in the van, fasten my seat belt. I burst into tears but say nothing.

We return to our apartment to compose ourselves before getting the children. We call Alex and Sophie to tell them the news. They sound very upset but subdued, speechless yet speaking. Molly and Zach are fine, they say, and could spend another night with them. Instead, we ask if we can come for dinner. We need to see them and our children, to feel their love. We cannot be alone. And yet I am.

We must call my parents, too. I cannot bear to make this call. Two years ago they spent six months watching my sister Chris struggle on the brink of death, in and out of comas, her lungs filled with fluid, after the surgery to bypass the blood clot near her liver. Somehow, she survived, but now I have cancer. I call them and begin to cry uncontrollably, as I have each time in my life that I have called them with bad news—Hodgkin’s disease, the loss of hearing in one ear, my miscarriage. David takes the phone and, as always, explains the situation and begins his efforts to reassure them. How horrible that we have a routine for this. “The lump is small,” he says, “and we caught it before it could even be felt.” But I know they are stunned, sinking, not reassured. When I had Hodgkin’s disease, they read in their outdated encyclopedia that there was no cure. David wants to fill them with encouraging information to ease their pain. I am told that when my mother heard my diagnosis of Hodgkin’s disease she sat on her bed, silently folding clothes, with tears streaming down her face. I am torn apart by this image, which is now foremost in my mind. How can I do this to her again? I compose myself and tell them I’ll know more on Tuesday. Would they please call my four sisters, as well as my brother in Texas?

We leave soon for Alex and Sophie’s house in New Jersey. I cry as we talk about what to say to the kids. We agree to keep things simple until we can explain more clearly what is going to happen. I worry that I cannot hide my upset. David reassures me that they can manage seeing me cry. We arrive and there’s lots of hugging. Because I know I could fall apart when Sophie hugs me, I say to her,

"Just don't ask me how I am." We laugh a little, and I am relieved that I have stayed composed thus far. We all sit in the living room and talk. Eventually I tell Molly and Zach that the doctor found a small lump in my breast that is cancer, that I will have to have surgery to have it removed, but that I will be fine. They say little. Mostly they ask for reassurance. Zach says, "You had cancer before and got better, right Mom?" "Right, honey." An hour later he says, "You'll be okay, right, Mom?" "Yes, Zach, I'm going to be fine. There's nothing to worry about." How can I keep saying this when I don't believe it for a minute?

The kids tell us about their day—working in the yard; reading to Grandpa, who cannot see well; making jewelry with Grandma. They leave to watch TV and we sit and talk with Alex and Sophie about what will happen next week. So often in the past twenty years, we've sat around their tiny kitchen table arguing politics, talking about the relatives, and luxuriating in our common pride in the children. That's what we do again tonight, and I feel comforted by the ritual of this meal and our talk, safe in the momentary illusion that life is normal. After we return home, Zach gets into bed and I sit and talk with him. He tells me that he's a little worried. He lets me rub his hair and reassure him. His trust breaks my heart.



April at our weekend house in the Hudson River Valley, two hours north of Manhattan, is wet and muddy.

The children take off quickly to be with their friends. Zach calls Jonathan, his best friend, a local boy who, in addition to being a good student, knows everything there is to know about trucks, tractors, and hard work. He's as much part of our family as Zach is of his. When we built our deck last summer, Zach and Jonathan helped with the construction, carrying boards and nailing them down. Molly and Stephanie, Jonathan's younger sister, quickly set up a refreshment stand, offering their very own fruit punch, carefully concocted in a large pitcher and then dripped in a trail through the kitchen and out the door. Afterward they hammered a few token nails themselves, at our encouragement.

Because the children are busy with their own activities most of the weekend, David and I are able to take long walks by ourselves. Everything around us is coming to life—crocuses will soon be followed by daffodils and forsythia. The buds are appearing on the trees, and the day lilies are beginning to poke up through the ground. I feel robbed of the ability to enjoy this experience. All my thoughts are focused on the fact that I have breast cancer; this fact is what I try to accept—not yet the surgery, radiation, or chemotherapy that lies ahead. I fear that I am dying, and all that is coming to life makes me sad. I will miss this spring. It's as if enjoying the present requires that I believe in a future.

David gives me space to express my fears, anger, and incredulity. He listens well to me now and says the kind of soothing things only someone with whom I've spent my adult life could say—that we've lived through this before and can do it again, that he knows how strong I am. When I had Hodgkin's disease, David was twenty-eight and we'd

been dating for only a year. Although he was thinking of ending our relationship, he stayed with me, calmed me, even loved me. But sometimes he was silent when I needed reassurance, perhaps overwhelmed by the task of keeping his own feelings at bay, careful not to let himself know about his anger and his wish to flee. He simply read the *New York Times*—constantly, it seemed to me—while I repeated my fear that I would vomit. I felt terribly abandoned. Not now. He keeps his arm around me and accompanies me wherever my feelings insist I go—to the place of my darkest worries or of my deepest, now threatened, joys. This disease is not just mine; it sends its murderous threat into the entire body that is our family.

It is difficult to contemplate going to work on Monday. So much of my work concerns my relationship with my patients. I know how important it is that I be aware of what I am bringing to that relationship, and this week I will bring myself full of worry. It will be hard to sit in sessions with this information and act as if I'm fine; the prospect leads me to imagine a kind of war within me—competent therapist trying to subdue terrified baby. I decide against telling my patients about my breast cancer, except for the woman I met in the hospital, until after the surgery, when I am clearer about how my treatment will affect them. My real concern is that I may have to tell them news that will be frightening and disruptive to them. They don't need this cancer in their lives either.

David and I telephone new and old friends. I am not a person who copes in private. I need to talk, and I spare no one the details of my experience. Word spreads quickly over the weekend and I begin to get many calls. David and

Zina call from their vacation, managing as always to be available in a crisis. Jan calls from Florida, eager to lend her support in the way only someone who has had breast cancer really can. The friends who were at Harvard with us and helped me through Hodgkin's disease are particularly sobered; they share our outrage at the unfairness of my having to face cancer a second time. We call Craig and Nancy in Iowa. Both are doctors and, should anything adverse happen to them, we are the designated guardians of their two children. Craig was David's roommate in Cambridge when we were all graduate students. A loving friend who has kept in close touch through the years, he is incredibly smart and will help us make sense of the research on breast cancer. Because Nancy herself has survived ovarian cancer, she knows this treacherous territory and will be a great help.

My sisters and brother and my parents call. I cry with my mother in a way that I have not cried with her in years. I tell her how sorry I am to cause her more pain. She, as always, thinks not about her pain but mine. My father, because he cannot express his own feelings, tells me how upset my mother is. I say that I know how upset he is, too. I need this fact out in the open.

Neighbors drop by as well. Before David returns from the grocery store, John, our contractor, comes by to discuss repairs on our house. Within minutes I start telling him all the details of my diagnosis and my sister's illness. I realize that I'm out of control; here I am spilling my guts to someone I have not seen in a few years.

David returns and greets John warmly. We became friends the summer John and his crew built the addition on

our house. John loved my plans for more bedrooms and worked from my drawings. Every morning we were awakened by the sound of John's trucks; we watched with fascination as the structure rose. John's father, newly retired from the construction company he started, presided over the table saw. Together they built the addition on this house, which has sheltered us through our happy times as a young family and our more recent sad times with my sister and her children. Now this house will shelter us during my breast cancer.

In the evening I lie on our bed upstairs, relaxed and aware of my body, aware that I like my body, especially my breasts. David and I have not been apart for a moment all day; we've talked nonstop, trying to adjust to the news of my cancer. We joke about my breasts, about how I don't really need them anymore, about what useless appendages they are, perhaps better gotten rid of for the sake of safety. I cry and David holds me. We sleep closer together than usual during the night. Although I love David's arms around me, I cry quietly when he touches my breast. I dream a lot, as if my psyche is busy integrating this terrifying news. When I wake in the morning, I enjoy for a few moments the light streaming through the windows. Then I remember that I have cancer, and I'm seized by such dread and fear that I cannot move from the bed. I finally force myself to rise, knowing that the kids need breakfast and normalcy. David makes cappuccino and we sit and talk, feeling giddy again. Now it seems possible to envision the treatment as manageable, but I know this will change.

Just before my surgery for Hodgkin's disease, David and I spent five days on Cape Cod. David's advisor kindly

lent us her house in Wellfleet as a retreat. At that time, I tried to gird myself for the abdominal surgery whose purpose was to remove my spleen, biopsy my lymph nodes, and determine the severity of my Hodgkin's disease. I remember my fear and my struggle to comprehend the idea of being cut open. And I remember my naive sense that this illness would somehow be romantic. Having read countless nineteenth-century novels as part of my doctoral program in English literature, I identified with the long-suffering female characters who died too young of consumption. I remember thinking, rather melodramatically, that if I had to die I had lived a good life and been loved by my family. I contemplated the painful possibility of never having children, but I prepared to face bravely whatever lay ahead of me. Of course, none of it worked out as I had imagined. I lived and gave birth to two children. But I was not heroic during my treatments and it was not romantic. It was a nightmare.

This time I recall a different character in those novels—the mother whose tragedy is not that she is dying so young but that she must leave behind her husband and small children. They stay by her side, a reminder of all she has to lose but a great comfort to her as she faces her death.

By the end of the weekend I come to a kind of clarity, not acceptance, really, but an acknowledgment of the fact that I have no choice—I either do this or risk dying. Having faced the necessity of surgery and treatment, I feel less conflict and now try to imagine how I will handle this surgery and the treatment. I vow not to be surprised this time when my noble determination gives way to self-pity and depression. I've been down this road before, and I

know that things will soon become difficult in ways I cannot yet imagine.

We return to the city and I make a salad to take to Zach's basketball league dinner at a local school. We enter the building and I am overcome with a terrible sense of isolation. I can watch the children play basketball only because I am standing next to a friend who already knows about my diagnosis. When people talk to me, I respond mechanically. Eventually, I tell another mother about my breast cancer, and she doesn't seem to understand. I cannot bear how alienated I feel, and I decide to leave early with Molly. When David returns, he tells me that he was concerned about how quiet Zach seemed on the walk home. He asked Zach what he was thinking and Zach replied, "I wonder if I'll be able to make it into the National Basketball Association when I grow up."